This form is available electronically.

CRP-1 (10-22-15) — U.S. DEPARTMENT OF AGRICULTURE, Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
19 011	32
3. CONTRACT NUMBER: 1649A	4. ACRES FOR ENROLLMENT: 5.00
5. FARM NUMBER: 6607	6. TRACT NUMBER(S): 10390

7A. COUNTY OFFICE ADDRESS (Include Zip Code)
BENTON COUNTY FARM SERVICE AGENCY
1705 WEST D STREET
VINTON, IA 52349-2505

SEP 2 3 2016

7B. TELEPHONE NUMBER (Include Area Code): (319) 472-5274

8. OFFER (Select one): GENERAL ✓ ; ENVIRONMENTAL PRIORITY

9. CONTRACT PERIOD: FROM (MM-DD-YYYY) 10-01-2008 — TO (MM-DD-YYYY) 09-30-2018

*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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. **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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any ad dendum thereto ; CRP-2; CRP-2C; or CRP-2G.***

10A. Rental Rate Per Acre: $ 111.72 BB 09-28-2016

10B. Annual Contract Payment: $ 559

10C. First Year Payment: $

(Item 10C applicable only to continuous signup when the first year payment is prorated.)

11. 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
10390	1	CP10	3.30	$ 0
10390	4	CP1	1.70	$ 0

12. PARTICIPANTS *(If more than three individuals are signing, see Page 3.)*

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code)	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
BRIAN AND MARIE BOHNSACK FAMILY TRUST 4625 E SHANGRI LA RD PHOENIX, AZ 85028-3035	100.00%	Brian Bohnsack TRUSTEE Marie Bohnsack TRUSTEE	09-28-2016 09/28/2016
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
		09-30-2016

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 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.*

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. ***RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

☐ Original – County Office Copy ☐ Owner's Copy ☐ Operator's Copy

This form is available electronically.

CRP-1F Addendum (05-31-19)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

1A. State Code	1B. County Code
19	011

2. Contract Number: 1649A

3. Farm Number: 6607

CRP-1 MODIFICATION TO EXTEND THE CONTRACT EXPIRATION DATE FOR 1 YEAR

4. TERMS TO EXTEND EXPIRATION DATE OF THE CRP-1 CONTRACT

This contract modification is entered into by the Commodity Credit Corporation (CCC) and the undersigned participant(s) of the Conservation Reserve Program (CRP) under the contract in Item 2 above.

RECEIVED
JUL 22 2019
BENTON CO. FSA
VINTON, IOWA

By signing this contract modification, the participant(s) and CCC agree:

- to extend the expiration date of the CRP contract identified in Item 2 above to September 30, 2020.
- to continue to comply with the terms and conditions of the cited contract as contained in the corresponding CRP-1, CRP-1 Appendix, and any addendum thereto.
- to extend the lifespan of all CRP practices established for the contract identified in Item 2 above for 1 year longer than indicated on AD-245, page 2, or the FSA-848A as applicable or for 1 year longer than was agreed to under other extension provisions, whichever results in the later date.

It is so agreed and understood.

4A. Participant's Name *(Printed)*	4B. Participant's Signature (By)	4C. Title/Relationship of the Individual Signing in the representative capacity	4D. Date *(MM-DD-YYYY)*
Brian and Marie Bohnsack Family Trust	x Brian Bohnsack	x TRUSTEE	x 7-8-19
4E. Participant's Name *(Printed)*	4F. Participant's Signature (By)	4G. Title/Relationship of the Individual Signing in the representative capacity	4H. Date *(MM-DD-YYYY)*
	x Marie Bohnsack	x Trustee	x 7-14-19
4I. Participant's Name *(Printed)*	4J. Participant's Signature (By)	4K. Title/Relationship of the Individual Signing in the representative capacity	4L. Date *(MM-DD-YYYY)*
4M. Participant's Name *(Printed)*	4N. Participant's Signature (By)	4O. Title/Relationship of the Individual Signing in the representative capacity	4P. Date *(MM-DD-YYYY)*

5A. Signature of CCC Representative	5B. Date *(MM-DD-YYY)*	6A. County FSA Office Name and Address *(Including ZIP Code)*
Amy Bill	8-16-2019	Benton County FSA 1705 West D St Vinton IA 52349 6B. Telephone No. *(Including Area Code)*: (319) 472-5274

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This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). 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.***