

|                                                                                                                                                                 |                                                                |                                          |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------|
| CRP-1<br>(01-08-24)                                                                                                                                             | U.S. DEPARTMENT OF AGRICULTURE<br>Commodity Credit Corporation | 1 STATE CODE & ADMIN. LOCATION<br>12 067 | 2 SIGNUP<br>NUMBER<br>54                                                           |
| <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>                                                                                                                    |                                                                | 3 CONTRACT NUMBER<br>12153A              | 4 ACRES FOR<br>ENROLLMENT<br>33.50                                                 |
| 5A COUNTY FSA OFFICE ADDRESS (Include Zip Code)<br>FLOYD COUNTY FARM SERVICE AGENCY<br>104 COMMERCIAL STREET<br>104 COMMERCIAL STREET<br>CHARLES CITY, IA 50616 |                                                                | 6 TRACT NUMBER<br>10022                  | 7 CONTRACT PERIOD<br>FROM (MM-DD-YYYY)<br>10-01-2020 TO (MM-DD-YYYY)<br>09-30-2021 |
| 5B COUNTY FSA OFFICE PHONE NUMBER<br>(Include Area Code) (641) 426-4239 x2                                                                                      |                                                                | 8 SIGNUP TYPE:<br>General                |                                                                                    |

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

|                                                                       |             |                                                                 |             |                |         |                              |
|-----------------------------------------------------------------------|-------------|-----------------------------------------------------------------|-------------|----------------|---------|------------------------------|
| 9A Rental Rate Per Acre                                               | \$ 131.09   | 10 Identification of CRP Land (See Page 2 for additional space) |             |                |         |                              |
| 9B Annual Contract Payment                                            | \$ 4,392.00 | A Tract No.                                                     | B Field No. | C Practice No. | D Acres | E Total Estimated Cost-Share |
| 9C First Year Payment                                                 | \$          | 10022                                                           | 0021        | CP10           | 33.20   | \$ 4,315.00                  |
| (Item 9C is applicable only when the first year payment is prorated.) |             | 10022                                                           | 0022        | CP12           | 0.30    | \$ 0.00                      |

# 11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

|                                                        |           |                    |                                                                                 |                       |
|--------------------------------------------------------|-----------|--------------------|---------------------------------------------------------------------------------|-----------------------|
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) | (2) SHARE | (3) SIGNATURE (If) | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY | (5) DATE (MM-DD-YYYY) |
| [REDACTED]                                             | 100.00%   | [Signature]        | Co-Manager                                                                      | 02/04/2025            |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) | (2) SHARE | (3) SIGNATURE (If) | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY | (5) DATE (MM-DD-YYYY) |
|                                                        | %         |                    |                                                                                 |                       |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) | (2) SHARE | (3) SIGNATURE (If) | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY | (5) DATE (MM-DD-YYYY) |
|                                                        | %         |                    |                                                                                 |                       |

|                  |                                    |                      |
|------------------|------------------------------------|----------------------|
| 12. CCC USE ONLY | A. SIGNATURE OF CCC REPRESENTATIVE | B. DATE (MM-DD-YYYY) |
|                  | [Signature]                        | 02/04/25             |

**NOTE:** This following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (16 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3821 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act 2024 (Pub. L. 118-27) and the Conservation Reserve Program 7 CFR Part 1410. This information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information submitted on this 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 disclosed in applicable Executive Orders, identified in the System of Records Notice for USDA FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

**Paperwork Reduction Act (PRA) Statement:** This information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate Federal and State laws, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, it is the policy of USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs or activities, not to discriminate based on race, color, national origin, religion, sex, gender, disability (including gender expression), sexual orientation, disability, age, marital status, family parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (800) 725-2800 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additional program information may be made available in languages other than English.

To do a program dissemination copy, contact the USDA Program Dissemination Center, Form AD-1027, found online at <http://www.usda.gov> and at any USDA office or write a letter addressed to USDA and provide in the letter the name of the person, organization, or firm to request dissemination. To request dissemination, call (800) 552-8922. Submit your completed form or letter to USDA by (1) mail, U.S. Department of Agriculture, Office of the Assistant Secretary for Communications and Public Involvement, SW Washington, D.C. 20250-9110; (2) fax, (202) 690-7442; or (3) email, [public.involvement@usda.gov](mailto:public.involvement@usda.gov). USDA is an equal opportunity provider, employer, and lender.

