CRP-1 (01-08-24)       U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation       Page 1 of 3         CONSERVATION RESERVE PROGRAM CONTRACT       1 ST & CO.CODE & ADMN. LOCATION       2 SIGNUP (19 053)       2 SIGNUP (19 053)       2 SIGNUP (10 01/2024)						(		
(B1-09-24)       Commodity Credit Corporation       10:00:00:00:00:00:00:00:00:00:00:00:00:0		~						Page 1 of 3
19       053       10       10         6A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)       3.       6.       10       053       1. </td <td></td> <td></td> <td></td> <td>1. ST.</td> <td>&amp; CO. CODE &amp;</td> <td>ADMIN.</td> <td>LOCATION</td> <td></td>				1. ST.	& CO. CODE &	ADMIN.	LOCATION	
CONSERVATION RESERVE PROGRAM CONTRACT         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	(01-08-24) Commodity Cree	dit Corporation						
SA. COUNTY FSA OFFICE ADDRESS (Include Zip Code) CLARKE - DECATUR COUNTY FAM SERVICE AGENCY 709 FURMS DUTTE 2       Impose Code (Include Xee Code) (Include Xee Cod				3. CON	NTRACT NUMBE	ER		4. ACRES FOR
SA. COUNTY FSA OFFICE ADDRESS (Include Zip Code)       6. TRACT NUMBER       ICONTRACT PERIOD       MtG:         CLAREE - DEXAME SERVICE AGENCY       7547       10/01/2024       09/30/2034         COUNTY FSA OFFICE HONE NUMBER       ICONTRACT PERIOD       MtG:       09/30/2034         EB. COUNTY FSA OFFICE HONE NUMBER       ICONTRACT Is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants       09/30/2034         CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant ad CC agree to inschool the indersigned owners, operators, or tenants       09/30/2034         CCC for the stipulated contract period. The method period by the CCC. The Participant ad CC agree to inplement on such designated owners, operators, or tenants       09/30/2034         Program Contract (referred to as "Appendix"). By signing below, the Participant achooledges needed of a copy of the Appendix And any addendum there and on the SPATICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum there is and condition of this contract referred to as \$150.07       10. Identification of CRP Land (See Page 2 for additional space)         98. Annual Contract Payment       \$ 8, 676.00       A tract No.       E. Freid No.       C. Practoe No.       0. Acres       E Todel Estimated Code Share         0. Contract Payment       \$ 100.00 %       ISIGNATURE (By)       (4) TTTLE/RELATIONSHIP OF THE INDUDUAL SCINNE IN THE RELATIONSHIP OF THE INDUDUAL SCINNE IN THE REL	CONSERVATION RESERV	E PROGRAM	CONTRACT		11.25			
CLANER - DECATUR COUNTY PARM SERVICE AGENCY TOP SPERMES BUTTE 2 OSCEOLA, IA SO213-9688 58. COUNTY FSA OFFICE PHONE NUMBER (reformed to as TOP CF, ICA PHONE NUMBER (reformed to as The Participant'). The Participant agrees to place the designed acreage into the Conservation Reserve Program (CRPP) or other uses set by CCC for the stiplicated contract preformed to as "CCC" and the undersigned commers, operators, or tenants (reformed to as "the Participant"). The Participant agrees to place the designed acreage into the Conservation Reserve Program (CRPP) or other uses set by CCC for the stiplicated contract preformed to as "Appendix"). By signing below, the Participant as agrees to implement on such designeted acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additional system and CCC agree to comply with the terms and control Plan developed for such acreage and approved by the CCC and the Participant additional system and the CRP+1, CRP+	54 COUNTY ESA OFFICE ADDRESS (Inc	ludo Zio Codo)				17.001		
709 FURMAS DR SUTR 2       7547       10/01/2024       09/30/2034         68. COUNTY FSA OFFICE HONE NUMBER (include Avea Code): (6411342-2162       8. SIGNUP TYPE: HEL I Gwa       10/01/2024       09/30/2034         788 COUNTY FSA OFFICE HONE NUMBER (include Avea Code): (6411342-2162       7547       10/01/2024       09/30/2034         789 FURMAS DRAY TSA OFFICE HONE NUMBER (include Avea Code): (6411342-2162       8. SIGNUP TYPE: HEL I Gwa       8. SIGNUP TYPE: HEL I Gwa         789 FURMAS DRAY TSA OFFICE HONE NUMBER (include Avea Code): (6411342-2162       09/30/2034       8. SIGNUP TYPE: HEL I Gwa         781 The Participant action of the contract is avecuted by the CCC The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC and the Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant action of the contract is avecuted by the CCC. The Participant actis avecuted by the CCC. The Participant action of the co				6. TRA	CT NUMBER			
