

<b>CRP-1</b> (07-06-20)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	1. ST & CO CODE & ADMIN LOCATION 19 155		2. SIGN-UP NUMBER 48
	3. CONTRACT NUMBER 11203D		4. ACRES FOR ENROLLMENT 40.07
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA 50060-1600	6. TRACT NUMBER 2389	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 12-01-2015 09-30-2026	
	8. SIGNUP TYPE: SAFE - Iowa Gaining Ground		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code) (641) 972-2570			

**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.**

9A. Rental Rate Per Acre	\$ 150.03	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 6,012.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	2389	1	CP38E-2	10.36	\$ 1,896.00
(Item 9C is applicable only when the first year payment is prorated.)		2389	2	CP38E-2	12.10	\$ 2,214.00
		2389	3	CP38E-2	15.40	\$ 2,818.00

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERVIN HERSHBERGER 1970 HOGGS RD PATRIOT, OH 44666-9424	(2) SHARE 50.00 %	(3) SIGNATURE (By) <i>[Signature]</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 11-17-21
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, OH 44668-9407	(2) SHARE 50.00 %	(3) SIGNATURE (By) see attached	(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) ESTHER HERSHBERGER 1970 HOGGS RD PATRIOT, OH 44668-9424	(2) SHARE 0.00 %	(3) SIGNATURE (By) <i>[Signature]</i>	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 11-17-21
<b>12. CCC USE ONLY</b>		A. SIGNATURE OF CCC REPRESENTATIVE <i>Kathy L Henely</i>		B. DATE (MM-DD-YYYY) 12-1-2021

**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 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.

**Paperwork Reduction Act (PRA) Statement:** The information collection is exempted from PRA as specified in 16 U.S.C. 3345(b)(1). 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.**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille large print, audiotape, 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.



WAYNE COUNTY FSA

<b>CRP-1</b> (07-06-20)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation	1 ST. & CO CODE & ADMIN LOCATION 19 165	2 SIGN-UP NUMBER 43	
		<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		3 CONTRACT NUMBER 11203D
		4 ACRES FOR ENROLLMENT ±0.07	6 TRACT NUMBER 2389	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 12-01-2015 TO: (MM-DD-YYYY) 09-30-2026
		5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA50009-1600		
5B COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): 641-872-2670		8. SIGNUP TYPE SAFE - Iowa Gaining Ground		

**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.**

9A Rental Rate Per Acre	\$ 150.03	10. Identification of CRP Land (See Page 2 for additional space)				
9B Annual Contract Payment	\$ 6,012.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
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**11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)**

A(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)
ERVIN HERSHBERGER 1973 BOGGS PL PATRIOT, OH45658-9407	50.00 %			
ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45658-9407	50.00 %	<i>Allen Hershberger</i>		11/09/21
ESTHER HERSHBERGER 1973 BOGGS PL PATRIOT, OH45658-9407	0.00 %			

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)

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**RECEIVED**

**WAYNE COUNTY FSA**



11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(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)
SUSIE HERSHBERGER 1963 PATRIOT RD PATRIOT, OH 45655-9407	0.00%			11-9-21
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
H(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
I(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
J(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
K(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
L(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
M(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
N(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
O(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

RECEIVED

Date Printed 11/01/2021

WAYNE COUNTY FSA

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No	C. Practice No.	D. Acres	E. Total Estimated C/S
2389	4	CP38E-2	2.21	\$ 404.00



5504  
 FARM #~~4400~~  
 TRACT #2389



1 inch = 321.392963 feet

**Legend**

- Field Boundary
- Wetland Determination**
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions



Wayne County FSA

Map Printed: October 26, 2015

Disclaimer: Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact wetland boundaries and determinations or contact NRCS.



<b>CRP-1</b> (07-06-20)  <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST & CO CODE & ADMIN LOCATION 19 185	2 SIGN-UP NUMBER 46
	3 CONTRACT NUMBER 11206D			4 ACRES FOR ENROLLMENT 49.62
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA50060-1600		6 TRACT NUMBER 3036	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 12-01-2015 09-30-2026	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (641) 872-2670		8. SIGNUP TYPE: SAFE - Iowa Gaining Ground		

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9A. Rental Rate Per Acre	\$ 176.44	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 8,756.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	3036	1	CP38E-2	14.04	\$ 2,569.00
(Item 9C is applicable only when the first year payment is prorated.)		3036	2	CP38E-2	1.61	\$ 295.00
		3036	3	CP38E-2	33.97	\$ 6,217.00

