CRP-1 (01-23-26)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
19 187	51
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
11844B	2.28

5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*

WEBSTER COUNTY FARM SERVICE AGENCY
1898 KOUNTRY LANE SUITE 2
FORT DODGE, IA50501-8522

5B. COUNTY FSA OFFICE PHONE NUMBER *(Include Area Code)*: (515)573-2159

6. TRACT NUMBER	7. CONTRACT PERIOD	
	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
13105	10-01-2018	09-30-2028

8. SIGNUP TYPE: Continuous

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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	$ 241.00
9B. Annual Contract Payment	$ 548.00
9C. First Year Payment	$

(Item 9C is applicable only when the first year payment is prorated.)

10. Identification of CRP Land *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
13105	0008	CP23	2.28	$ 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 (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
B(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
C(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			

12. **CCC USE ONLY**	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE *(MM-DD-YYYY)*

NOTE: ***Privacy Act Statement:*** *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 the Commodity Credit Corporation Charter Act (15 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. 3831 et seq), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Pub. L. 119-37), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected 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 described in applicable Routine Uses 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: *The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).*

Non-Discrimination Statement: *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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

11. PARTICIPANTS (CONTINUED FROM PAGE 1)				
D(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)* [redacted]	(2) SHARE 25.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
E(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
F(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
G(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
H(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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J(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
K(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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M(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
N(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
O(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*

CRP-1 (01-23-26)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
19 187	52
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
11935A	3.00

5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*

WEBSTER COUNTY FARM SERVICE AGENCY
1898 KOUNTRY LANE SUITE 2
FORT DODGE, IA50501-8522

5B. COUNTY FSA OFFICE PHONE NUMBER *(Include Area Code)*: (515)573-2159

6. TRACT NUMBER	7. CONTRACT PERIOD	
	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
309	10-01-2019	09-30-2029

8. SIGNUP TYPE: Continuous

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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	$ 217.00
9B. Annual Contract Payment	$ 652.00
9C. First Year Payment	$

(Item 9C is applicable only when the first year payment is prorated.)

10. Identification of CRP Land *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
309	0002	CP21	3.00	$ 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 (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
B(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
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[redacted]	25.00 %			

12. **CCC USE ONLY**	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE *(MM-DD-YYYY)*

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Paperwork Reduction Act (PRA) Statement: *The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).*

Non-Discrimination Statement: *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, 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.*

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11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)* [redacted]	(2) SHARE 25.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
E(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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CRP-1 (01-23-26)

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Commodity Credit Corporation

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1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
19 187	52
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
11944C	4.29

5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*

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FORT DODGE, IA50501-8522

5B. COUNTY FSA OFFICE PHONE NUMBER *(Include Area Code)*: (515)573-2159

6. TRACT NUMBER	7. CONTRACT PERIOD	
	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
13105	10-01-2019	09-30-2029

8. SIGNUP TYPE: Continuous

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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9A. Rental Rate Per Acre	$ 217.00
9B. Annual Contract Payment	$ 932.00
9C. First Year Payment	$

(Item 9C is applicable only when the first year payment is prorated.)

10. Identification of CRP Land *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
13105	7	CP21	2.60	$ 0.00
13105	11	CP21	1.69	$ 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 (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
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11. PARTICIPANTS (CONTINUED FROM PAGE 1)				
D(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)* [redacted]	(2) SHARE 25.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
E(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
F(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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J(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
K(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
L(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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CRP-1 (01-23-26)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
19 187	65
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
12729	2.19

5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*
WEBSTER COUNTY FARM SERVICE AGENCY
1898 KOUNTRY LANE SUITE 2
FORT DODGE, IA50501-8522

5B. COUNTY FSA OFFICE PHONE NUMBER *(Include Area Code)*: (515)573-2159

6. TRACT NUMBER	7. CONTRACT PERIOD	
	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
13105	10-01-2026	09-30-2036

8. SIGNUP TYPE: Continuous

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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	$ 300.00
9B. Annual Contract Payment	$ 656.00
9C. First Year Payment	$

(Item 9C is applicable only when the first year payment is prorated.)

10. Identification of CRP Land *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
13105	0006	CP21	2.19	$ 401.00

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 (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
B(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			
C(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
[redacted]	25.00 %			

12. **CCC USE ONLY**	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE *(MM-DD-YYYY)*

NOTE: ***Privacy Act Statement:*** *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 the Commodity Credit Corporation Charter Act (15 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. 3831 et seq), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Pub. L. 119-37), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected 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 described in applicable Routine Uses 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: *The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).*

Non-Discrimination Statement: *In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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

11. PARTICIPANTS (CONTINUED FROM PAGE 1)				
D(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)* [redacted]	(2) SHARE 25.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
E(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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H(1) PARTICIPANT'S NAME AND ADDRESS *(Include Zip Code)*	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE *(MM-DD-YYYY)*
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