OSCEDLA, IA 50213-9688       10/01/2024       09/30/2034         B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (611) 342-2162       Include Area Code): (611) 342-2162       Include Area Code): (611) 342-2162         THS CONTRACT 5 entered Into between the Commodity Credit Corporation (referred to as "the Participant"). The Participant agress to place the designated acreage into the Conservation Reserve Program (CRP") or other uses set by CCC for the stipulated contract referred to as "Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant active set program Contract (referred to as "Appendix"). By signing below, the Participant active set program Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges resigt of a copy of the Appendix to CRP-1, CRP-1 Appendix and any settlename addendum therefor; and, CRP-2, CRP-2C, CRP-2Cg, or CRP-2C30, as applicable.       10. Identification of CRP Land (Soe Page 2 for additional space)         98. Annual Contract Payment \$ 7547       0009       CP2       1.11       \$ 203.00         90. First Year Payment \$       7547       0003       CP2       9.45       \$ 1.722.00         11. PARTICIPANTS (/f more than three individuals are signing: a company of the Appendix Appendix and any Contract Payment is 00.0.0%       (a) SIGNATURE (By)       (a) HILPRELITIONSHIP OF THE INDIVIDUAL SIGNING IN THE INDIVIDUA		ICE AGENCY			7547	FROM:	(MM-DD-YYYY)	TO: (MM-DD-YYYY)
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (611) 342-2162         HEL Í Övra.           FIHS CONTRACT: Is entred 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 uses set by CCC for the stipulated contract the designated of the Scenariz the CCC. The Participant and CCC agree to comply with the terms and conditions contained in this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a councet, the High appendix to CRP-1, CRP-1 and in the CRP-1 Appendix to RP-1, CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2G, or CRP-2G0, or SRP-2G0, as applicable.           9A. Rental Rate Per Acro         \$ 1,69.07           9B. Annual Contract Payment         \$ 0,76.0           9C. First Year Payment         \$ 7547         0009         CP2         0.131         \$ 203.00           9. Forst Year Payment         \$ 100.00 %         7547         0013         CP2         9.45         \$ 1,729.00           11. PARTICIPANTS NMAE AND ADRESS (Include Zp Code)         (2) SHARE         (3) SIGNATURE (By) esignet by than Communic And Payment         \$ 0,0 0 %         CP2         0.133         \$ 9.7.0.0           12. CCC USE ONLY         Applicable control when the first year payment is prorated.         7547         0013         CP2         9.45         \$ 1,729.0.						10/01	/2024	09/30/2034
SB. COUNTY FSA OFFICE PHONE NUMBER (includ wards code): (e41) 134-2162         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 allow code): (e41) 134-2162         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 allow code): (e41) The Participant allow codes are set to the comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, Additionally, the Participant and CCC agrees to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, Additionally, the Participant and CCC agrees to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, period.         Standard Contract Part Contract Part Contract Part Contract,								
FHIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned sources, persons, so the nexts (referred to as "the Participant. Additional's Degres to CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant. Additionally, the Participant and CCC agrees to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, including the Appendix to this Contract (referred to as "Appendix"). By signing between tex-converging neuronal contract period from the date the Contract is executed by the CCC. The Participant. Additionally, the Participant and CCC agrees to comply with the terms and conditions contained in this Contract, including the Appendix to this 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; and (CRP-2, CRP-2G, or CRP-2G), as applicable.         9A. Rental Rate Per Acro       \$ 159.07       10.       10.       Intellification of CRP Land (See Page 2 for additional space)         9B. Annual Contract Payment       \$ 8, 676.00       A. Tract No       B. Field No.       C. Practoe No.       D. Acres       E Total Estimated         9C. First Year Payment       \$ 0.00%       7547       0008       CP2       0.53       \$ 97.00         11. PARTICIPANTS NAME AND       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE       (b) DATE         NOTES: Instructional to provide J2       0.00%       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE       (b) DATE <td></td> <td></td> <td>HEL</td> <td>⊥owa</td> <td></td> <td></td> <td></td>			HEL	⊥owa				