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ERVIN HERSHBERGER 1970 BOGGS RD PATRIOT, OH45658 9066	50.00 %			11-17-21
ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45658-9407	50.00 %	See attached		
ESTHER HERSHBERGER 1970 BOGGS RD PATRIOT, OH45658 9101	0.00 %			11-17-21
<b>12. CCC USE ONLY</b>	A. SIGNATURE OF CCC REPRESENTATIVE 			B. DATE (MM-DD-YYYY) 12-1-2021

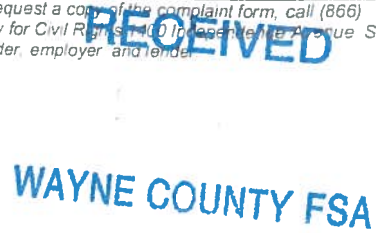
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	3. CONTRACT NUMBER 11206D	4. ACRES FOR ENROLLMENT 49.62
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA50060-1600	6. TRACT NUMBER 3036	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 12-01-2015 TO: (MM-DD-YYYY) 09-30-2026
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code) (541) 872-2670	8. SIGNUP TYPE: SAFE - Iowa Gaining Ground	

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERVIN HERSHBERGER 1271 BOGGS RD PATRIOT, OH45658-9486	(2) SHARE 50.00 %	(3) SIGNATURE (By) [Signature]	(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) ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45658-9407	(2) SHARE 50.00 %	(3) SIGNATURE (By) [Signature]	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 11/09/21
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) BETHEE HERSHBERGER 1870 BOGGS RD PATRIOT, OH45658-9486	(2) SHARE 0.00 %	(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)
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**WAYNE COUNTY FSA**  
 Date Filed 11/01/2021

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JUSTI HERSHBERGER 1963 PATRIOT RD PATRIOT, OH 45658-9407	(2) SHARE 0.00 %	(3) SIGNATURE (By) 	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 
E(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)
F(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)
G(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)
H(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)
I(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)
J(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)
K(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)
L(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)
M(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)
N(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)
O(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)

