



United States
Department of
Agriculture

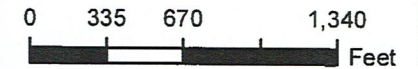
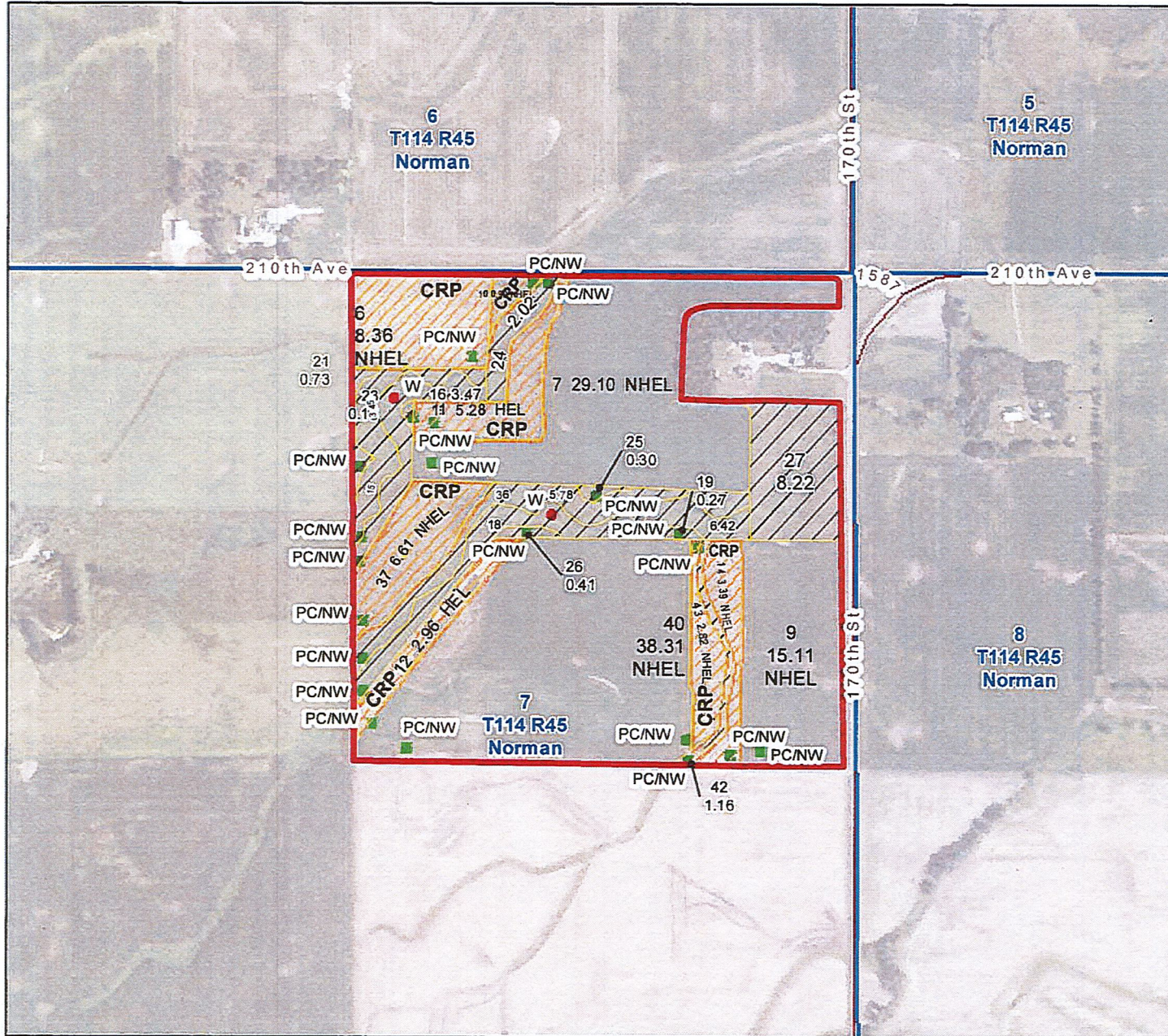
Yellow Medicine County, Minnesota

