

<b>CRP-1</b> (07-06-20)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 19 137		2. SIGN-UP NUMBER 43	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>				3. CONTRACT NUMBER 10070A		4. ACRES FOR ENROLLMENT 150.11	
				5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) MONTGOMERY COUNTY FARM SERVICE AGENCY 2505 N BROADWAY ST, STE 1 RED OAK, IA51566-1075		6. TRACT NUMBER 1553	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (712) 623-2527				8. SIGNUP TYPE: General			
<p><b>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 thereto. 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.</b></p>							
9A. Rental Rate Per Acre		\$ 186.16		10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment		\$ 27,944.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment		\$		1553	0006	CP4D	43.01
(Item 9C is applicable only when the first year payment is prorated.)				1553	19	CP4D	25.26
				1553	20	CP1	8.21
<b>11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>							
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ANTHONY G LIVIC 28 HAUWAHINE LN APT 204 KIHEI, HI96753-5114		(2) SHARE 100.00 %	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KATHERYN R LIVIC 28 HAUWAHINE LN APT 204 KIHEI, HI96753-5114		(2) SHARE 0.00 %	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE %	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
<b>12. CCC USE ONLY</b>	A. SIGNATURE OF CCC REPRESENTATIVE						B. DATE (MM-DD-YYYY)
<p><b>NOTE:</b> 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.</p> <p><b>Paperwork Reduction Act (PRA) Statement:</b> 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>							

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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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

