Stanley, South Dakota

FSA - 578 (09-13-16)

Farm Number: 2061

**REPORT OF COMMODITIES** FARM AND TRACT DETAIL LISTING **PROGRAM YEAR: 2024** 

**DATE:** 12/03/2025

PAGE: 1

Original: LKH Revision: SCJ Cropland: 307.18 Farmland: 464.79

Operator Name and Address

TIM & DIANE OLSON PARTNERSHIP

Cropland: 151.73

19651 256TH AVE

HAYES, SD 57537-4900

Tract Number	CLU/ Field	Crop/ Commodity	Var/ Type	Int Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Plan Da	ting	Planting Period	End Date
Nullibei	rieid	Commounty	Туре	USE	г.	Stat	Sou	Stat	Unit	Qiy	Qty	Lanu	ID	Da	ite	renou	Date
8727	4	CORN	YEL	GR	N	С	N	I	Α	151.73		Yes		05/16	/2024	01	
F	Producer (	OP - TIM & DIAN	IE OLSON	PARTNER	SHIP	Shai	re 100.00	FSA P	hvsical L	ocation Stanley, South Dakota				NAP Unit 41	Sia	nature Date 06	5/18/2024
									,	· · · · · · · · · · · · · · · · · · ·					- 3		
1401 0121	' Summar	<u>y</u>															
<b>PP</b> <u>Cr/Co</u> 01 CORI		<u>Type</u> <u>Int Use</u> Iri EL GR		<u>nit</u>		pt Qty P 151.73	P Cr/Co	<u>Var</u>	Type Int	Use Irr Pr Rpt Unit	Rpt (	Qty PP	<u>Cr/Co</u>	Var/Type Int Use In	rr Pr R	<u> Ept Unit</u>	Rpt (
Photo Nu	ımber/Leg	al Description: S	SW28 7 25														

Difference: 0.00

Reported on Non-Cropland: 0.00

Reported on Cropland: 151.73

Stanley, South Dakota

FSA - 578 (09-13-16)

HAYES, SD 57537-4900

Farm Number: 2061

## REPORT OF COMMODITIES FARM SUMMARY

PROGRAM YEAR: 2024

DATE: 12/03/2025

PAGE: 2

Original: LKH Revision: SCJ Cropland: 307.18 Farmland: 464.79

Operator Name and Address
TIM & DIANE OLSON PARTNERSHIP
19651 256TH AVE

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

TII	M & DIANE OI CHA	_SON PAI		Com IIP GF	rop/ modity RASS RASS	Variety/ Type NAG NAG	2.87 97.13	Crop/ Commodity SORGH	Variety/ Type GRS	<b>Sha</b>		Crop/ Commodity CORN	Varie Type YEl	e		Crop/ Commodity	Variety/ Type	Share
PP	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	g	Reported Quantity	Determined Quantity		PP	Crop/ Commodity		Intended Use	Irrigation Practice	Reporting Unit		Reported Quantity	Determined Quantity
01	SORGH	GRS	GR	N	Α		150.89			01	GRASS	NAG	GZ	N	Α		154.35	
01	GRASS	NAG	LS	N	Α		4.56			01	CORN	YEL	GR	N	Α		151.73	

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm(s) as applicable. I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date

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