This form is available electronically.	40	Page 1 of 2						
CRP-1 U.S. DEPARTMENT OF AGRICULTU (10-22-15) Commodity Credit Corporation		1. ST. & CO CODE & ADMIN. LOCATION			2. SIGN-UP NUMBER			
			19 101			50		
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTI	3. CONTRACT NUMBER 11473A			4. ACRES FOR ENROLLMENT 42.30		
7A. COUNTY OFFICE ADDRESS (Include Zip Code) JEFFERSON COUNTY FARM SERVICE AGENCY 605 SOUTH 23RD ST		5. FARM	5. FARM NUMBER 5990			6. TRACT NUMBER(S) 5112		
FAIRFIELD, IA 52556-0000		8. OFFER	8. OFFER (Select one) GENERAL			PERIOD TO:		
7B. TELEPHONE NUMBER (Include Area Cade): (641) 472		I	ENVIRONMENTAL PRIORITY 🗸			(MM-DD-YYYY) 09-30-2027		
THIS CONTRACT is entered into between the Commodity Cred Participant".) The Participant agrees to place the designated ac period from the date the Contract is executed by the CCC. The such acreage and approved by the CCC and the Participant. At Contract, including the Appendix to this Contract, entitled Apper Participant acknowledges that a copy of the Appendix for the ap damages in an amount specified in the Appendix if the Participal contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and 10A. Rental Rate Per Acre	reage into the Consen Participant also agree: dditionally, the Particip, idix to CRP-1, Consen, plicable sign-up period nt withdraws prior to C nd any addendum the any addendum there	vation Reserve Prog s to implement on si ant and CCC agree vation Reserve Prog I has been provided ICC acceptance or re ereto. BY SIGNING sto; CRP-2; CRP-20	ram ("CRP") or othe uch designated acre- to comply with the te ram Contract (referra to such person. Sui ejection. The terms THIS CONTRACT I	r use set by age the Conserms and conserms and conserms and conserms and condition person also and conditions producer	CCC for the servation Planditions conta pendix"). By so agrees to pions of this of S ACKNOW	stipulated contract in developed for ined in this signing below, the pay such liquidated contract are		
10B. Annual Contract Payment \$9,534	A. Tract No.	B. Field No.	C. Practice No.		cres	E. Total Estimated		
10C. First Year Payment \$	5112	0006	CP42		58	Cost-Share		
	5112	0007	CP42		.49	\$ 4,547		
(Item 10C applicable only to continuous signup when the first year payment is prorated.)				-		\$ 6,090		
12. PARTICIPANTS (If more than three individual	5112		0009 CP42		2.09 \$ 1,108			
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): EILEEN SPRAY COFFIN - EILEEN COFFIN TRUST C/O DEANNA SPRAY 5817 ABBEY LN COLUMBIA, MO 65202-4087 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE 100.((3) SIGNAT	Try6	pry for	(4) DATE (MM-DD-YYYY) 8-31-2018 (4) DATE (MM-DD-YYYY)			
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNAT	URE	(4) DATE (MM-DD-YYYY)				
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYYY) 9-27-18								
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 thave 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								
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If you wish to file a Civil Rights program complaint of discrimination, of http://www.ascr.usda.gov/complaint_filing_cust.html, or at any U requested in the form. Send your completed complaint form or letter Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program of the complaint of the complete send of the	SDA office, or call (866) by mail to U.S. Departme	632-9992 to request ent of Agriculture, Dire	the form You may all ector, Office of Adjudic	so write a lett cation, 1400 li	ndependence .	all of the information Avenue, S W ,		
Original – County Office Copy	Owner's Copy				Operato	r's Copy		

CONTINUATION OF ITEM 11 - Identification of CRP Land

A.	B.	C.	D.	E	F. CONTRACT PERIOD (MM-DD-YYYY)				
A. Tract No.	Field No.	Practice No.	Acres	Total Estimated C/S	(1) FROM	(2) TO			
5112	0015	CP42	6.58	\$ 3,487	10-01-2017	09-30-2027			
5112	0018	CP42	13.56	\$ 7,187	10-01-2017	09-30-2027			
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	Original - County Office Copy		Owner's Copy		Operator's Copy
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This form is available electronically.								Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE						2. SIGN	SIGN-UP NUMBER		
(10-22-15) Commodity Credit Corporation			LOCATION						
			19 101				43		
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONTRACT NUMBER 4.			4. ACR	ACRES FOR ENROLLMENT 5.13		
7A. COUNTY OFFICE ADDRESS (Include Zip Code)			5. FARM NUMBER 6. TR.			6. TRA	CT NUM	BER(S)	
JEFFERSON COUNTY FARM SERVICE 605 SOUTH 23RD ST	AGENCY		5990				5112		
FAIRFIELD, IA 52556-0000			8. OFFER (Select one) 9. CO			0 000	ONTRACT PERIOD		
FAIRFIELD, IA 52556-0000				GENERAL FROM:				TO:	
7B. TELEPHONE NUMBER (Include Area Code): (641) 472	-2558					(MM-DD-Y 10-01	-2012	(MM-DD-YYYY) 09-30-2022	
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 \$186.74	11. Identificati	ion of	CRP Land	(See Page 2 for	additi	ional spa	ace)		
10B. Annual Contract Payment \$ 958	A. Tract No.	В.	Field No.	C. Practice No.	\perp	D. Acres		E. Total Estimated Cost-Share	
10C. First Year Payment \$	5112		0001	CP4D		5.13		\$ 694	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)									
12. PARTICIPANTS (If more than three individu	ıals are signing.	see P	age 3.)		!				
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): EILEEN SPRAY COFFIN - EILEEN COFFIN TRUST	(2) SHARE		(3) SIGNAT	URE			(4) DAT	E (MM-DD-YYYY)	
C/O DEANNA SPRAY 5817 ABBEY LN COLUMBIA, MO 65202-4087	100.0	00% Dean San Jan 8-31-					31-2018		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	100 01001471105					(A) DATE AMARA MARA		
DUTY ANTIGRANT STRAINE AND ADDICESS (2) Code).	(2) SHARE	%	(3) SIGNATURE				(4) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE (4) DAT					(4) DAT	E (MM-DD-YYYY)	
(4) BATE (MINI-DB-1111)									
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD						E (MM-DD-YYYY)			
(nlohod)(EO						9-2	7-18		
NOTE: The following statement is made in accordance with the Privacy Act of 1974 of 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.									
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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.									
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