9A. Rental Rate Per Acre       \$ 159.07       M.G.       10. Identification of CRP Land (See Page 2 for additional space)         9B. Annual Contract Payment       \$ 8,676.00       A. Tract No.       B. Field No.       C. Practice No.       D. Acres       E. Total Estimated CostShare         9C. First Year Payment       \$       7547       0008       CP2       0.53       \$ 97.00         (Item 9C is applicable only when the first year payment is prorated.)       7547       0009       CP2       1.11       \$ 203.00         711.       PARTICIPANTS NAME AND ADDRESS Include 2/p Code)       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Cambiana For. # applicable: On 05-1424       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MADD-YYYY)         055 MOTINES, IA 50321-1893       100.00%       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Cambiana For. # applicable: On 05-1424       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MADD-YYYY)         05-114-24       0.00%       0.00%       (3) SIGNATURE (By) e-Signed by Mark Cambiana For. # applicable: On 05-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MADD-YYYY)         05-104-24       0.00%       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Cambiana For. # applicable: On 05-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE RE	THIS CONTRACT is entered into between th (referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed fo comply with the terms and conditions conta Program Contract (referred to as "Appendix applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PAR	ipant agrees to pla the date the Contro or such acreage an ined in this Contra "). By signing bela onditions of this c TICIPANTS ACKN	ace the designated act is executed by of approved by the act, including the A now, the Participant contract are contain OWLEDGE RECEIF	acreage into the the CCC. The I CCC and the P ppendix to this acknowledges ned in this Form	e Conservation Participant also a articipant. Addi Contract, entitle receipt of a cop CRP-1 and in ti	Reserve I agrees to tionally, ti ad Append y of the A he CRP-1	Program ("CRP") implement on su he Participant an dix to CRP-1, Cou ppendix/Append Appendix and ar	or other use set by ich designated d CCC agree to nservation Reserve ices for the ny addendum
9B. Annual Contract Payment       \$ 8,676.00       A. Tract No.       B. Field No.       C. Practice No.       D. Acres       E. Total Estimated CostShare         9C. First Year Payment       \$       7547       0008       CP2       0.53       \$ 97.00         (Iftem 9C is applicable only when the first year payment is prorated.)       7547       0009       CP2       1.11       \$ 203.00         11.       PARTICIPANTS (If more than three individuals are signing, see Page 3.)       (4) ITTLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (IM+DD-YYYY)         ADDRESS (include 2 in Code)       (2) SHARE       (3) SIGNATURE (By)       (4) ITTLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (IM+DD-YYYY)         ADDRESS (include 2 in Code)       (2) SHARE       (3) SIGNATURE (By)       (4) ITTLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (IM+DD-YYYY)         ADDRESS (include 2 in Code)       (2) SHARE       (3) SIGNATURE (By)       (4) ITTLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (IM+DD-YYYY)         ADDRESS (include 2 in Code)       (2) SHARE       (3) SIGNATURE (By)       (4) ITTLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE         MODE       (1) PARTICIPANTS NAME AND ADDRESS (include 2 in Code)       (2) SHARE       (3) SIGNATURE (By)<				(000)	1/0 0			
Sb. Animal Collinator Payment       S 0, 6 / 8 , 0 / 0       A mach object       D. Head No.       D. Actes       Cost-Share         9C. First Year Payment       \$       7547       0008       CP2       0.53       \$ 97,00         (Item 9C is applicable only when the first year payment is prorated.)       7547       0009       CP2       1.11       \$ 203.00         711       PARTICIPANTS (If more than three individuals are signing, see Page 3.)        (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         MARK & GARMARIANA       100.00%       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         MARK & GARMARIANA       100.00%       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         05-14-24       0.00%       0.00%       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         05-15-24       0.00%       0.00%       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         05-14-24       0.00%       0.00%       (5) SIGNATURE (BY)       (4) TITLE/RELATIONSHIP	9A. Rental Rate Per Acre \$159.0		10. Identificati	on of CRP La	no (See Page	2 for add	litional space)	
(Item 9C is applicable only when the first year payment is prorated.)       7547       0009       CP2       1.11       \$ 203.00         (Item 9C is applicable only when the first year payment is prorated.)       7547       0013       CP2       1.11       \$ 203.00         11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE INDINDIDUAL SIGNING IN THE INDIVIDUAL SIGNING IN TH			A. Tract No.	B. Field No.	C. Practice	e No.	D. Acres	
Interpretendent	9C. First Year Payment \$		7547	0008	CP2		0.53	\$ 97.00
