Page	1	of	2

2. SIGN-UP

1. ST. & CO. CODE & ADMIN. LOCATION

CRP-1 U.S. DEPARTMENT O (12-02-19) Commodity Cred  CONSERVATION RESERVI  5A. COUNTY FSA OFFICE ADDRESS (Inc. ADAIR COUNTY FARM SERVICE AGENCY 705 NE 6TH ST GREENFIELD, IA50849-9501	it Corporation  PROGRAM		3. CON			ERIOD	2. SIGN-UP NUMBER 52 4. ACRES FOR ENROLLMENT 5.41 TO: (MM-DD-YYYY) 09-30-2029
			8. SIGN	NUP TYPE:			
5B. COUNTY FSA OFFICE PHONE NUMB (Include Area Code): (641) 343-7033			Conti				
THIS CONTRACT is entered into between the (referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions contar Program Contract (referred to as "Appendix applicable contract period. The terms and othereto. BY SIGNING THIS CONTRACT PART thereto: CRP-2; CRP-2C; or CRP-2G.	ipant agrees to pla the date the Contra ir such acreage and ined in this Contra "). By signing belo	ce the designated act is executed by d approved by the ct, including the A ow, the Participant ontract are contain DWLEDGE RECEIF	acreage into the the CCC. The Form CCC and the Pappendix to this acknowledges in acknowledges in PT OF THE FOLL	e Conservation articipant also described articipant. Addit Contract, entitle receipt of a cop. CRP-1 and in the	agrees to implem tionally, the Partic ed Appendix to Cl y of the Appendix he CRP-1 Append S: CRP-1; CRP-1 A	ent on su ipant an RP-1, Con Append ix and ar Appendix	of clist designated of CCC agree to nservation Reserve ices for the nv addendum
9A. Rental Rate Per Acre \$157.5	3	10. Identificati	on of CRP Lar	nd (See Page	2 for additional	space)	
9B. Annual Contract Payment \$852.0	00	A. Tract No.	B. Field No.	C. Practic		pres	E. Total Estimated Cost-Share
9C. First Year Payment \$		440	0003	CP8.		20	\$ 151.00
(Item 9C is applicable only when the first ye	ar payment is	440	0004	CP15	5A 1.	20	\$ 220.00
prorated.)		440	0005	CP8	A 0.	18	\$ 23.00
11. PARTICIPANTS (If more than		ls are signing,	see Page 3.)	·			L(E) DATE
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DAILEY FAMILY TRUST 154 HAMILTON DAIRY RD	(2) SHARE	(3) SIGNATURE	(By)	(4) TITLE/REL INDIVIDUA REPRESEI	ATIONSHIP OF 1 IL SIGNING IN TH NTATIVE CAPAC	IE ITY	(5) DATE (MM-DD-YYYY)
HOT SPRINGS, AR71909-9673 B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE		` INDIVIDUA REPRESE	ATIONSHIP OF LL SIGNING IN TH NTATIVE CAPAC	IE ITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE		NDIVIDUA	ATIONSHIP OF AL SIGNING IN TH NTATIVE CAPAC	框	(5) DATE (MM-DD-YYYY)
	RE OF CCC REF						B. DATE (MM-DD-YYYY)
NOTE: The following statement is made in acci is the Commodity Credit Corporation Cl 3831 et seq), the Agricultural Improvern receive benefits under the Conservation Tribal agencies, and nongovernmental identified in the System of Records Not the requested information will result in a	narter Act (15 U.S.C.) ent Act of 2018 (Pub. n Reserve Program. The entities that have been ce for USDA/FSA-2, In determination of inel	714 et seq.), the Foot L. 115-334) and 7 C. The information colled n authorized access i Farm Records File (A igibility to participate	The Part 1410. The Steel on this form note the information outomated). Providing and receive because of from PRA assets of from	e information will ling the disclosed to by statute or regulding the requested nefits under the Constitution of 11.5 cm o	to re set.), the Agin be used to determine to other Federal, Stall lation and/or as desc d information is volur conservation Reserve S.C. 9091/2)(c)(B).	eligibility te, Local g pribed in a ntary. How Program.	to participate in and government agencies, pplicable Routine Uses wever, failure to furnish
Paperwork Reduction Act (PRA) State criminal and civil fraud, privacy, and off	er statutes may be ap	oplicable to the inform	nation provided. 🖪	CETURN THIS CO	MPLETED FORM 1	O TOOK	COUNTY TOA CITIEL

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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 (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.

## **CONTINUATION OF ITEM 10 – Identification of CRP Land**

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
440	0006	CP8A	0.19	\$ 24.00
440	0007	CP15A	1.52	\$ 278.00
440	0008	CP8A	0.19	\$ 24.00
440	0009	CP8A	0.79	\$ 100.00
440	0010	CP8A	0.14	\$ 18.00
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