

CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO CODE & ADMIN. LOCATION 19 011	2. SIGN-UP NUMBER 32
CONSERVATION RESERVE PROGRAM CONTRACT		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		8. OFFER (Select one) GENERAL ☒ ENVIRONMENTAL PRIORITY ☐	
7B. TELEPHONE NUMBER (Include Area Code): (319) 472-5274		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 addendum thereto; CRP-2; CRP-2C; or CRP-2G.			
10A. Rental Rate Per Acre \$ 111.72			
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)			
12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)		A. Tract No. 10390	
B. Field No. 1		C. Practice No. CP10	
D. Acres 3.30		E. Total Estimated Cost-Share \$ 0	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		10390	
10390		4	
CP1		1.70	
\$ 0		\$ 0	
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.			

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.



Original - County Office Copy



Owner's Copy



Operator's Copy

CRP-1F Addendum (05-31-19)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1A. State Code 19	1B. County Code 011
CRP-1 MODIFICATION TO EXTEND THE CONTRACT EXPIRATION DATE FOR 1 YEAR		2. Contract Number 1649A	
		3. Farm Number 6607	

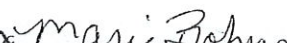
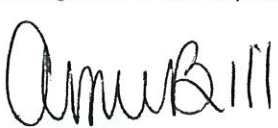
4. TERMS TO EXTEND EXPIRATION DATE OF THE CRP-1 CONTRACT

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.

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) Brian and Marie Bohnsack Family Trust	4B. Participant's Signature (By) 	4C. Title/Relationship of the Individual Signing in the representative capacity TRUSTEE	4D. Date (MM-DD-YYYY) 7-8-19
4E. Participant's Name (Printed)	4F. Participant's Signature (By) 	4G. Title/Relationship of the Individual Signing in the representative capacity Trustee	4H. Date (MM-DD-YYYY) 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) 8-16-2019	6A. County FSA Office Name and Address (Including ZIP Code) Benton County FSA 1705 West D St Vinton IA 52349 6B. Telephone No. (Including Area Code): (319) 472-5274	

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html 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 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.