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)         A(1) PARTICIPANTS NAME AND ADDRESS (include Zip Code) MARK A GAMBAIANA B15 SM 35TH ST DOS 1424       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, if applicable: On 05-14-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY D5-14-24       (5) DATE (MM-DD-YYYY) 05-14-24         B(1) PARTICIPANTS NAME AND ADDRESS (include Zip Code) LEE ALIAN WREELOCK DO 00 %       (2) SHARE 0.00 %       (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY D5-15-24       (5) DATE (MM-DD-YYYY) 05-15-24         C(1) PARTICIPANTS NAME AND ADDRESS (include Zip Code) DES MOINES, IA 50315-2133       (2) SHARE 0.00 %       (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY D5-15-24       (5) DATE (MM-DD-YYYY) 05-15-24         C(1) PARTICIPANTS NAME AND ADDRESS (include Zip Code) BES MOINES, IA 50315-2133       (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       (5) DATE (MM-DD-YYYY) 05-14-24         C(1) PARTICIPANTS NAME AND BES MOINES, IA 50321-1893       (2) SHARE 0.00 %       (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       (5) DATE (MM-DD-YYYY) 05-14-24         12. CCC USE ONLY       A. SIGNATURE OF CC REPRESENTATIVE MM-DD-YYYY       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       (5) DATE (MM-DD-YYYY) 05-14-24       (5) DATE (MM-DD-YYYY)       (5) DATE (MM-DD-YYYY)       (5) DATE (MM-DD-YYYY)<		ar payment is	7547	0009	CP2		1.11	\$ 203.00
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 (MA-DD-YYYY)         3615 SW 36TH ST DES MOTNES, I A 50321-1893       100.00 %       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOTNES, I A 50321-1893       100.00 %       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOTNES, I A 50315-2133       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOTNES, I A 50315-2133       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         SIGN SMISTIN ST DES MOTNES, I A 50315-1393       0.00 %       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         12. CCC USE ONLY       A. SIGNATURE OF CCC REPRESENTATIVE DES MOTNES, I A 50321-1893       0.00 %       (4) SUSC 552a as agended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S. C. THE seq), the food SecUM Act of 1986 (16 U.S. C. 300 et seq), the Agricultural Act of	prorated.)		7547	0013	CP2		9.45	\$ 1,729.00
ADDRESS (include Zip Code) MARK A GAMBAINAN 3615 SW 36TH ST       100.00 %       e-Signed by Mark Gambaiana For, if applicable: 0.005-14-24       INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       05-14-24         BES MOINES, IA 50321-1893       (2) SHARE       (3) SIGNATURE (By) e-Signed by Trisha Wheelock For, if applicable: 0.005-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOINES, IA 50315-2133       0.00 %       0.00 %       (3) SIGNATURE (By) e-Signed by Trisha Wheelock For, if applicable: 0.005-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOINES, IA 50315-2133       0.00 %       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, if applicable: 0 n05-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         ADDRESS (Include Zip Code) x000 FKS (Include Zip Code)       0.00 %       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, if applicable: 0 n05-14-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)       (5) DATE (MM-DD-YYYY) <td>11. PARTICIPANTS (If more than</td> <td>three individua</td> <td>ls are signing, s</td> <td>see Page 3.)</td> <td></td> <td></td> <td></td> <td></td>	11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)				
ADDRESS (include Zip Code) MARK A GAMBAINAN 3615 SW 36TH ST       100.00 %       e-Signed by Mark Gambaiana For, if applicable: 0.005-14-24       INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       05-14-24         BES MOINES, IA 50321-1893       (2) SHARE       (3) SIGNATURE (By) e-Signed by Trisha Wheelock For, if applicable: 0.005-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOINES, IA 50315-2133       0.00 %       0.00 %       (3) SIGNATURE (By) e-Signed by Trisha Wheelock For, if applicable: 0.005-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOINES, IA 50315-2133       0.00 %       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, if applicable: 0 n05-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         ADDRESS (Include Zip Code) x000 FKS (Include Zip Code)       0.00 %       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, if applicable: 0 n05-14-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)       (5) DATE (MM-DD-YYYY) <td>A(1) PARTICIPANT'S NAME AND</td> <td>(2) SHARE</td> <td>(3) SIGNATURE</td> <td>(By)</td> <td>(4) TITLE/REL</td> <td>ATIONSH</td> <td>IP OF THE</td> <td>(5) DATE</td>	A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	(By)	(4) TITLE/REL	ATIONSH	IP OF THE	(5) DATE