Farm 700

Tract 1134

2021 Program Year

Map Created March 04, 2021



Unless otherwise noted:
Shares are 100% operator
Crops are non-irrigated
Corn = yellow for grain
Soybeans = common soybeans for grain
Wheat = HRS, HRW = Grain
Sunflower = Oil, Non-Oil = Grain
Oats and Barley = Spring for grain
Rye = for grain
Peas = process
Alfalfa, Mixed Forage AGM, GMA, IGS = for forage
Beans = Dry Edible
NAG = for GZ
Canola = Spring for seed

Common Land Unit

- Non-Cropland
- Cropland
- CRP
- Tract Boundary

Tract Cropland Total: 112.93 acres

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 official determination (CRP, CDP, and other) for more information.

REPORT OF COMMODITIES

FARM SUMMARY

Original: DOB
Revision: LJT
Cropland: 112.93
Farmland: 145.31

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.

JOSHUA C PETERSON WIENEKE FARM																
		Crop/ Commodity	Variety/ Type	Share			Crop/ Commodity	Variety/ Type	Share			Crop/ Commodity	Variety/ Type	Share		
		SOYBN	COM	100.00												
		CRP	23A	100.00			CRP	021	100.00							
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	CRP	021		N	A	7.20		01	SOYBN	COM	GR	N	A	82.52		
01	CRP	23A		N	A	23.21										

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)

Date

675-21

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_filing_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.

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JUN 15 2021

YELLOW MEDICINE FSA

FSA - 578 (09-13-16)

Farm Number: 700

Operator Name and Address

CANBY, MN 56220-3386

REPORT OF COMMODITIES

FARM AND TRACT DETAIL LISTING

DATE: 06/01/2021

PAGE: 1

Original: DOB
Revision: LJT
Cropland: 112.93
Farmland: 145.31

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
1134	6	CRP	23A			N	C	N	I	A	8.36		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	
	7	SOYBN	COM	GR		N	C	N	I	A	29.10		Yes		N	4/30/2021	01	
		Producer				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 884		Signature Date	
	9	SOYBN	COM	GR		N	C	N	I	A	15.11		Yes		N	4/30/2021	01	
		Producer				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 884		Signature Date	
	10	CRP	021			N	C	N	I	A	0.99		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	
	11	CRP	23A			N	C	N	I	A	5.28		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	
	12	CRP	23A			N	C	N	I	A	2.96		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	
	14	CRP	021			N	C	N	I	A	3.39		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	
	37	CRP	23A			N	C	N	I	A	6.61		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	
	40	SOYBN	COM	GR		N	C	N	I	A	38.31		Yes		N	4/30/2021	01	
		Producer				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 884		Signature Date	
	43	CRP	021			N	C	N	I	A	2.82		Yes		N		01	2027
		Producer WIENEKE FARM				Share 100.00		FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date 04/23/2021	

Tract 1134 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	CRP	021		N	A	7.20	01	CRP	23A		N	A	23.21	01	SOYBN	COM	GR	N	A	82.52

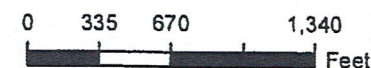
Photo Number/Legal Description: NE4 S7/T10

Cropland: 112.93

Reported on Cropland: 112.93

Difference: 0.00

Reported on Non-Cropland: 0.00



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Corn = yellow for grain
Soybeans = common soybeans for grain
Wheat = HRS, HRW = Grain
Sunflower = Oil, Non-Oil = Grain
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Beans = Dry Edible
NAG = for GZ
Canola = Spring for seed

