This form is available electronically.	6	¥			Page	e 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE					2. SIGN-UP NUMBER		
(10-22-15) Commodity Credit Corporation		LOCAT	LOCATION		h		
			27 083		48		
CONSERVATION RESERVE PROGRAM CONTRACT		3 CONTE	3. CONTRACT NUMBER 4.		4. ACRES FOR ENROLLMENT		
Subjected and declarate the control approximate and the control approximate of the control and the control approximate and the control and the control approximate and the control and the control approximate and the control app		70 7 72 100	160 N Ed MANAGEN		15.83		
7A COUNTY OFFICE ADDRESS (Include 7in Code)			1148 5. FARM NUMBER 6		6. TRACT NUMBER(S)		
7A. COUNTY OFFICE ADDRESS (Include Zip Code) LYON COUNTY FARM SERVICE AGENCY		5. FARW	0009580		0009833		
1424 E COLLEGE DR					X 12-2		
MARSHALL, MN 56258-2090		8. OFFER	5, 5, 1 = 1, 1, 5 = 1, 1, 1		ONTRACT PERIOD 7 4		
		GENERAL			ROM: TO: IM-DD-YYYY) (MM-DD-YYYY)		
7B. TELEPHONE NUMBER (Include Area Code): (507) 537-1401 x2		ENVIRONM	ENVIRONMENTAL PRIORITY / 1-1-1		0 9-3	0-2030	
THIS CONTRACT is entered into between the Commodity Cred. Participant".) The Participant agrees to place the designated ac period from the date the Contract is executed by the CCC. The such acreage and approved by the CCC and the Participant. Ac Contract, including the Appendix to this Contract, entitled Appen Participant acknowledges that a copy of the Appendix for the apdamages in an amount specified in the Appendix if the Participat contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and	reage into the Conservation Participant also agrees to diditionally, the Participant and dix to CRP-1, Conservation plicable sign-up period has nt withdraws prior to CCC and any addendum thereto	in Reserve Progrimplement on su and CCC agree on Reserve Progris Seen provided acceptance or re D. BY SIGNING	ram ("CRP") or other nich designated acreat to comply with the ten ram Contract (referred to such person. Such ejection. The terms a THIS CONTRACT PI	use set by CC ge the Consen ms and conditi to as "Appen n person also a	CC for the stipulate vation Plan develor ions contained in dix"). By signing agrees to pay suc s of this contract	ed contract oped for this below, the h liquidated	
10A. Rental Rate Per Acre \$ 275.06	11. Identification			dditional spa	ace)		
10B. Annual Contract Payment \$4,354	235 A T43/2	B. Field No.	C. Practice No.	D. Acres	E. Tota	l Estimated t-Share	
10C. First Year Payment \$	0009833	0005	CP21	9.77		977	
	0009833	0008	CP21	6.06		606	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)							
Controlled State Control - Controlled Contro		D 21					
12. PARTICIPANTS (If more than three individuals are signing, see Page 3.) A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2) SHARE (3) SIGNATURE (4) DATE (MM-DD-YYYY)							
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MEEHL AGRO LLC C/O NORTHWESTERN FARM MANAGEMENT CO 301 S OCONNELL ST MARSHALL, MN 56258-2637 B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	100.00%	Meehl F × Age	Meet Agent by by MARILO Agent by Trylor brushow (3) SIGNATURE		(4) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	% (2) SHARE		(3) SIGNATURE		(4) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT 3 NAIVIL AND ADDICESS (2) COOR).	%	(-,			(,,,		
13. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE						B. DATE (MM-DD-YYYY)	
(Malth)				12-24-15			
NOTE: The following statement is made in accordance with the Taylory Act of 1974 to USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Carterion Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to other Federal, State, Local government 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. This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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. The U.S. Department of Agriculture (USDA) prohibits discrimination a							
disability, sex, gender identity, religion, reprisal, and where applicable income is derived from any public assistance program, or protected g prohibited bases will apply to all programs and/or employment activitic alternative means of communication for program information (e.g., Br. Individuals who are deaf, hard of hearing, or have speech disabilities (800) 877-8339 or (800) 845-6136 (in Spanish).	e, political beliefs, marital statenetic information in employ ess.) Persons with disabilities aille, large print, audiotape, e and wish to file either an EE	rus, familial or pai ment or in any pro s, who wish to file etc.) please conta O or program con	rental status, sexual on ogram or activity condu a program complaint, v ct USDA's TARGET Ce nplaint, please contact	entation, or all of cted or funded a write to the addi enter at (202) 72 USDA through	or part of an individual by the Department ress below or if yo 20-2600 (voice and	duar's t. (Not all u require d TDD).	
If you wish to file a Civil Rights program complaint of discrimination, c http://www.ascr.usda.gov/complaint_filing_cust.html, or at any Us requested in the form. Send your completed complaint form or letter b Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at pro-	SDA office, or call (866) 632- by mail to U.S. Department o	-9992 to request t f Aariculture. Dire	he form. You may also ctor, Office of Adjudica	o write a letter c tion, 1400 Indep	containing all of the pendence Avenue	information , S.W.,	
Original – County Office Copy		er's Copy	DEC 2 3 2015		Operator's Co	ру	

by Lyon County FSA

Anylis