3615 SW 36TH ST DES MOINES, IA 50321-1893       100.00 %       Poi, in applicable. On 05-14-24       Ob-14-24       05-14-24         E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LEE ALAN WHEELOCK       (2) SHARE       (3) SIGNATURE (By) e-Signed by Trisha Wheelock For, if applicable. On 05-15-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         2000 WILLOWMERE DR DES MOINES, IA 50315-2133       0.00 %       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, is applicable. On 05-16-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         ADDRESS (Include Zip Code) ROIN CARBATMAN 3615 SW 36TH ST DES MOTNES, IA 50321-1893       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, is applicable. On 05-14-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         DES MOTNES, IA 50321-1893       0.00 %       0.00 %       0.00 %       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY       (5) DATE (MM-DD-YYYY)         NOTE:       The following statement is made in accordance with the Privacy Act of 974 (5 USC 552a - ag anended). The authority for requesting the information identified on this form is the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tibel agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applic	ADDRESS (Include Zip Code)		e-Signed by Mark	Gambaiana				(MM-DD-YYYY)
DES       MOINES, IA 50321-1893       Control of the conterin of the control of the control of the control of the control		100.00%			REPRESEN	NTATIVE	CAPACITY	05-14-24
ADDRESS (Include Zip Code) LEE ALAN WHEELOCK 2000 WILLOWMERE DR 00.00 %       0.00 %       e-Signed by Trisha Wheelock For, if applicable: On 05-15-24       INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       0.515-24         C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ROBIN GAMBAIANA 3615 \$W 30121-1893       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Gambaiana For, if applicable: 0.00 %       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       (5) DATE (MM-DD-YYYY)         12. CCC USE ONLY       A. SIGNATURE OF CCC REPRESENTATIVE for if applicable: 0.00 %       0.00 %       B. DATE (MM-DD-YYYY)         NOTE:       The following statement is made in accordance with the Privacy Act of 574 (5 USC 552a - as adpended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.SC TH-Sag), 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 Inprovement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act. 2024 (Pub. L. 118-22), and the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, ribal agencies, and nongovernmental entities that have been authorized access to the information collected 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 of ineligibility to participate in and receive benefits under the Conservation Reserve Program.       He advected information collection is exempted from PRA as specifie		100.00	On 05-14	-24				00-14-24
LEE ALAN WHEELOCK       0.00%       For, if applicable:       REPRESENTATIVE CAPACITY       05-15-24         2000 WILLOWMERE DR       0.00%       For, if applicable:       REPRESENTATIVE CAPACITY       05-15-24         C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)       (2) SHARE       (3) SIGNATURE (By)       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE Representation of Statement is made in accordance with the Privacy Act of S74 (5 USC 552a - as absended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. TH-Diseq.), 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), and 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. Returner, Haver State (Information of Interviet) for the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and necevice 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 will be used to other rederal, State, Local government agencies, Stale agencies, and nongovernmental notice for USA/FSA-2, File (Automated). Providing the requested information is voluntary. However,	B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	(By)	(4) TITLE/REL	ATIONSH	IP OF THE	(5) DATE
2000 WILLOWMERE DR DES MOINES, IA 50315-2133       0.00 %       On 05-15-24       On 05-15-24       On 05-15-24         C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ROBIN GMRAINAN 3615 SM 36TH ST DES MOINES, IA 50321-1893       (2) SHARE       (3) SIGNATURE (By) e-Signed by Mark Gambalana For. if applicable: On 05-14-24       (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       (5) DATE (MM-DD-YYYY)         12. CCC USE ONLY       A. SIGNATURE OF CCC REPRESENTATIVE form is the Commodity Credit Corporation Charter Act (15 US, C. TH-4) seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act 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), and the Conservation Reserve Program. The information collected on this form may be disclosed to other Faderal, State, Local government agencies, Tribal agencies, and ongovernmental 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 USA/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. The information collected on this form may be disclosed to other Faderal, State, Local government agencies, Tibal agencies, and nongovernmental entities that have been authorized access to the information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. Reserve Program. The information collected on this form may be disclosed t	ADDRESS (Include Zip Code)		e-Signed by Trist	a Wheelock				
