

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date		
14598	31	SOYBN	COM	GR		I	C	N	I	A	61.90		Yes		N	05/27/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	52A	SOYBN	COM	GR		N	C	N	I	A	36.00		Yes		N	06/09/2021	01			
	Producer PHILIP L ROGERS				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 722	Signature Date 07/15/2021			
	52B	IDLE				N	C	N	I N	A	20.01		Yes		N		01			
	Producer PHILIP L ROGERS				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 722	Signature Date 07/15/2021			
	58	SOYBN	COM	GR		N	C	N	I	A	5.17		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	61	SOYBN	COM	GR		N	C	N	I	A	12.96		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	62	SOYBN	COM	GR		N	C	N	I	A	3.59		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	69	SOYBN	COM	GR		N	C	N	I	A	9.41		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	71	SOYBN	COM	GR		I	C	N	I	A	203.95		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	73	SOYBN	COM	GR		N	C	N	I	A	60.90		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	74	SOYBN	COM	GR		N	C	N	I	A	6.96		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	75	SOYBN	COM	GR		N	C	N	I	A	11.44		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	76	SOYBN	COM	GR		I	C	N	I	A	96.73		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
	77	SOYBN	COM	GR		I	C	N	I	A	123.63		Yes		N	05/28/2021	01			
	Producer LARRY TSCHAKERT				Share	100.00	FSA Physical Location Clay, Minnesota									NAP Unit 3505	Signature Date 07/21/2021			
Tract 14598 Summary																				
PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	SOYBN	COM	GR	I	A	486.21	01	SOYBN	COM	GR	N	A	146.43	01	IDLE			N	A	20.01
Photo Number/Legal Description: All S30, Frac N S31, NW, WSW S29-141-45/Keene Twp																				
Cropland: 652.65						Reported on Cropland: 652.65						Difference: 0.00			Reported on Non-Cropland: 0.00					

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

Farm Number: 10887

FARM SUMMARY

DATE: 06/21/2022  
PAGE: 2

Operator Name and Address  
MCCAULEYVILLE FARMS INC  
1341 235TH ST  
KENT, MN 56553-9510

Original: SRB  
Revision: SLP  
Cropland: 652.65  
Farmland: 654.24

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 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

						Crop/ Commodity	Variety/ Type	Share							Crop/ Commodity	Variety/ Type	Share							Crop/ Commodity	Variety/ Type	Share			
LARRY TSCHAKERT						SOYBN	COM	94.31							SOYBN	COM	5.69												
PHILIP L ROGERS						IDLE		100.00																					
Planting Period	Crop/ Commodity	Variety/ Type	Int Use	Irr Prac	Reporting Unit				Rpt Exp	Det Exp	Rpt Pvt	Det Pvt	Rpt Vol	Det Vol	Rpt NA	Det NA													
01	IDLE			N	A										20.01														
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity				Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity											
01	SOYBN	COM	GR	I	A	486.21					01	SOYBN	COM	GR	N	A	146.43												

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Operator's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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