							Page 1 c ?
		OF AGRICULTURI dit Corporation	E	1. S1,		ADMIN. LOCATION	2. SIGN-UP NUMBER 53
CONSERVATION RES	SERV	E PROGRAM	CONTRACT		NTRACT NUMB	4. ACRES FOR ENROLLMENT	
5A. COUNTY FSA OFFICE ADDRE	SS (Inc	lude Zip Code)		6. TRA	CT NUMBER	7. CONTRACT PER	IOD
PARKE COUNTY FARM SERVICE A 252 S RIDGEWOOD DRIVE ROCKVILLE, IN4/872-9000	GFN Y				708	FROM: (MM-DD-YYY 10-01-2020	Y) TO: (MM-DD-YYYY) 09-30-2030
5B. COUNTY FSA OFFICE PHON (Include Area Code): (765) 569-		ER			NUP TYPE: inuous		
THIS CONTRACT is entered into bet (referred to as "the Participant".) The CCC for the stipulated contract peri- acreage the Conservation Plan deve comply with the terms and condition Program Contract (referred to as "A, applicable contract period. The term thereto. BY SIGNING THIS CONTRA addendum thereto; and, CRP-2, CRF	ne Partic od from ploped fon ns conta ppendix ns and c ACT PAR P-2C, CR	ipant agrees to pla the date the Contro ir such acreage ar ined in this Contro "). By signing bel onditions of this o TICIPANTS ACKN P-2G, or CRP-2C3	ace the designated ract is executed by de approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF 10, as applicable.	acreage into the the CCC. The income the Popendix to this acknowledges and in this Forn PT OF THE FOL	ne Conservation Participant also iarticipant. Addi c Contract, entitic receipt of a cop n CRP-1 and in ti LOWING FORMS	Reserve Program ("Cl agrees to implement of tionally, the Participar ed Appendix to CRP-1, y of the Appendix/App he CRP-1 Appendix ar. 5: CRP-1; CRP-1 Appe	RP") or other use set by in such designated it and CCC agree to , Conservation Reserve sendices for the d any addendum ndix and any
9A. Rental Rate Per Acre \$	188.0		10. Identificati	on of CRP La	nd (See Page	2 for additional space	ce)
9B. Annual Contract Payment \$	772.0	0 3.2.0	A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	i (Q9-11-23 /	708	0002	CP8	A 1.90	\$ 0.00
(Item 9C is applicable only when the	first yea	r payment is	708	0003	CP8	A 1.40	\$ 0.00
prorated.)	/Nit		708	0004	CP8	0.80	\$ 0.00
11. PARTICIPANTS (If more	than t						
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) HILL FAM FARMS LL* 11058 S RANGELINE PO CLINTON, IN47842-7132		(2) SHARE 50.00 %	(3) SIGNATURE (AAA	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JENNIFER SUE COLLINS 301 CAMINO SAN CLEMENTE SAN CLEMENTE, CA92672-3705	11	(2) SHARE	(3) SIGNATURE (Jup Jup	INDIVIDUA REPRESEN	ATIONSHIP OF THE L SIGNING IN THE ITATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JULIA NEWGRAB 916 LAWTON 51 5AN FRANCISCO, CA94122-3544		(2) SHARE	(3) SIGNATURE (INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE ITATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE

NOTE:

B. DATE

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 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.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 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 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, 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.

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CRP-1	
(07-06-20)	

U.S. DEPARTMENT OF A CULTURE Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)

PARKE FORM F FRMI STRVING LONG Y 252 S HITCHWOOD ONLY.
ROCKVILLE 19478 Comm.

58. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (765) 569-3551

		5%
1 ST. & CO. CODE &	ADMIN. LOCATION	2. SIGN-UP
	16	NUMBER
3. CONTRACT NUMB	ER (1/099A)	4 ACRES FOR ENROLLMENT
6 TRACT NUMBER	7. CONTRACT PERIOD	
14	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
8 SIGNUP TYPE		-

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 acreage the Conservation Plan developed for such acreage and approved by the CCC. The Participant also agrees to implement on such designated 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 receipt of a copy of the Appendix/Appendices for the applicable 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-2C, CRP-2C30, as applicable.

9A. Rental Rate Per Acre.

\$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ 188 00 \$ \$ \$ 188 00 \$ \$ 188

9A. Rental Rate Per Acre	\$ 188.0	J.L.C	10. Identifica	tion of CRP La	and (See Page 2 for ad	ditional space) = 1 2
9B. Annual Contract Payment 9C First Year Payment	\$ 772.0	0	A Tract No	B Field No	The second secon	D Acres	E. Total Estimated Cost-Share
10-27-23	i	19-11-23	/ / / P	(000):	CE8A	1. 90	9 0.00
(Item 9C is applicable only when the first year payment is		708	0003	CP8A	1.4()	\$ 0.00	
prorated) K.H.	liviti	a defe	tisp	0004	CPBA	0.80	5 0.00
11. PARTICIPANTS (If m	ore than t	hree individua	als are signing,	see Page 3.) 1		1
A(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Code) HILL FAM FARMS LLC HID58 S RANGELLINE RD CLINTON, IN4/H42-7132 B(1) PARTICIPANT'S NAME AN	ا ما	50.00 %	(3) SIGNATURE e-Signed b For, if ap On 10-	(By) by Kurt Hill plicable: 27-23	(4) TITLE/RELATIONSH INDIVIDUAL SIGNIN REPRESENTATIVE Member	IG IN THE	(5) DATE (MM-0D-YYYY) 10-27-23
ADDRESS (Include Zip Code) JENNIFER SUE COLLINS 301 CAMINO SAN CLEMENTE SAN CLEMENTE, CA92672-3705		(2) SHARE	(3) SIGNATURE		(4) TITLE/RELATIONSH INDIVIDUAL SIGNIN REPRESENTATIVE	G IN THE	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Code) USTA HERCOMB TO TAKE COMB THE		(2) SHARE	(3) SIGNATURE	Δ	(4) TITLE/RELATIONSH INDIVIDUAL SIGNIN REPRESENTATIVE	G IN THE	(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. S	IGNATURÉ	OF CCC REP	PRESENTATIVE	- 0			B. DATE (MM-DD-YYYY)

