		FARM:	3596
lowa	U.S. Department of Agriculture	Prepared:	6/13/17 12:29 PM
Harrison	Farm Service Agency	Crop Year:	2017
Report ID: FSA-156EZ	Abbreviated 156 Farm Record	Page:	1 of 1
DISCI AIMER: This is data extracted from th	as web form database. Resource of notantial messaging follows in MIDA	C this data is not supran	tood to be an accurate an

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

<mark>Operator Name</mark> LYNN R GODBE						Farm Identifier A40006		Re	con Number
Farms Associa None	ted with Operato	ır:							
CRP Contract N	umber(s): 934B	, 11075							
Farmland	Cropland	DCP Cropland	WBP	WR	P/EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
234.59	233.83	233.83	0.0	1	0.0	233.83	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MP	L/FWP	Native Sod			
0.0	0.0	0.0	0.0	1	0.0	0.0			
				AR	C/PLC				
4	NONE		ARC-CO CORN			PLC NONE			Default ONE
Crop			AP Tran Yield	PLC Yield	2000	C-505 Reduction			
CORN		0.0		0	2	24.2			
SOYBEANS	c c	0.0		ο		11.4			

Tract Number: 3658 Description: G9 N1/2 SEC 27 R

BIA Range Unit Number:

HEL Status: NHEL: no agricultural commodity planted on undetermined fields

Wetland Status: Tract does not contain a wetland

WL Violations: None

Farmland	Cropland	DCP Cropland		WBP	WRP/EWP	CRP Cropland	GRP
234.59	233.83	233.83		0.0	0.0	233.83	0.0
State Conservation	Other Conservation	Effective DCP Croplan	d	Double Cropped	MPL/FWP	Native Sod	
0.0	0.0	0.0		0.0	0.0	0.0	
Сгор	Base Acreage	CTAP Tran Yield	PLC Yield	CCC-505 CRP Reduction			
CORN	0.0		0	224.2			
SOYBEANS	0.0		0	11.4			
Owners: LYNN R GOD	BERSEN			MURIEL	R GODBERSEN		

Other Producers: None

Md (
12:30
06/13/2017
Prepared Date:



USDA United States Department of Agriculture Farm Service Agency

Administra Administra	Administrative State: Administrative County:	:: Iowa ity: Harrison	son				NDIVIDNI	INDIVIDUAL CONTRACT	Ц				
Contract Number:		934B		Contrac	Contract Status: Active	tive		Signup Name: 28 Continuous	28 Continu	sno			
Physical State:	State:	٩		Physica	Physical County: Harrison	arrison							
Original C	RP-1 Star	Original CRP-1 Start Date: 01/01/2004		Original	Original CRP-1 End Date:		09/30/2018 E	Effective Start Date: 08/17/2009	ate: 08/17/		ective End Da	Effective End Date: 09/30/2018	
Farm Number	Tract Number	Tract CLU Number Number	CLU Pr Acres Y	Program Year	Rental Rate	Acres Approved	Annual Payment	Approval Date	Cropland Acres	Marginal Pastureland Acres		Non-Cropland Acres	Wellhead Acres
3596	3658		10.10	2004	\$ 112.05	10.10	\$ 1132	08/12/2009	10.10	0.00		0.00	0.00
Practice Code	CLU Number	1. 1. 1. 1. 1.	Practice Estimated Acres Cost Share	200227	Producer Name		Producer Share %	Producer Involvement	Primary	Extension Type Description	Extension Rate	Effective Start Date	Effective End Date
CP21		10.10	\$ 893	ΓλΝΙ	LYNN R GODBERSEN	SEN	100.00	OWNER	No				