Common Land Unit

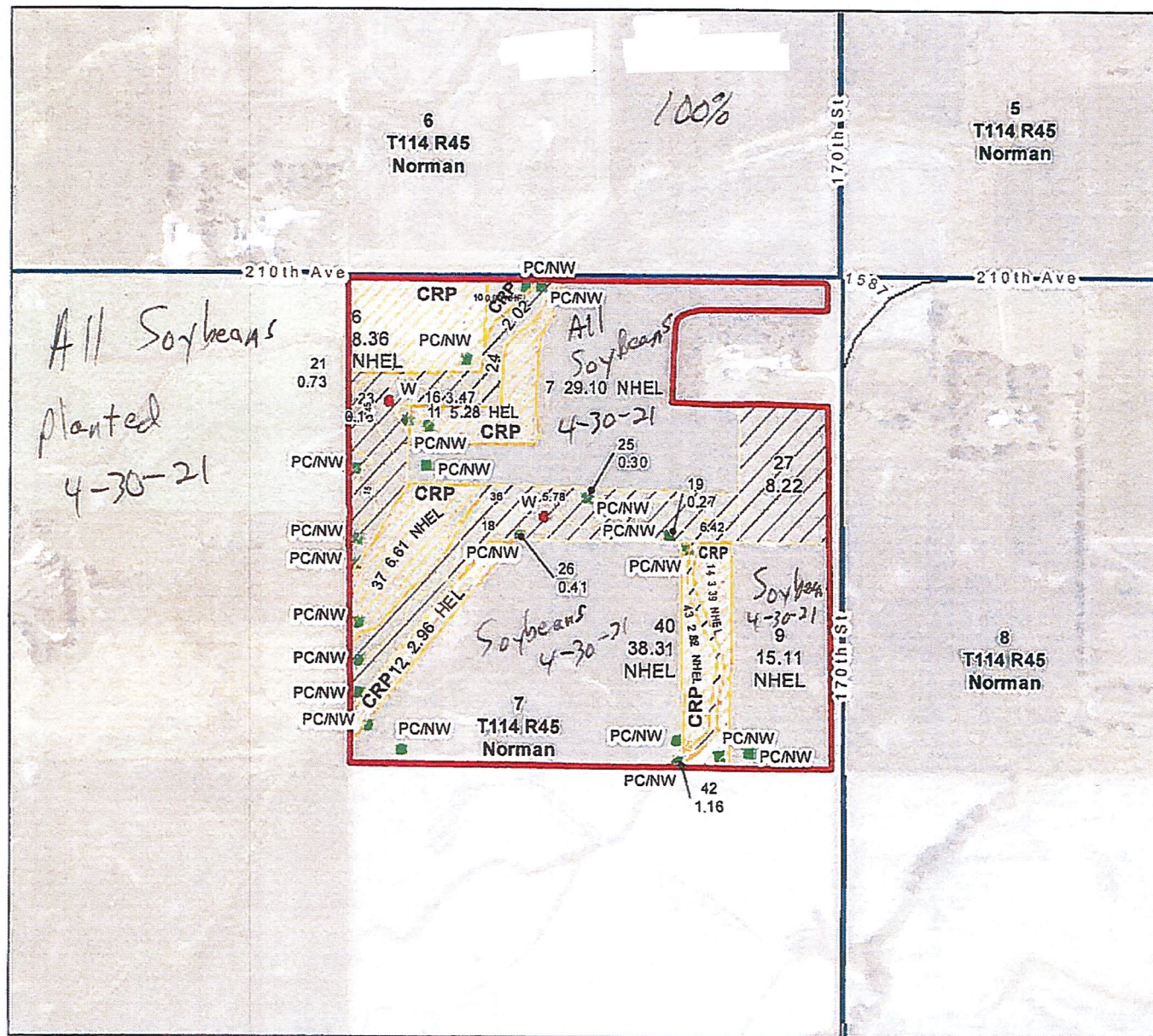
- Non-Cropland
- Cropland
- CRP
- Tract Boundary

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MAY 24 2021

YELLOW MEDICINE FSA

Tract Cropland Total: 112.93 acres



Yellow Medicine, Minnesota

FSA - 578 (09-13-16)

