						Page ⊥ oi ∠		
CRP-1 U.S. DEPARTMENT (07-06-20) Commodity Cre			1. ST.	& CO. CODE & 55	2. SIGN-UP NUMBER			
						48		
CONSERVATION RESERV	E PROGRAM	CONTRACT		ITRACT NUMB	ER 086B	4. ACRES FOR ENROLLMENT		
5A. COUNTY FSA OFFICE ADDRESS (Inc	clude Zip Code)		6. TRA	CT NUMBER	7. CONTRACT PERIO	D		
LAFAYETTE COUNTY FARM SERVICE AGI 1900 Ervin Johnson Dr, STE 1 DARLINGTON, WI53530	ENCY			6714	FROM: (MM-DD-YYYY) 04-01-2016	TO: (MM-DD-YYYY) 09-30-2030		
			8. SIGI	NUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (608) 776-4028			CREP	CREP - Wisconsin				
CCC for the stipulated contract period from acreage the Conservation Plan developed to comply with the terms and conditions controgram Contract (referred to as "Appendity applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PAI addendum thereto; and, CRP-2, CRP-2C, CI	or such acreage an ained in this Contra c"). By signing bel conditions of this c RTICIPANTS ACKN	nd approved by the A act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	CCC and the Pa ppendix to this acknowledges ned in this Form	articipant. Addi Contract, entitle receipt of a cop CRP-1 and in t	tionally, the Participant a ed Appendix to CRP-1, C y of the Appendix/Apper he CRP-1 Appendix and	and CCC agree to Conservation Reserve ndices for the any addendum		
9A. Rental Rate Per Acre \$ 394.	33 *MC	10. Identification	on of CRP Lar	nd (See Page	2 for additional space)		
9B. Annual Contract Payment \$ 4,24	7.00	A. Tract No.	B, Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share		
9C. First Year Payment \$		6714	18	CP2	4.63	\$ 491.00		
(Item 9C is applicable only when the first ye	ar payment is	6714	31	CP2	0.64	\$ 68.00		
prorated.)		6714	32	CP2	1.12	\$ 119.00		
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TYLER J LEAHY 11522 COUNTY ROAD H CUBA CITY, WI53807-9491	(2) SHARE	(3) SIGNATURE ((By)	` ´ 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) DANIEL LEAHY GRAIN & LAND, LLC 11522 COUNTY ROAD H CUBA CITY, W153807-9491	(2) SHARE 0.00 %	(3) SIGNATURE ((By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE ((By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)		
12. CCC USE ONLY A. SIGNATUI	RE OF CCC REF	PRESENTATIVE			-	B. DATE (MM-DD-YYYY)		

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 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.

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 http://www.ascr.usda.gov/complaint-filling_cust.html 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: program.intake@usda.gov. 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
6714	33	CP2	4.38	\$ 464.00
			-	
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						Page 1 of 1	
CRP-1 U.S. DEPARTMENT C	F AGRICULTURE		1. ST.	& CO. CODE &	ADMIN. LOCATION	2. SIGN-UP	
(07-06-20) Commodity Cre			55	NUMBER 50			
			3. COI	NTRACT NUMBE	R	4. ACRES FOR	
CONSERVATION RESERVE PROGRAM CONTRACT				111	ENROLLMENT 2.28		
5A. COUNTY FSA OFFICE ADDRESS (Inc	lude Zip Code)		6. TRA	CT NUMBER	7. CONTRACT PERIOD)	
LAFAYETTE COUNTY FARM SERVICE AGE 1900 Ervin Johnson Dr, STE 1	NCY			6714	FROM: (MM-DD-YYYY) 01-01-2017	TO: (MM-DD-YYYY) 09-30-2031	
DARLINGTON, WI53530					, , , , , , , , , , , , , , , , , , , ,		
				NUP TYPE:			
5B. COUNTY FSA OFFICE PHONE NUME	RER		—— CREF	CREP - Wisconsin			
(Include Area Code): (608) 776-4028 >							
THIS CONTRACT is entered into between the (referred to as "the Participant".) The Participant".) The Participant of the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions contained the program Contract (referred to as "Appendix applicable contract period. The terms and of thereto. BY SIGNING THIS CONTRACT PARAddendum thereto; and, CRP-2, CRP-2C, CRP-	ipant agrees to plate the date the Control of the Conditions of this of TICIPANTS ACKN	ace the designated act is executed by act approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	acreage into the the CCC. The land the Popendix to this acknowledges ned in this Forn	ne Conservation Participant also a Participant. Addit Contract, entitle receipt of a copy CRP-1 and in the	Reserve Program ("CRP' agrees to implement on s tionally, the Participant a ed Appendix to CRP-1, Co y of the Appendix/Appen ne CRP-1 Appendix and a	") or other use set by uch designated nd CCC agree to onservation Reserve dices for the uny addendum	
9A. Rental Rate Per Acre \$ 313.6	50 *MC	10. Identification	on of CRP La	nd (See Page	2 for additional space)		
9B. Annual Contract Payment \$ 715.0	00	A. Tract No.	B. Field No.	C. Practic	e No. D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		6714	17	CP25	5 2.28	\$ 415.00	
(Item 9C is applicable only when the first year prorated.)	ar payment is						
11. PARTICIPANTS (If more than	three individua)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) TYLER J LEAHY 11522 COUNTY ROAD H CUBA CITY, W153807-9491	(2) SHARE	(3) SIGNATURE (Ву)	`´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) DANIEL LEAHY GRAIN & LAND, LLC 11522 COUNTY ROAD H CUBA CITY, W153807-9491	(2) SHARE	(3) SIGNATURE (Ву)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE ((Ву)	MDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY A. SIGNATUR	RE OF CCC REF	RESENTATIVE				B. DATE	