Yes OWNER 0.00 MURIEL R GODBERSEN

Page 1 of 1

CRP-1       U.S. DepArtment of Adv       The         Compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the second of the compared models and the compared models and the second of the compared models and the compared m	This form is available electronically.					1	
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Instruction       Country V5A OFFICe       230 By 127         Logan La       51346-0169       BOFFER Gelect one       COFFER Gele	required to complete this information collection is estimated to average 4 r for reviewing instructions, searching existing data sources, gathering and	ninutes per response	, including the time	2004	-934B	10.1	1
Logan. 1a 51346-0169  CPEER (Seed one)  CPEER (S	Harrison County FSA Office				96		(S)
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TeleProvention         TelePr	712-6	544-2040				(MM-DD-YYYY)	(MM-DD-YYYY)
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10A. Rental Rate Per Acre       \$       112.03       A. Track No.       B. Field No.       C. Practice No.       D. Acres       E. Total Estimated Cost-Share         C. First Year Payment       \$       3658       3       CP21       5.38         (Herr 10C applicable only to continuous signup when the first year payment is prorated.)       3658       4       CP21       4.78         12. PARTICIPANTS       A. Track No.       B. Field No.       C. Practice No.       D. Acres       E. Total Estimated Cost-Share         24.11       PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9542         31.11       S. Charles Rd       Winterset Ia       50273-8129       DATE (MM.DD.YYYY)       GL / 30 / 2009         B(1): PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9429       103 & GL / 30 / 2009         Winterset Ia       SOCIAL-SECURITY NUMBER:       9429       103 & GL / 30 / 2009       (4) SIGNATURE       9429       103 & GL / 30 / 2009         Vinite IS       SOCIAL-SECURITY NUMBER:       9429       103 & GL / 30 / 2009       (4) SIGNATURE       9429       103 & GL / 30 / 2009         (10): PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9429       103 & GL / 30 / 200 / 20	date the Contract is executed by the CCC. The Participant als the CCC and the Participant. Additionally, the Participant and entitled Appendix to CRP-1, Conservation Reserve Program C applicable sign-up period has been provided to such person. S withdraws prior to CCC acceptance or rejection. The terms and thereto. BY SIGNING THIS CONTRACT PRODUCERS ACK	o agrees to imple CCC agree to con ontract (referred t Such person also nd conditions of	ment on such desig nply with the terms o as "Appendix"). agrees to pay such this contract are o	nated acreage the Co and conditions conta By signing below, the liquidated damages i contained in this Fou	onservation Plan dev ned in this Contract, Participant acknowle n an amount specifie <b>m CRP-1 and in th</b> e	reloped for such acrea including the Appendi edges that a copy of th ed in the Appendix if th e <b>CRP-1 Appendix</b> an	ge and approved by ix to this Contract, be Appendix for the be Participant of any addendum
B. Annual Contract Payment       s       1132       A. Tract No.       B. Field No.       C. Practice No.       D. Acres       Cost-Share         C. First Year Payment       s       3658       3       CP21       5.38         (ftem 10C applicable only to continuous signup when the first year payment is prorated.)       3658       4       CP21       4.74         12. PARTICIPANTS A(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9542         2431 St Charles Rd       (3) Code barsen       (3) SOCIAL SECURITY NUMBER:       9542       (4) Code barsen         8(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9542       (4) Code barsen         8(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9542       (10.3 G.         2431 St Charles Rd       (3) SOCIAL SECURITY NUMBER:       9542       (10.3 G.       (4) SIGNATURE       (2) Code Code or sen       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       9542       (10.3 G.         2431 St Charles Rd       (3) SOCIAL SECURITY NUMBER:       9542       (10.3 G.       (4) SIGNATURE       (2) SOLAL SECURITY NUMBER:       (9) Code barsen         2431 St Charles Rd       (3) SOCIAL SECURITY NUMBER:       (9) SOCIAL SECURITY NUMBER:	10A. Rental Rate Per Acre \$	112.05	11. Identificatio	n of CRP Land (S	ee Page 2 for add	litional space)	
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Juin H ODDENIA         Winterset Ia 50273-8129         B(1) PARTICIPANTS NAME AND ADDRESS (Zip Code):         (2) SHARE         (3) SOCIAL SECURITY NUMBER:         B. DATE (MM-DD-YYYY)         It more than three individuals are sama?         It more than three individuals are sama?         SOCIAL SECURITY NUMBER:         B. DATE (MM-DD-YYYY)         It more tha	A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Co	ode): (2) SH	IARE	(3) SOCIAL SECU	RITY NUMBER:	954	2
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B(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       (4) Sign Atture         Muriel R Godbersen       (3) SOCIAL SECURITY NUMBER:       (4) Sign Atture       (5) Social Security NUMBER:       (6) Sign Atture         Valia St Charles Rd       (3) SOCIAL SECURITY NUMBER:       (6) Sign Atture       (6) Sign Atture       (6) Sign Atture         C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       (6) Sign Atture       (6) Sign Atture         C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       (6) Sign Atture       (6) Sign Atture         (1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:       (6) SOCIAL SECURITY NUMBER:       (6) SOCIAL SECURITY NUMBER:       (7) Social SECURITY NUMBER:         (1). CCC USE ONLY - Payments according to the shares are approved.       (1) SIGNATURE OF CCC REPRESENTATIVE       (1) DATE (MM-DD-YYYY)         13. CCC USE ONLY - Payments according to the Privacy Act of 1974 (5 USC 5526) and the Paperwork Reduction Act of 1995, as amended the fam Security and Rural Investment Act of 2002 (Pub L 107-171) and regulations promised at 17 CFR Part 1410 and the Internal Reverse and the fam Security and Rural Investment Act of 2002 (Pub L 107-171) and regulations promised at 17 CFR Part 1410 and the Internal Reverse and proved.       (2) USA agency. This information may be provided to the sign astain theefood (2) USC 50(3). The Information requesti	Winterset Ia 50273-8129		G	You A	a here		22223 22223
