This form is available electronically.								Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation				1 ST. & CO CODE & ADMIN LOCATION			2. SIGN-UP NUMBER		
			19 025			51			
CONSERVATION RESERVE PROGRAM CONTRACT			3. CONTRACT NUMBER			4 ACRES FOR ENROLLMENT			
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CALHOUN COUNTY FARM SERVICE AGENCY				5 FARM	IUMBER 0002165	6.	PGI C	IUMBER(S) 7 4 5	
905 HIGH ST ROCKWELL CITY, IA 50579-0000			8. OFFER	(Select one)		CONTRA	initial & date		
7B. TELEPHONE NUMBER (Include Area Code): (712)297-7528				l .	ENTAL PRIORITY	√ 10	м <i>-ро-үүүү</i>) 0/01/20	18 09/30/2028	
THIS CONTRACT is entered into between the Commodity Participant".) The Participant agrees to place the designal period from the date the Contract is executed by the CCC such acreage and approved by the CCC and the Participan Contract. including the Appendix to this Contract, entitled A Participant acknowledges that a copy of the Appendix for the damages in an amount specified in the Appendix if the Participant in this Form CRP-1 and in the CRP-1 Appendix OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix 10A. Rental Rate Per Acre \$235.00 \(\)	ed acreage in The Participal Additional Additional Appendix to Che applicable ticipant without and any any and any any and any and any any any any any and any	nto the Conserva pant also agrees tilly, the Participa CRP-1. Conserva a sign-up period draws prior to CC addendum theret dendum theret	ation R to imp ant and ation R has be CC acc reto. E to; CRI	Reserve Programment on such CCC agree to Reserve Programmen provided to Reptance or repart SIGNING P-2; CRP-2C;	am ("CRP") or other ch designated acre o comply with the te am Contract (refer o such person Su jection. The terms THIS CONTRACT or CRP-2G.	er use set leage the Co erms and co red to as "A ich person is and cond PRODUCI	by CCC for onservation conditions of Appendix") also agree ditions of t ERS ACKN	the stipulated contract Plan developed for ontained in this By signing below the s to pay such liquidated his contract are	
X	100				See Page 2 for			E Total Estimated	
				Field No C. Practice No			Acres	Cost-Share	
10C. First Year Payment Xs XCC 7-1	/initial & date	0001190		0011	CP21		2.80	0	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	uale								
12. PARTICIPANTS (If more than three inc. A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Coc.						i			
A(1) PARTICIPANTS NAME AND ADDRESS (Zip Coc ALLITA DOSTER	e): (2) S	SHARE		(3) SIGNATI	JKE	()	而且例	DATE (MM-DD-YYYY)	
1465 NW 70TH AVE ANKENY, IA 50023-9324		0.00%				$-iL_{I}$		laise	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): CRAIG DOSTER 1465 NW 70TH AVE		(2) SHARE		(3) SIGNATURE ************************************		FSA	UN COL	DATE (WM-DD-XXXX)	
ANKENY, IA 50023-9324		C.00 %					,00	:	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): C-CAL_LTD		(2) SHARE		(3) SIGNATURE C-CAL LID			(4) DATE (MM-DD-YYYY)		
SLYLE CARLSON 2120 WALCOTT AVE MANSON, IA 50563-7622		100.00%		by Lule Carly - 8		- 80	nes 7-19-18		
13. CCC USE ONLY A. SIGNATURE O	F CCC RE	PRESENTAT	IVE	NAME	ROMAN	MA	В.	DATE (MM-DD-YYYY)	
NOTE: The following statement is made in accordance with is 7 CFR Part 1410, the Commodity Credit Corpora of 2014 (Pub. L. 113-79). The information will be uninformation collected on this form may be disclosed authorized access to the information by statute or in Farm Records File (Automated). Providing the requireligibility to participate in and receive benefits under the contraction of th	tion Charter A sed to determ I to other Fedi egulation and uested inform	Act (15 U.S.C. 71) nine eligibility to p eral. State. Local Vor as described i eation is voluntary	4 et sec articipa govern in applic Howe	g), the Podd S Ite in and recei Iment agencies Cable Routine I Ever, failure to I	ecurity Act of 1985 (ve benefits under th . Tribal agencies, a Uses identified in th	(1/6 U S C 3 e Conserva nd nongove e System o	3801 et seg tion Reservi inmental en f Records N) land tile Agnoultural Act e Program The littles that have been oftce for USDA/ESA-2	
This information collection is exempted from the Pa provisions of appropriate criminal and civil fraud, pi COUNTY FSA OFFICE.	ivacy, and oth	her statutes may l	be appl	licable to the in	formation provided	RETURN	THIS COMF	PLETED FORM TO YOUR	
