This form is available electronically.					Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation			ST. & CO CODE & ADMIN.  LOCATION		2. SIGN-UP NUMBER	
			27 101		48	
CONSERVATION RESERVE PROGRAM CONTRACT		T 3. CONT	3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT	
7A. COUNTY OFFICE ADDRESS (Include Zip Code)		11178	11178 AM 8 31-16		18.30	
MURRAY COUNTY FARM SERVICE AGENCY 2740 22ND ST SUITE 1		5. FARM	5. FARM NUMBER 0006268		6. TRACT NUMBER(S) 0000279	
SLAYTON, MN 56172-0285		8 OFFE	8. OFFER (Select one)		9. CONTRACT PERIOD (1)	
(505) 22 5 25 25		GENERAL	( (Select tile)	FROM:	rannow.r	TO: (MM-DD-YYYY) 8/3
7B. TELEPHONE NUMBER (Include Area Code): (507) 836-8567 x2  THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to a Participant".) The Participant agrees to place the designated acreage into the Consequence.		ENVIRONM	ENVIRONMENTAL PRIORITY		10-1-7011	
period from the date the Contract is executed by the CCC. The Pasuch acreage and approved by the CCC and the Participant. Add. Contract, including the Appendix to this Contract, entitled Appendix Participant acknowledges that a copy of the Appendix for the applications in an amount specified in the Appendix if the Participant contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and an	articipant also agree: itionally, the Participi x to CRP-1, Conservicable sign-up period withdraws prior to C any addendum theret y ad dendum theret	sto implement on sustant and CCC agree to vation Reserve Progration Reserve Programmes been provided acceptance or reto. BY SIGNING to; CRP-2; CRP-2C.	rain ("CRP") or other inch designated acreage to comply with the ten ram Contract (referred to such person. Such jection. The terms a	use set by CC ge the Consen ms and conditi t to as "Appen n person also a nd conditions RODUCERS A	C for the sti, vation Plan c ions containe dix"). By sig agrees to pa s of this con ACKNOWLE	pulated contract/ developed for- ed in this gning below, the y such liquidated
10B. Annual Contract Payment \$5,192	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	1 -	Total Estimated
10C. First Year Payment \$	0000279	0002	CP23A	18.30		Cost-Share 2,013
(Item 10C applicable only to continuous signup when the first year payment is prorated.)						
	lo oro eigniga	5 6				
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)						
401 S HILL ST APT 217A		0% 40				
MARSHALL, MN 56258-2913	-	" South	Goergen		8/5	116
IVA GOERGEN LIVING TRUST	2) SHARE	(3) SIGNATU	JRE 1/21	Too	(4) DATE (	MM-DD-YYYY)
401 S HILL ST APT 217A MARSHALL, MN 56258-2913	0.00	* XBV A	Jaerge Daerge	w	8/5	-/16
RAY GOERGEN LIVING TRUST	2) SHARE	(3) SIGNATU	B) SIGNATURE GOERGEN		, (4) DATE (MM-DD-YYYY)	
401 S HILL ST APT 217A MARSHALL, MN 56258-2913	0.00	)%	Treest	Ee.	8/5	-116
13. CCC USE ONLY A. SIGNATURE OF CCC F	REPRESENTAT	VE1	/ / /			MM-DD-YYYY)
NOTE: The following statement is made in accordance with the Priva	cv Act of 1974 /5 USC	C 552a - as amended	The sufficients		0	17.16
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 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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, ineligibility to participate in and receive benefits under the Conservation Reserve Program.						
This information collection is exempted from the Paperwork Riprovisions of appropriate criminal and civil fraud, privacy, and	Act of 2014 (Pub. L. 11 mation provided. RET	RE( 13-79, Title I, St TURN THIS CO	EIV Ubtitle F, Adm MPLETED F	ED ninistration). The		
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ncome is derived from any public assistance program, or protected genet rohibited bases will apply to all programs and/or employment activities.) Itemative means of communication for program information (e.g., Braille, Idividuals who are deaf, hard of hearing, or have speech disabilities and 800) 877-8339 or (800) 845-6136 (in Spanish).	Persons with disabilit	ies, who wish to file a	program complain	ed or funded by	the Departn Solow or	nent. (Not all july)
you wish to file a Civil Rights program complaint of discrimination, comp ttp://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA quested in the form. Send your completed complaint form or letter by ma /ashington, D.C. 20250-9410, by fax (202) 690-7442 or email at progran	office, or call (866) 63	32-9992 to request the	form. You may also w	vrite a letter con	ntaining all of Indence Aven	the information nue, S.W.,
Original – County Office Copy	Ow	ner's Copy	<b>2</b> r	d Pa	perator P	eview.
*	282		Init	ials_/	<u>L</u> Da	<b>eview</b> ate <u>8-17-1</u> 6