Muriel R Godbersen       (a) SIGNATURE       (b) SIGNATURE       (c) SIGNATURE         2431 St Charles Rd       (c) SIGNATURE       (c) SIGNATURE       (c) SIGNATURE         C(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):       (c) SIGNATURE       (c) SIGNATURE       (c) SIGNATURE         (d) SIGNATURE       (c) SIGNATURE       (c) ATE (MM-DD-YYYY)         (d) SIGNATURE       (d) SIGNATURE       (c) ATE (MM-DD-YYYY)         (d) SIGNATURE       (d) SIGNATURE       (d) SIGNATURE         (d) SIGNATURE       (d) SIGNATURE       (d) SIGNATURE         (d) SIGNATURE       (d) SIGNATURE       (d) SIGNATURE         (d) S	R(1) DADTICIDANT'S NAME AND ADDDESS /700		Q.	more than whee individ	luals are signing, contin	ue on attachment.)	
Winterset Ia       50273-8129         C(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):       (2) SHARE         (3) SOCIAL SECURITY NUMBER:       (4) SIGNATURE         (4) SIGNATURE       DATE (MM-DD-YYYY)         If more than three individuals are signing, continue on attachment.)       (3) SOCIAL SECURITY NUMBER:         (4) SIGNATURE OF CCC REPRESENTATIVE       B. DATE (MM-DD-YYYY)         13. CCC USE ONLY - Payments according to the shares are approved.       B. DATE (MM-DD-YYYY)         14. The following statement is made in accordance with the Phylexy Act of 1974 (5 USC 5520) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting following statement are individuals are signing. Continue on attachment at or good (20 Lub L 107:171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (28 USC 6109). The information requested is necessary for CCC to consider and process the ofter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine than coll assistance and resonable of units the requested information will result in determination of ineligibility for certain program benefits and other financial assistance and resonable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.         The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national ongin, age, disability, and where applicable is of the information manufer approximation (state and Federal status, religion, secure) or all activities on the satistic secure and ministrative tribunal. The provisions of rinmination of ineligibility for certain program benefits	Muriel R Godbersen	(2) SH	ARE	(3) SOCIAL SECU	RITY NUMBER:		
C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         (4) SIGNATURE       (4) SIGNATURE       (1) One than three individuals are signing, continue on attachment.)         (1) more than three individuals are signing, continue on attachment.)       (1) SOCIAL SECURITY NUMBER:       (2) SHARE         (1) more than three individuals are signing, continue on attachment.)       (1) more than three individuals are signing, continue on attachment.)         (1) CCC USE ONLY - Payments according to the shares are approved.       A. SIGNATURE OF CCC REPRESENTATIVE       B. DATE (MM-DD-YYYY)         (1) The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting information is the Food Security Act of 1985, (PD, L. 99-138), as amended and the Farm Security and Rural Investment Act of 2002 (Pu, L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (28 USC 6109). The information requested is necessary for CCC to consider and process the offer to term into a Constract, to assist in determining eligibility, and to determine the Cortact parties to the contract. Turnishing the requested information of ineligibility for certain program banefits and other financial assistance and response to a court magistrate or administrative tribunal. The provisions of cominal and civil fraud statutes, including 18 USC 286, 287, 311, 641, 651, 1001; 15 USC 714m; and 31 USC 3729. may be applicable to the information in all its programs and activities on the basis of race, color, national ongin, age, disability, and where applicable, sex, matidal status, realigion, sexual orientation, genetic information, pointies			<sup>0</sup> %	(4) SIGNATURE	001 00	·	
C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):       (2) SHARE       (3) SOCIAL SECURITY NUMBER:         96       (3) SOCIAL SECURITY NUMBER:       (4) SIGNATURE       (4) SIGNATURE         11       (4) SIGNATURE       (4) SIGNATURE       (4) SIGNATURE       (14) SIGNATURE         13. CCC USE ONLY - Payments according to the shares are approved.       (3) SOCIAL SECURITY NUMBER:       (4) SIGNATURE       (4) SIGNATURE         13. CCC USE ONLY - Payments according to the shares are approved.       (4) SIGNATURE OF CCC REPRESENTATIVE       (5) DATE (MM-DD-YYYY)         14. The following statement is made in accordinge with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting regulations promulgated at 7 GFR Part 1410 and the Internal Revenue Code (26 USC 6509). The information requested is to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information provided to other agencies. IRS. Department of USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information in all its programs and activities on the basis of race. color, national ongin, age. disability, and where applicable, sex, mantial status, familial status, partial status, region, sexual orientation, genetic information, genetic information, genetic information, in all itsprograms and activities on the basis of race,			G	Tulle	el Hodly	ewen de	-30-2009