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CRP-1 U.S. DEPARTMENT OF AGRICULTU (10-22-15) Commodity Credit Corporation	U.S. DEPARTMENT OF AGRICULTURE			2. SIGN-UP	2. SIGN-UP NUMBER		
CONSERVATION DESERVE BROODAM CONTRACT			19 025		51		
CONSERVATION RESERVE PROGRAM CONTRACT			RACT NUMBER	4. ACRES F	4. ACRES FOR ENROLLMENT 2.80		
7A. COUNTY OFFICE ADDRESS (Include Zip Code) CALHOUN COUNTY FARM SERVICE AGENCY			NUMBER 0002165		6. TRACT NUMBER(S) 0001190		
ROCKWELL CITY, IA 50579-0000			(Select one)	9, CONTRA	initial & date		
7B. TELEPHONE NUMBER (Include Area Code): (712) 297	GENERAL		FROM. (MM-DD-YYYY)	(MM-DD-YYYY) (MM-DD-YYYY)			
THIS CONTRACT is entered into between the Commodity Credi	l l	ENTAL PRIORITY	/ 10/01/20	¹⁸ 09/30/2028			
Participant") The Participant agrees to place the designated act period from the date the Contract is executed by the CCC. The such acreage and approved by the CCC and the Participant. Act Contract, including the Appendix to this Contract, entitled Appen Participant acknowledges that a copy of the Appendix for the appendix in an amount specified in the Appendix if the Participal contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and 10A. Rental Rate Per Acre \$235.00	reage into the Consen Participant also agrees Iditionally, the Particip dix to CRP-1, Conserv plicable sign-up period nt withdraws prior to C Id any addendum the any addendum there	vation Reserve Prog s to implement on su ant and CCC agree i vation Reserve Progr has been provided CC acceptance or re ereto. BY SIGNING to; CRP-2; CRP-2C	ram ("CRP") or other to ich ("CRP") or other to comply with the tem ram Contract (referred to such person. Such ejection. The terms a THIS CONTRACT PR or CRP-2G.	use set by CCC for e the Conservation as and conditions co to as "Appendix"), person also agrees ad conditions of the RODUCERS ACKNI	the stipulated contract Plan developed for ontained in this By signing below the sto pay such liquidated		
7233.00			(See Page 2 for ac	daitional space)	E. Total Estimated		
10B. Annual Contract Payment \$658 10C. First Year Payment X \$ init	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	Cost-Share		
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0011	CF21	2.80	0		
12. PARTICIPANTS (If more than three individual) A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): ALLITA DOSTER 1465 NW 70TH AVE ANKENY, IA 50023-9324	vals are signing, s	(3) SIGNAT	ure te Doster		DATE (MM-DD-YYYY)		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): CRAIG DOSTER 1465 NW 70TH AVE ANKENY, IA 50023-9324	(2) SHARE 0.0	(3) SIGNAT	is Dorte		(4) DATE (MM-DD-YYYY) 7-24-18		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): C-CAL LTD %LYLE CARLSON 2120 WALCOTT AVE MANSON, IA 50563-7622	(2) SHARE	(3) SIGNAT	URE	(4) C	ATE (MM-DD-YYYY)		
13. CCC USE ONLY A. SIGNATURE OF CCC		1 / IVIMIXIX	Roherts	15(51) 191	ATE MM-DD-YYYY)		
NOTE: The following statement is made in accordance with the Pris 7 CFR Part 1410, the Commodity Credit Corporation Choof 2014 (Pub. L. 113-79). The information will be used to a information collected on this form may be disclosed to othe authonzed access to the information by statute or regulation Farm Records File (Automated). Providing the requested ineligibility to participate in and receive benefits under the	narter Act (15 U.S.C. 71: determine eligibility to pa er Federal, State, Local en and/or as described in information is voluntary. Conservation Reserve F	a et seq.), the Food S articipate in and recei government agencies n applicable Routine to However, failure to t Program.	ecurity Act of 198\$ (16A ve benefits under the Co , Tribal agencies, and n Uses identified in the Sy urnish the requested int	(f) S.C. 3801 et seql); onservation Reserve ongovernmental enti- istem of Records Not formation will result in	and fine Agricultural Act Program. The lies that have been lice for USDA/FSA-2. a a determination of		
This information collection is exempted from the Paperwor provisions of appropriate criminal and civil fraud, privacy, a COUNTY FSA OFFICE.	and other statutes may b	e applicable to the in	formation provided. RE	TURN THIS COMPL	ETED FORM TO YOUR		
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