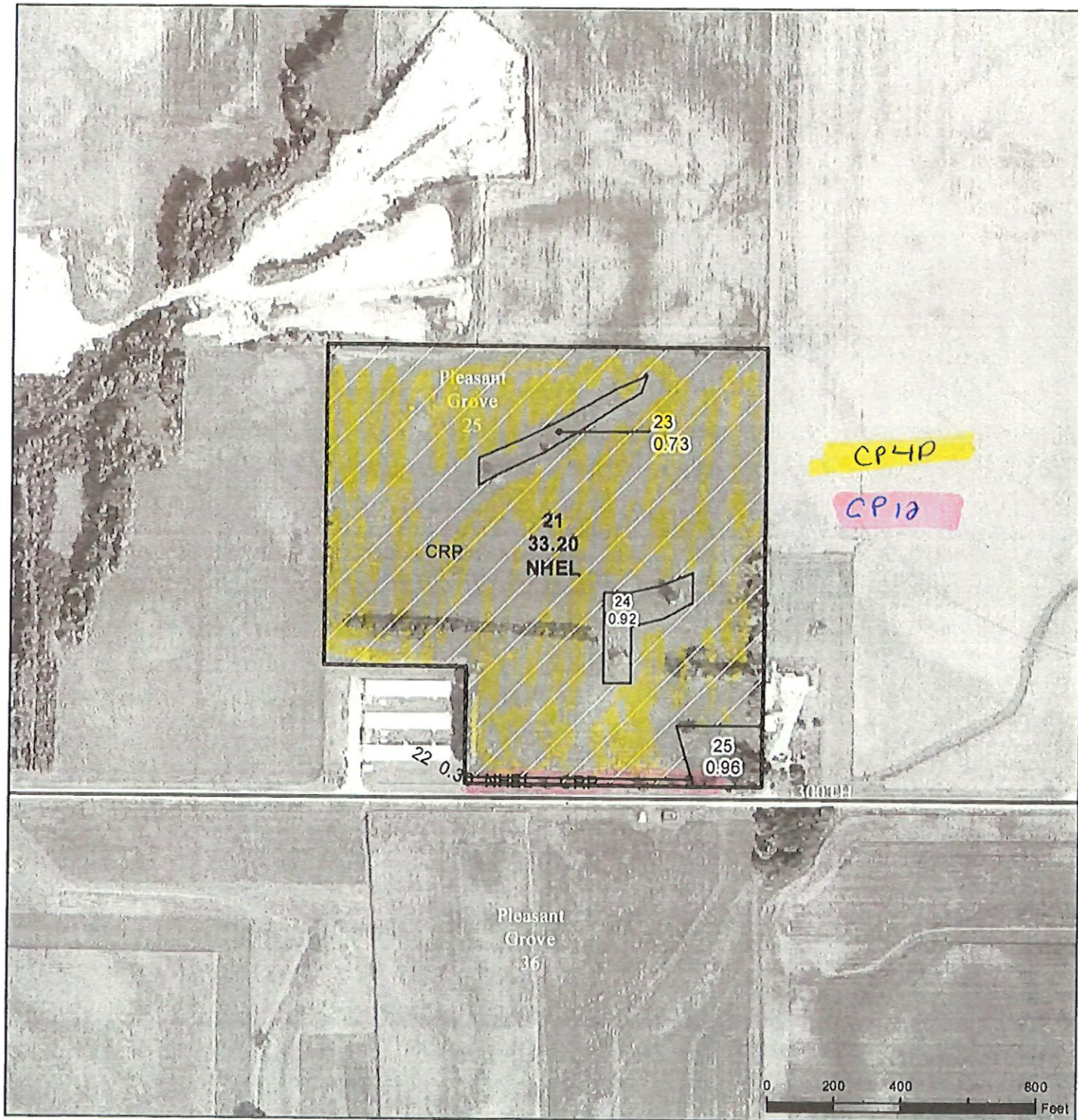
FEB 1 9 2025  
FLOYD COUNTY FSA  
CHARLES CITY IA

Date Printed: 02/02/2025



United States  
Department of  
Agriculture

## Floyd County, Iowa



### Legend

- Non-Cropland
- Cropland
- CRP
- Tract Boundary
- Iowa PLSS
- Iowa Roads

### Wetland Determination Identifiers

- Restricted Use
- ▽ Limited Restrictions
- Exempt from Conservation
- Compliance Provisions

Tract Cropland Total: 33.50 acres

2021

2020 Program Year

Map Created May 02, 2019

Farm 5433

Tract 10022

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

USDA is an equal opportunity provider, employer, and lender.