DES       MOINES, IA 50315-2133       Cito District         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)         ROBIN GAMBALTANA 3615 SW 367H ST DES MOINES, IA 50321-1893       0.00 %       (3)       SIGNATURE OF CCC REPRESENTATIVE On 05-14-24       (4)       TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Spouse       (5)       DATE (MM-DD-YYYY)         12.       CCC USE ONLY       A.       SIGNATURE OF CCC REPRESENTATIVE Model       0.00 %       B.       DATE (MM-DD-YYYY)         NOTE:       The following statement is made in accordance with the Privacy Actor 974 (5 USC 552a - as advended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714-939,), 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), 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, rinbal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses		0.00%			REPRESEN	TATIVE	CAPACITY	05-15-24
ADDRESS (Include Zip Code) ROBIN GAMBATANA 3615 SW 36TH ST DES MOTNES, IA 50321-1893 12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE MAKE DO % D 0 % D	THS CONTRACT is natured into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant, Conservation Reserve Program (CRP") or other uses as to receive the participant, Conservation Reserve Program (CRP") or other uses as to receive the participant, Conservation Reserve Program (CRP") or other uses as to receive the participant, Conservation Reserve Program (CRP") or other uses as to receive the participant, Conservation Reserve Program (CRP") or other uses as to receive the participant, Conservation Reserve Program (CRP") or other uses as to receive of a conditions contained in this Contract, including the Appandix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program (CRP), By significations of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2G3, as applicable.         9A. Rental Rate Per Acre       \$ 159.07       10. Identification of CRP Land (See Page 2 for additional space)         9B. Annual Contract Payment       \$ 8, 676.00       A. Tract No.       B. Field No.       C. Practice No.       D. Acres         9C. First Year Payment       \$ 7547       0008       CP2       1.11       \$ 203.07         11. PARTICIPANTS Code       [1] MARCIE AND ARCON       [2] SHARE       [3] SIGNATURE (By)       [4] TITLE/RELATIONSHIP OF THE       [M:MOD-YY]         12. PARTICIPANTS NAME AND       [2] SHARE       [3] SIGNATURE (By)       [4] TITLE/RELATIONSHIP OF THE       [M:MOD-YY]         13. SW 3151-2133       100.00 %       0.00 %							
ROBIN GAMBALANA 3615 SW 36TH ST DES MOINES, IA 50321-1893       0.00 %       For, if applicable: On 05-14-24       REPRESENTATIVE CAPACITY Spouse       05-14-24         12. CCC USE ONLY       A. SIGNATURE OF CCC REPRESENTATIVE Multiple       B. DATE Multiple       B. DATE Multiple         NOTE:       The following statement is made in accordance with the Privacy Act of 974 (5 USC 552a - as alrended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 774-9 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), 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). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS	C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	(By)	(4) TITLE/REL	ATIONSH	IIP OF THE	(5) DATE
3615 SW 36TH ST DES MOINES, IA 50321-1893       0.00 %       Port applicable: on 05-14-24       D5-14-24       05-14-24         12. CCC USE ONLY       A. SIGNATURE OF CCC REPRESENTATIVE of 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. 714-0 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), 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 Reserve Program.         Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). 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.         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, religi	ADDRESS (Include Zip Code)		e-Signed by Mar	k Gambaiana				(MM-DD-YYYY)
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institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender								
	In accordance with Federal civil rights law and U.S institutions participating in or administering USDA	Department of Agric programs are prohibit	culture (USDA) civil rig ted from discriminatin	ghts regulations a g based on race, d	nd policies, the US color, national origi	DA, its Age in, religion,	ancies, offices, and sex, gender identit	employees, and y (including gender