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If more than three individuals are signing_continue on attachment.]       If more than three individuals are signing_continue on attachment.]         13. CCC USE ONLY - Payments according to the shares are approved.       B. DATE (MM-DD-YYYY)         Image: The following statement is made in accordance with the Privacy Act of 1974 (S USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1976 (PubL L 9) - 1980, as amended and the Farm Security and Rural Investment Act of 2020 (PubL L 107-171) and regulations promulgated at 7 CFR Part 1410 and the internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer information is voluntary. Failure to furnish the requested information will result in determinate of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrative tribunal. The provisions of cominal and civilities on the basis of race, color, national origin, age, disability, and where applicable, sex, and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.         The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, large print, audiotape, etc.) should contact USDA's THE The requestion (normation, previded and TDC). To file a complaint of discrimination, write to USA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washing brind C 200 Dig on the color of 200 (voice and TDD). To file a complaint of discrimination, write to USA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washing brind C 200 Dig on the color of 200 (voice and TDD). To file a complaint of discrimina		(=, =,			RITY NUMBER:		
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13. CCC USE ONLY - Payments according to the shares are approved.          14. CCC USE ONLY - Payments according to the shares are approved.       R_L_J_WLQ       & L_J_O_Q         NOTE:       The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the ofter to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administrative tribunal. The provisions of criminal and civit for certain program benefits and ther financial assistance administrative tribunal. The provisions of criminal and civit fued statutes, including 18 USC 266, 27, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.         The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, parental status, religion, sexual orientation, genetic information, policical belefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all programs) Persons with disabilities who require alternative means for communication of program information (Braille, 1479, 20, 2009)         The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, dis	(If more than three individuals are signing, continue on attachment.)			(If more than three indivi	duals are signing, contir	nue on attachment.)	
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marital status, faminial status, parental status, preligion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's THOSET pertire (202) 220,2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington 5.C. 2020 strong call (200) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.	The following information is the Food Security Act of regulations promulgated at 7 CFR Part 1410 and the to enter into a Conservation Reserve Program Contri- information is voluntary. Failure to furnish the requese administered by USDA agency. This information ma response to a court magistrate or administrative tribu	1985, (Pub. L. 99- Internal Revenue act, to assist in de sted information w y be provided to c unal. The provisio	198), as amended Code (26 USC 61 Itermining eligibility vill result in determi other agencies, IRS ns of criminal and (	and the Farm Securit, 09). The information , and to determine the nation of ineligibility fo , Department of Justi civil fraud statutes, inc	y and Rural Investmi requested is necess correct parties to th or certain program bu ce, or other State an Iuding 18 USC 286.	ent Act of 2002 (Pub. L ary for CCC to conside ne contract. Furnishing enefits and other finan d Federal Law enforce 287, 371, 641, 651, 1	L. 107-171) and er and process the offer g the requested cial assistance ement agencies, and in
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Administr Administr	Administrative State: Administrative County:	e: Iowa nty: Harrison	UOS				INDIVIDU	INDIVIDUAL CONTRACT	L				
Contract Number:	Number:	11075		Contract	Contract Status: Active	ive	S	Signup Name:	Continuous SU47	SU47			
Physical State:	State:	٩		Physical	Physical County: Harrison	rrison							
Original C	CRP-1 Star	Original CRP-1 Start Date: 01/01/2015	01/2015	Original	Original CRP-1 End Date:	10000	09/30/2025 E	Effective Start Date: 01/01/2015	ate: 01/01		ective End [	Effective End Date: 09/30/2025	
Farm Number	Tract Number	CLU Number	CLU F Acres Y	Program Year	Rental Rate	Acres Approved	Annual Payment	Approval Date	Cropland Acres	Marginal Pastureland Acres	ureland	Non-Cropland Acres	Wellhead Acres
3596	3658	~	111.02	2015	\$ 296.40	223.71	\$ 66308	12/31/2014	223.71	0.00		0.00	0.00
3596	3658	2	112.69										
Practice Code	CLU Number	Practice Acres	Estimated Cost Share	0	Producer Name		Producer Share %	Producer Involvement	Primary	Extension Type Description	Extension Rate	The Effective Start Date	Effective End Date
CP23	-	111.02	\$ 20,317		LYNN R GODBERSEN	SEN	50.00	OWNER	Yes				
CP23	2	112.69	\$ 20,622		MURIEL R GODBERSEN	ERSEN	50.00	OWNER	No				