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 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 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.

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CRP-1 U.S. DEPARTMENT OF AGRICULTURE				1. ST.	& CO. CODE &	2. SIGN-UP			
(07-06-20) Commodity Credit Corporation					55	NUMBER 52			
					NTRACT NUMBE	R	4. ACRES FOR		
CONSERVATION RESERVE PROGRAM CONTRACT					11383		ENROLLMENT 100.18		
5A. COUNTY FSA OFFICE ADDR	RESS (Inc.	lude Zip Code)		6. TRA	ACT NUMBER	7. CONTRACT PERIOD)		
LAFAYETTE COUNTY FARM SERVICE AGENCY 1900 Ervin Johnson Dr, STE 1 DARLINGTON, WI53530					6714	FROM: (MM-DD-YYYY) 12-01-2019	TO: (MM-DD-YYYY) 09-30-2034		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (608) 776-4028 ×2					8. SIGNUP TYPE: CREP - Wisconsin				
CCC for the stipulated contract per acreage the Conservation Plan de comply with the terms and condition Program Contract (referred to as 'applicable contract period. The te thereto. BY SIGNING THIS CONTI addendum thereto; and, CRP-2, Co.	veloped fo ons conta 'Appendix rms and c RACT PAR	or such acreage an ined in this Contra "). By signing belo onditions of this c TICIPANTS ACKN	nd approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	CCC and the P ppendix to this acknowledges ned in this Forn	articipant. Addit Contract, entitle receipt of a copy CRP-1 and in the	tionally, the Participant are of Appendix to CRP-1, Co of the Appendix/Append oe CRP-1 Appendix and a	nd CCC agree to Inservation Reserve dices for the Iny addendum		
9A. Rental Rate Per Acre	\$ 329.1	7 *MC	10. Identificati	on of CRP La	nd (See Page	2 for additional space)	-		
9B. Annual Contract Payment	\$ 32,97	76.00	A. Tract No.	B. Field No.	C. Practice	e No. D. Acres	E. Total Estimated Cost-Share		
9C. First Year Payment \$		6714	0014	CP25	1.22	\$ 222.00			
(Item 9C is applicable only when the first year payment is prorated.)		6714	0022	CP25	37.22	\$ 6,774.00			
			6714	0023	CP25	21.91	\$ 3,988.00		
11. PARTICIPANTS (If mo	re than i	three individua	ls are signing, s	see Page 3.)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code))	(2) SHARE	(3) SIGNATURE ((By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE	(5) DATE (MM-DD-YYYY)		
11522 COUNTY ROAD H CUBA CITY, WI53807-9491		100.00%			REPRESEN	ITATIVE CAPACITY			
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DANIEL LEAHY GRAIN & LAND, LI 11522 COUNTY ROAD H CUBA CITY, WI53807-9491		(2) SHARE	(3) SIGNATURE (INDIVIDUAI 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))	(2) SHARE	(3) SIGNATURE ((By)	`´INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE ITATIVE CAPACITY	(5) DATE (MM-DD-YYYY)		

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A. SIGNATURE OF CCC REPRESENTATIVE

12. CCC USE ONLY

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B. DATE

(MM-DD-YYYY)

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
6714	0024	CP25	17.24	\$ 3,138.00
6714	0025	CP25	18.83	\$ 3,427.00
6714	0036	CP25	3.76	\$ 684.00
			-	