Farm Number: 700

Operator Name and Address

CANBY, MN 56220-3386

REPORT OF COMMODITIES FARM SUMMARY

PROGRAM YEAR: 2021

DATE: 03/23/2021

PAGE: 2

Original: DOB

Revision: SVM

Cropland: 112.93

Farmland: 145.31

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WIENEKE FARM															
Crop/Commodity		Variety/Type		Share		Crop/Commodity		Variety/Type		Share		Crop/Commodity		Variety/Type	
CRP		23A		100.00		CRP		021		100.00					
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	CRP	021		N	A	7.20		01	CRP	23A		N	A	23.21	

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)

Date

David B Wieneke (Partner)

4/19/2021

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_filing_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.

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YELLOW MEDICINE FSA

FSA - 578 (09-13-16)

Farm Number: 700

Operator Name and Address

CANBY, MN 56220-3386

REPORT OF COMMODITIES

FARM AND TRACT DETAIL LISTING

PROGRAM YEAR: 2021

DATE: 03/23/2021

PAGE: 1

Original: DOB
Revision: SVM
Cropland: 112.93
Farmland: 145.31

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
1134	6	CRP	23A			N	C	N	I	A	8.36		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	
	10	CRP	021			N	C	N	I	A	0.99		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	
	11	CRP	23A			N	C	N	I	A	5.28		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	
	12	CRP	23A			N	C	N	I	A	2.96		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	
	14	CRP	021			N	C	N	I	A	3.39		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	
	37	CRP	23A			N	C	N	I	A	6.61		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	
	43	CRP	021			N	C	N	I	A	2.82		Yes		N		01	2027
		Producer WIENEKE FARM			Share 100.00			FSA Physical Location Yellow Medicine, Minnesota							NAP Unit 123		Signature Date	

Tract 1134 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	CRP	021		N	A	7.20	01	CRP	23A		N	A	23.21							

Photo Number/Legal Description: NE4 S7/T10

Cropland: 112.93

Reported on Cropland: 30.41

Difference: -82.52

Reported on Non-Cropland: 0.00

Note: All cropland has not been reported.

Producer Farm Data Report**Crop Year: 2021****Date: 7/26/21 4:41 PM****Page: 1**

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 the MIDAS system, which is the system of record for Farm Records.

Producer Name and AddressWIENEKE FARM
DAVID WIENEKE**Recording County Office Name**

Yellow Medicine, Minnesota

Telephone: None

Number of Farms		Number of Tracts		Farmland	Cropland	DCP Cropland	CRP Cropland	Eff DCP Cropland			
1		1		145.31	112.93	112.93	30.41	82.52			
State & County	Farm	Tract	Relationship to Farm Tract	Producer	Farmland	Cropland	DCP Cropland	CRP Cropland	Eff DCP Cropland	HEL Code	Wetland Code
Yellow Medicine, MN	700		Operator								
		1134	Owner	CAMPBELL, BERNITA M	145.31	112.93	112.93	30.41	82.52	SA	WL
			Owner	WIENEKE, DAVID							
			Owner	STRAND, RITA							
			Other Tenant	WIENEKE FARM							

HEL Codes	SA = HEL: Sys Applied SNA = HEL: Sys Not Applied	SNR = HEL: Sys Not Required 2YR = HEL: 2-yr Implement	DNC = Determination Not Complete N = Not HEL	Wetland Codes	WL = Wetland N = No Wetland	DNC = Determination Not Complete
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CRP-1 07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 27 173		2. SIGN-UP NUMBER 42	
CONSERVATION RESERVE PROGRAM CONTRACT IA. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ELLOW MEDICINE COUNTY FARM SERVICE AGENCY O BOX 488 LARKFIELD, MN56223-0488		3. CONTRACT NUMBER 2852		4. ACRES FOR ENROLLMENT 7.20	
		6. TRACT NUMBER 1134		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2012 TO: (MM-DD-YYYY) 09-30-2027	
B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (320) 669-4492 x2		8. SIGNUP TYPE: Continuous			

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 CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to 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 hereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

A. Rental Rate Per Acre \$ 205.08		10. Identification of CRP Land (See Page 2 for additional space)				
B. Annual Contract Payment \$ 1,477.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment \$		1134		CP21	7.20	\$ 0.00
Item 9C is applicable only when the first year payment is prorated.)						

1. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERNITA M CAMPBELL	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BENEKE FARM VID WIENEKE	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) VID WIENEKE	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

2. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE		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.**

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CRP-1 07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 27 173	2. SIGN-UP NUMBER 48
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 11464	4. ACRES FOR ENROLLMENT 23.21
		6. TRACT NUMBER 1134	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-01-2016 TO: (MM-DD-YYYY) 09-30-2027
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) ELLOW MEDICINE COUNTY FARM SERVICE AGENCY PO BOX 488 LARKFIELD, MN56223-0488		8. SIGNUP TYPE: Continuous	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (320) 669-4492 x2			

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 CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to 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 hereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

IA. Rental Rate Per Acre	\$ 258.81	10. Identification of CRP Land (See Page 2 for additional space)				
IB. Annual Contract Payment	\$ 6,007.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
IC. First Year Payment	\$	1134	6	CP23A	8.36	\$ 920.00
Item 9C is applicable only when the first year payment is prorated.)		1134	11	CP23A	5.28	\$ 581.00
		1134	12	CP23A	2.96	\$ 326.00

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ENEKE FARM VID WIENKE	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERNITA M CAMPBELL	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) VID WIENKE	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

2. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
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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, audiotope, 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_filing_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) 32-9992. 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.

HIGHLY ERODIBLE LAND CONSERVATION (HELC) AND WETLAND CONSERVATION (WC) CERTIFICATION

(See Page 3 for Nondiscrimination, Public Burden and Privacy Act Statements).

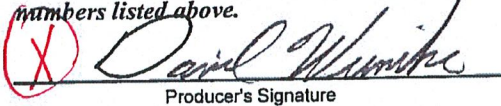
1. Name of Producer Wieneke Farm		2. I.D. Number (Last 4 digits only)		3. Crop Year 2009	
4. Do you have any interest in land that produces or could produce an agricultural commodity? If "YES", or, if you are a Farm Loan Applicant continue with Item 5. If "NO", and you are not a farm loan applicant, go to Item 12 and sign and date.				YES	NO
5. For farm loan applicants only: Will you conduct any activities for fish production, trees, vineyards, shrubs, building construction, or other non-agricultural purposes on lands for which a wetland determination has not been completed by NRCS?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Are you a landlord or tenant on any farm that will not be in compliance with HELC and WC provisions? If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____ (Contact your county FSA office if you are unsure of the HEL or wetland determinations applicable to your farming interests.)				<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do any of your landlords refuse to comply with HELC requirements on any farms? If "YES", enter the farm number or contact your County FSA Office before completing this form. Farm Number: _____				<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. List affiliated persons with farming interests. See Page 3 for an explanation. Enter "NONE", if applicable. Rita Strand, Bernita M Campbell, David Wieneke					
9. During the crop year entered in Item 3 above, or the term of a requested USDA loan, did you or will you plant and produce an agricultural commodity on land for which a highly erodible determination has not been made?				YES	NO
10. Since December 23, 1985, or during the current crop year, or during the term of a requested USDA loan, has anyone performed, or will anyone perform any activities to:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
A. Create new drainage systems, or conduct land leveling, filling, dredging, land clearing, excavation, or stump removal, that has NOT been evaluated by NRCS? If "YES", indicate year(s): _____				<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate year(s): 2009				<input type="checkbox"/>	<input checked="" type="checkbox"/>
C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): 2009 <small>Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.</small>				<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. If "YES" to Items 5, 10A and/or 10B or 10C enter the following for the land the answer applies to:					
A. Farm and/or tract/field number: F# _____ T# _____					
B. Activity: _____					
C. Current land use (specify crops): Row Crop and/or small Grain					
D. County: Yellow Medicine					

A "YES" answer in Items 5, 9 or 10 authorizes FSA to refer this AD-1026 to NRCS. If you check "YES" to Item 10C, NRCS does not have to conduct a certified wetland determination. (Contact your County FSA Office if you are unsure about the answers to Items 5, 9 and 10.)