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OCT 27 2023

CONSERVATION DESCRI	VE DOGGE		3. CC	ONTRACT NUMB	ER	4. ACRES FOR
CONSERVATION RESER	VE PROGRA	W CONTRACT	Γ	1.1	ENROLLMENT	
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5B. COUNTY FSA OFFICE PHONE NUI	MBER		Con	tinuous		
(Include Area Code): (10 10 10 10 10 10 10 10 10 10 10 10 10						
THIS CONTRACT is entered into between (referred to as "the Participant".) The Par	the Commodity Cre	dit Corneration (red	formed to so 1704	000		
(referred to as "the Participant".) The Participant CCC for the stipulated contract period fro	ticipant agrees to p	lace the designated	i acreane into t	be Consequetter	ersigned owners, opera	tors, or tenants
CCC for the stipulated contract period fro acreage the Conservation Plan developed	m the date the Con	tract is executed by	the CCC. The	Participant also:	Reserve Program ("CRF	") or other use set by
acreage the Conservation Plan developed comply with the terms and conditions cor	for such acreage a	nd approved by the	CCC and the I	Participant, Addi	igrees to implement on ilonally, the Participant	such designated
comply with the terms and conditions cor Program Contract (referred to as "Append	tained in this Conti	ract, including the A	Appendix to this	s Contract, entitle	d Appendix to CRP-1	Conservation Posonia
Program Contract (referred to as "Appendapplicable contract period. The terms and	lix"). By signing be	low, the Participant	acknowledges	receipt of a copy	of the Appendix/Apper	ndices for the
applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA	CONDITIONS OF this	contract are contain	ned in this For	n CRP-1 and in th	e CRP-1 Appendix and	any addendum
thereto. BY SIGNING THIS CONTRACT PA addendum thereto; and, CRP-2, CRP-2C, (CRP-2G or CRP-2C	VOVVLEDGE RECEIP	PT OF THE FOL	LOWING FORMS	: CRP-1; CRP-1 Append	lix and any
9A. Rental Rate Per Acre \$ 188	contraction and a second residence of the same framework			-		
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9C. First Year Payment \$	1 .09-08-29	7-13	0002	CP8A	1.90	Cost-Share
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prorated.)	Λ	2 β	1.5.5.4			0.00
44 DADTIOIDANING	Nitial/date		[[]]	CPBA	0.80	\$ 0.00
11. PARTICIPANTS (If more than	three individua	als are signing, s	see Page 3.)		
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (I	By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)
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LTG ' N, 114 '84, - '						6
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (Bv)	(4) TITLE/DELA	TIONICHID OF THE	K-0
ADDRESS (Include Zip Code) JEHNI FER SUE COLLINE		e-Signed by Jennifer S Collins		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE		(5)DATE
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SAN CLEMENTE, CA92672 C'05	16.67%	On 09-08-23		REPRESENTATIVE CAPACITY		09-08-23
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ADDRESS (Include Zip Code)	(-)	(0) OIOIANI DINE (E	Dy)	(4) IIILE/RELA	TIONSHIP OF THE	(5) DATE
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CRP-1

(07-06-20)

U.S. DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

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SIGN-UP

NUMBER

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

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(07-06-20)		MENT OF AGRICULTU dity Credit Corporation	RE	1. \$1		ADMIN. LOCATION	Page 1 of . 2. SIGN-UP NUMBER
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Program Contract applicable contract thereto. BY SIGN addendum thereto	t (referred to as "Ap ct period. The term ING THIS CONTRA o; and, CRP-2, CRP	oped for such acreage as s contained in this Cont pendix"). By signing be s and conditions of this CT PARTICIPANTS ACK C2C, CRP-2G, or CRP-2C	alow, the Participant contract are contain NOWLEDGE RECEIL 30, as applicable.	t acknowledge: ned in this For PT OF THE FOL	s Contract, entitle s receipt of a copy m CRP-1 and in th LOWING FORMS:	d Appendix to CRP-1, Co of the Appendix/Appen e CRP-1 Appendix and a CRP-1; CRP-1 Appendi	onservation Reserve dices for the any addendum ix and any
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9B. Annual Contr	· · · · · · · · · · · · · · · · · · ·	772.00	A. Tract No.	B. Field No	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Pa	yment \$	X	4 19	(00)	CPBA	1.40	\$ 0.00
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prorated. QC 7	10/10/23	initial/date)	7,19	6004	CP8A	(),80	5 0.00
11. PARTICIF	ANTS (If more	than three individue	als are signing, s	see Page 3	}		
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PARISTANA CALIBRITISA

CKF-1 (07-00-20)			and the same of th	Page 2 of 2
D/4) DADTICIDANTO MANS AND		CIPANTS (CONTINUED F		
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOETTA LEE CLINE 114 W MARQUITA APT A SAN CLEMENTE, CA92672-6741	(2) SHARE	e-Signed by Joetta Lee Cline For, if applicable: On 09-11-23	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYY 09-11-23
E(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-YYY
F(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-YYY
G(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-YYY
H(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-YYY)
I(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-YYY)
J(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-YYY)
K(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
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