institutions participating in or administering USDA programs are provided from discriminating based on race, coud, national origin, religion, sex, gender identity (including gender expression), sexual orientation, 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 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="https://www.ascr.usda.gov/complaint">wmmanultinterm.gov/complaint form, call (866)</a> Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: <a href="https://www.ascr.usda.gov/complaint">wmmanultinterm.gov/complaint form, call (866)</a>

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

		OF ITEM 10 – Identificati		Ε.		
A. Tract No.	B. Field No.	C. Practice No.	D. Acres	Total Estimated C/S		
7547	0024	CP2	16.57	\$ 3,032.00		
7547	0026	CP2	26.88	\$ 4,919.00		
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- Wetland Determination Restricted
- V Limited
- Exempt from Conservation

CRP

Tract Boundary

low a PLSS

low a Roads

Compliance Provisions

## Tract Cropland Total: 60.87 acres

2025 Program Year Map Created October 17, 2024

Farm **4473** Tract **7547** 

Compliance Provisions United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

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## IOWA DECATUR

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.

Operator Name	:
CRP Contract Number(s)	: 11635
Recon ID	: None
Transferred From	: None

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United States Department of Agriculture Farm Service Agency

## FARM: 4473 Prepared : 10/7/24 1:57 PM CST Crop Year: 2025

## Abbreviated 156 Farm Record

CRP Contract Nur Recon ID Transferred From ARCPLC G/I/F Elig	: Noi : Noi	ne							
			F	arm Land D	ata				
Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
78.36	60.87	60.87	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP	Cropland	Double	Cropped	CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	6.33		0.	.00	54.54	0.00	0.00	0.00
			Cro	e Election C	hoice				

ARC Individual	ARC County	Price Loss Coverage				
None	WHEAT, CORN, SOYBN	None				

DCP Crop Data								
Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP				
Wheat	1.00	0.00	38					
Corn	47.20	0.00	91					
Soybeans	11.60	0.00	30					
TOTAL	59.80	0.00						

NOTES

# Uploud CRP - new enroll

Tract Number	: 7547
Description	: Sect 26 Garden Grove Twp, Decatur County
FSA Physical Location	: IOWA/DECATUR
ANSI Physical Location	: IOWA/DECATUR
BIA Unit Range Number	:
HEL Status	: HEL field on tract. Conservation system being actively applied
Wetland Status	: Wetland determinations not complete
WL Violations	: None
Owners	: MARK A GAMBAIANA, ROBIN GAMBAIANA, LEE ALAN WHEELOCK, TRISHA M WHEELOCK
Other Producers	: None
Recon ID	: None
	Tract Land Data

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Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
78.36	60.87	60.87	0.00	0.00	0.00	0.00	0.0

IOWA DECATUR

Form: FSA-156EZ



United States Department of Agriculture Farm Service Agency FARM: 4473 Prepared: 10/7/24 1:57 PM CST Crop Year: 2025

#### Abbreviated 156 Farm Record

State Conservation					MPL	DCP Ag. Rel Activity	SOD	
0.00			0.00	54.54	0.00	0.00	0.00	
			DCP Crop Da	a				
Crop Name Base Acres		Base Acres	cc	C-505 CRP Red	uction Acres	PLC Yield	PLC Yield	
Wheat		1.00			0.00	38		
Corn		47.20		0.00		91		
Soybeans		11.60		0.00		30		
FOTAL 59.80		I		0.00	- I			
			NOTES					

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