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CRP-1 U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation

1 ST. & CO CODE & ADMIN LOCATION 2 SIGN UP NUM(BFR)

CONSERVATION RESERVE PROGRAM CONTRACT

3 CONTRACT NUMBER 4 ACRES FOR ENROLLMENT

7A COUNTY OFFICE ADDRESS (Include Zip Code) COTTONWOOD COUNTY FARM SERVICE AGENCY 339 5TH ST WINDOM, MN 56101-1658

5 FARM NUMBER 6 TRACT NUMBER(S)

7B TELEPHONE NUMBER (Include Area Code) (507)831-1580 x2

8 OFFER (Select one) GENERAL ENVIRONMENTAL PRIORITY 9 CONTRACT PERIOD FROM TO

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 involvement 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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person now agrees to pay such stipulated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-20; or CRP-26.

Table with 5 columns: Item, Amount, A. Tract No, B. Field No, C. Practice No, D. Acres, E. Total Estimated Cost Share. Includes rows for Rental Rate Per Acre, Annual Contract Payment, and First Year Payment.

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

Table for participants with columns: (1) PARTICIPANT'S NAME AND ADDRESS (Zip Code), (2) SHARE, (3) SIGNATURE, (4) DATE (MM/DD/YYYY).

13. 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 7 CFR Part 1416, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 or sec 2), the Food Security Act of 1985 (15 U.S.C. 2001 et seq.) and the Agricultural Act of 2014 (Pub. L. 113-75). The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. This information collected on this form may be disclosed to other Federal, State, and Government agencies, Tribal agencies, and non-governmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Notice Users 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 eligibility to participate in and receive benefits under the Conservation Reserve Program. This information collection is exempt from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-75, Title I, Subtitle F, Administration. The provisions of approvals granted and other laws, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint form. Round print at http://www.usda.gov/complaint\_filing\_guid.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, by fax (202) 690-7474 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

Original - County Office Copy, Owner's Copy, Operator's Copy

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JUN 29 2018

Cottonwood County FSA

1:54pm

SECOND REVIEW JH