Continuous AD-1026 Certification:

I have read the AD-1026 Appendix and understand and agree that my eligibility for certain USDA program benefits is contingent upon this certification of compliance with highly erodible land and wetland conservation provisions of the Food Security Act of 1985 as amended, and if a determination is made that results in a violation and ineligibility, I agree to refund all applicable payments.

- I agree to the terms and conditions stated on AD-1026 Appendix on all land in which I have or will have an interest and understand that I am responsible for any non-compliance with these provisions.
- I agree that I will file a revised AD-1026 if there are any changes in my operation or activities that may affect compliance with these provisions.
- I understand that affiliated persons are also subject to compliance with these provisions and their failure to comply or file AD-1026 will result in loss of eligibility to persons or enterprises with whom they are affiliated. (See Page 3 of this form for affiliated persons.)

12. Signature of Producer			<p>I hereby certify that the information on this form is true and correct to the best of my knowledge, and I authorize NRCS to make a HEL and/or certified wetland determination on the tract or farm numbers listed above.</p> <p> JUL 30 2009 Yellow Medicine FSA County Date (MM-DD-YYYY)</p>		
13. Referral to NRCS (Completed by FSA) Sign and date if a NRCS determination is needed for any reason including a "YES" answer in Items 5, 9, 10A, 10B, or 10C.			13A. Signature of FSA Representative		13B. Date (MM-DD-YYYY)

ORIGINAL - FSA COPY ☒NRCS COPY ☐PRODUCER'S COPY ☐

Minnesota
Yellow Medicine

U.S. Department of Agriculture
Farm Service Agency
Abbreviated 156 Farm Record

FARM: 700
Prepared: 7/26/21 4:20 PM
Crop Year: 2021
Page: 1 of 2

Report ID: FSA-156EZ

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.

Operator Name Farm Identifier
NORMAN

Farms Associated with Operator:

ARC/PLC G//F Eligibility: Eligible

CRP Contract Number(s): 2852, 11464

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
145.31	112.93	112.93	0.0	0.0	0.0	30.41	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod				
0.0	0.0	82.52	0.0	0.0	0.0				

ARC/PLC					
PLC	ARC-CO	ARC-IC	PLC-Default	ARC-CO-Default	ARC-IC-Default
NONE	CORN , SOYBN	NONE	NONE	NONE	NONE

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction	HIP
CORN	63.07	166	0.00	0
SOYBEANS	19.45	44	1.58	
Total Base Acres:	82.52			

Tract Number: 1134 Description NE4 S7/T10

FSA Physical Location : Yellow Medicine, MN ANSI Physical Location: Yellow Medicine, MN

BIA Range Unit Number:

HEL Status: HEL: conservation system is being actively applied

Wetland Status: Tract contains a wetland or farmed wetland

WL Violations: None

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP
145.31	112.93	112.93	0.0	0.0	0.0	30.41	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FWP	Native Sod		
0.0	0.0	82.52	0.0	0.0	0.0		

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	63.07	166	0.00
SOYBEANS	19.45	44	1.58
Total Base Acres:	82.52		

Owners: CAMPBELL, BERNITA M
STRAND, RITA

WIENEKE, DAVID

Minnesota

Yellow Medicine

Report ID: FSA-156EZ

U.S. Department of Agriculture

Farm Service Agency

Abbreviated 156 Farm Record

FARM: 700

Prepared: 7/26/21 4:20 PM

Crop Year: 2021

Page: 2 of 2

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Other Producers: WIENEKE FARM