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7 COUNTY OFFICE AD						M NUMBER	6 TRACT	NUMBER(S)
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LOGAN IA 51546-608	9				GENE		FROM	TO
TELEPHONE NUMBER	(Include Area (	Coder	(712)644-2	040	ENVRO	INMENTAL PRIORIT	21/1/-	10 070071
THIS CONTRACT is entere referred to as 'the Participa stipulated contract period fi Plan developed for such ac contained in this Contract i signing below. The Participa pay such Irguidated damagi The terms and conditions CONTRACT PRODUCERS applicable, and, if applica	int") The Participi om the date the c reage and approv- noluding the Approv- noluding the Approv- eductory of the Approve as in an amount s of this contract ACKNOWLEDG	ant agrees I ontract is e led by the C and a to this that a copy pecified in I are contai	to place the design (eduted by the CC CCC and the Parti- Contract - entities of the Appendix I the Appendix of the ned in this Form	nated acreage int CC: The Participa cipant: Additional I Appendix to CR for the applicable e Participant within CRP-1 and in th	o the Conservation of also agrees to yothe Participant P-1. Conservation sign-up period ha fraws prior to CCI e CRP-1 Append	in Reserve Program ( implement on such di and CCC agree to co Reserve Program Ci s been provided to si C acceptance or reject fix and any addendu	"CRP") or othe esignated acrea omply with term ontract (referred uch person. Suc thon im thereto. BY	r use set by CCC for this age the Conservation s and conditions d to as "Appendik"). By chiperson also agrees t "SIGNING THIS
10A Rental Rate Per /	Acre S	296 40	(18/17	11. Identifica	tion of CRP L	and (See	Page 2 for add	ditional space)
B Annual Contract	Puyment «	4430A V	14 12 3-15	A Tract No	B Field No	C Practice No	D Acres	E Total Estimated Cost-Share
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(Item 10C applicabl the first year payme	같은 것은 것은 아이들은 것을 가지 않는 것을 했다.		signup when	0003658	0002	CP23	112 69	520622 00
12 PARTICIPANTS A PARTICIPANTS N LYNN R GODBER 66 WESTGATE D	RSEN R	RESS (	Žip Code)	(2) SHARE 50 00 % /	3) SOCIAL SEC 4) SIGNATURE			MUDDY CY /18/14
SPARTA NJ 0787 B PARTICIPANT S N MURIEL R GODB 66 WESTGATE D	IAME AND ADD ERSEN R	RESS (2	Zip Code)	(2) SHARE			DATE	MM DD YYYYI
SPARTA NJ 0787 C. PARTICIPANT S N	0. 05555	RESS 1	Zin Code)	<u> </u>	Muru	l Voq la re	1 m / 2	8-18-14
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HARRISON COUNTY FSA

## United States Department of Agriculture Harrison County, Iowa

USDA



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).