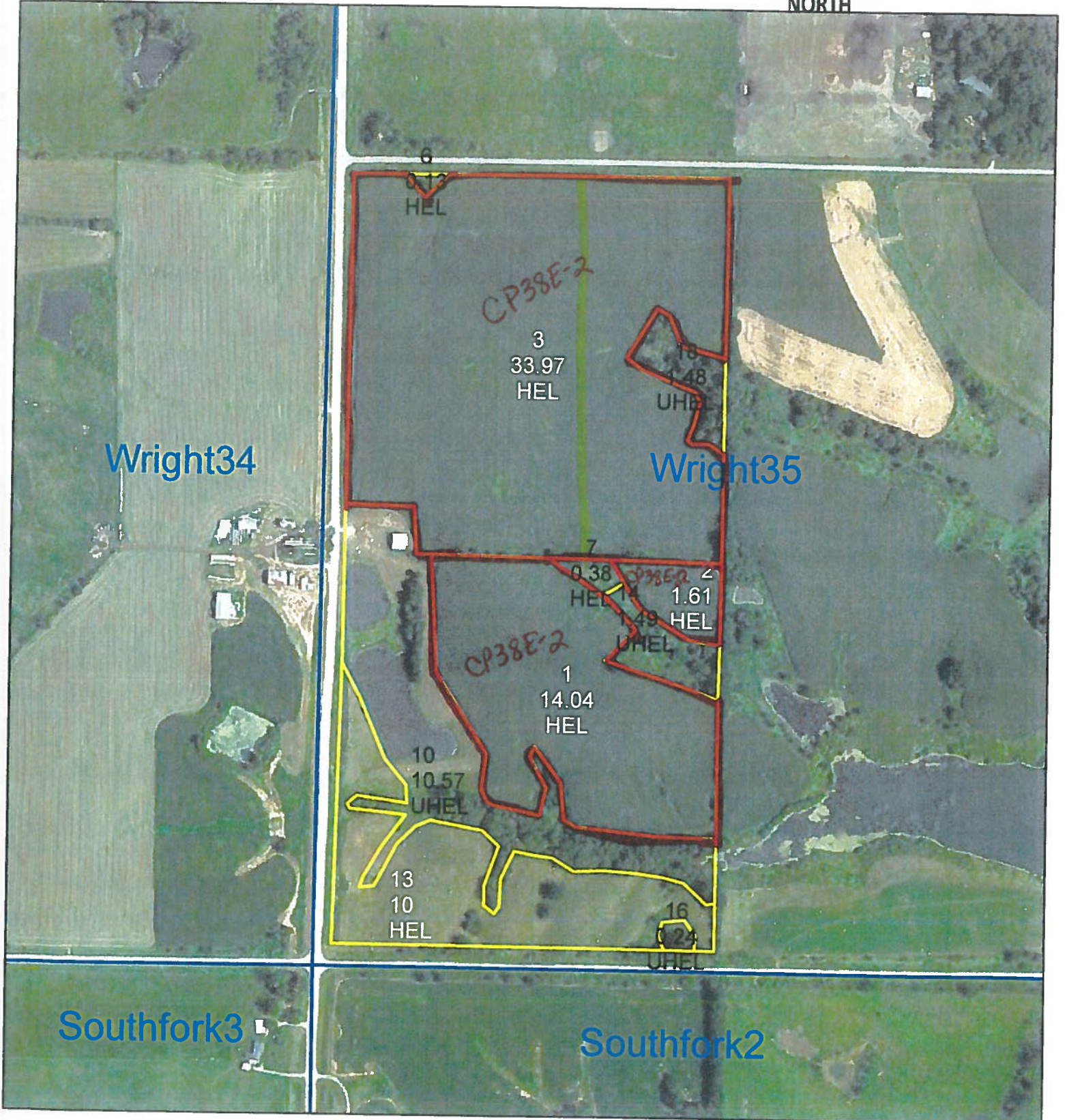
RECEIVED

Date Printed 11/01/2021

WAYNE COUNTY FSA



5504  
**FARM #4409**  
**TRACT #3036**



1 inch = 416.666667 feet

**Legend**

- Field Boundary
- Wetland Determination**
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

**Wayne County FSA**  
**Map Printed: October 26, 2015**

Disclaimer: Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact wetland boundaries and determinations or contact NRCS.



<b>CRP-1</b> (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1 ST & CO CODE & ADMIN LOCATION 19 155	2 SIGN-UP NUMBER 4E
		3 CONTRACT NUMBER 11209E	4 ACRES FOR ENROLLMENT 17.71
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		6 TRACT NUMBER 3506	7 CONTRACT PERIOD FROM: (MM-DD-YYYY) 12-01-2015 TO: (MM-DD-YYYY) 09-30-2026
5A COUNTY FSA OFFICE ADDRESS (Include Zip Code) WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA50060-1600		8 SIGNUP TYPE SAFE - Iowa Gaining Ground	
5B COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (541) 872-2670			

**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.**

9A. Rental Rate Per Acre	\$ 180.67	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 3,200.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	3506	1	CP38E-2	17.71	\$ 3,241.00
(Item 9C is applicable only when the first year payment is prorated.)						

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

A(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)
EPVIM HERSHBERGER 1870 BOGGS RD PATRIOT, OH45658-9140	50.00 %	<i>[Signature]</i>		11-17-21
ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45658-9407	50.00 %	<i>[Signature]</i>		
ESTHER HERSHBERGER 1870 BOGGS RD PATRIOT, OH45658-9140	0.00 %	<i>[Signature]</i>		11-17-21
<b>12. CCC USE ONLY</b>		A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>		B. DATE (MM-DD-YYYY) 12-1-2021

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**WAYNE COUNTY FSA**  
 Date Printed 11/17/2021



CRP-1 (07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation

**CONSERVATION RESERVE PROGRAM CONTRACT**

1 ST & CO CODE & ADMIN LOCATION 19 185

2 SIGN-UP NUMBER 45

3 CONTRACT NUMBER 11209E

4 ACRES FOR ENROLLMENT 17.71

5A COUNTY FSA OFFICE ADDRESS (Include Zip Code)  
WAYNE COUNTY FARM SERVICE AGENCY  
300 S LAFAYETTE STREET  
CORYDON, IA 50060-1600

6 TRACT NUMBER 3506

7. CONTRACT PERIOD  
FROM: (MM-DD-YYYY) 12-01-2015  
TO: (MM-DD-YYYY) 09-30-2026

8 SIGNUP TYPE  
SAFE - Iowa Gaining Ground

5B COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): 5411872-2670

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ERVIN HERSHBERGER 1870 BIGGS RD PATRIOT, IA 50658-9088	50.00 %			
ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, IA 50658-9407	50.00 %	<i>Allen Hershberger</i>		11/09/21
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERTHEE HERSHBERGER 1870 BIGGS RD PATRIOT, IA 50658-9088	0.00 %			

**12. CCC USE ONLY**

A. SIGNATURE OF CCC REPRESENTATIVE

B. DATE (MM-DD-YYYY)

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**WAYNE COUNTY FSA**

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SUSIE HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45656-9407	(2) SHARE 0.00%	(3) SIGNATURE (By) 	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 01-11-21
E(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)
F(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)
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RECEIVED

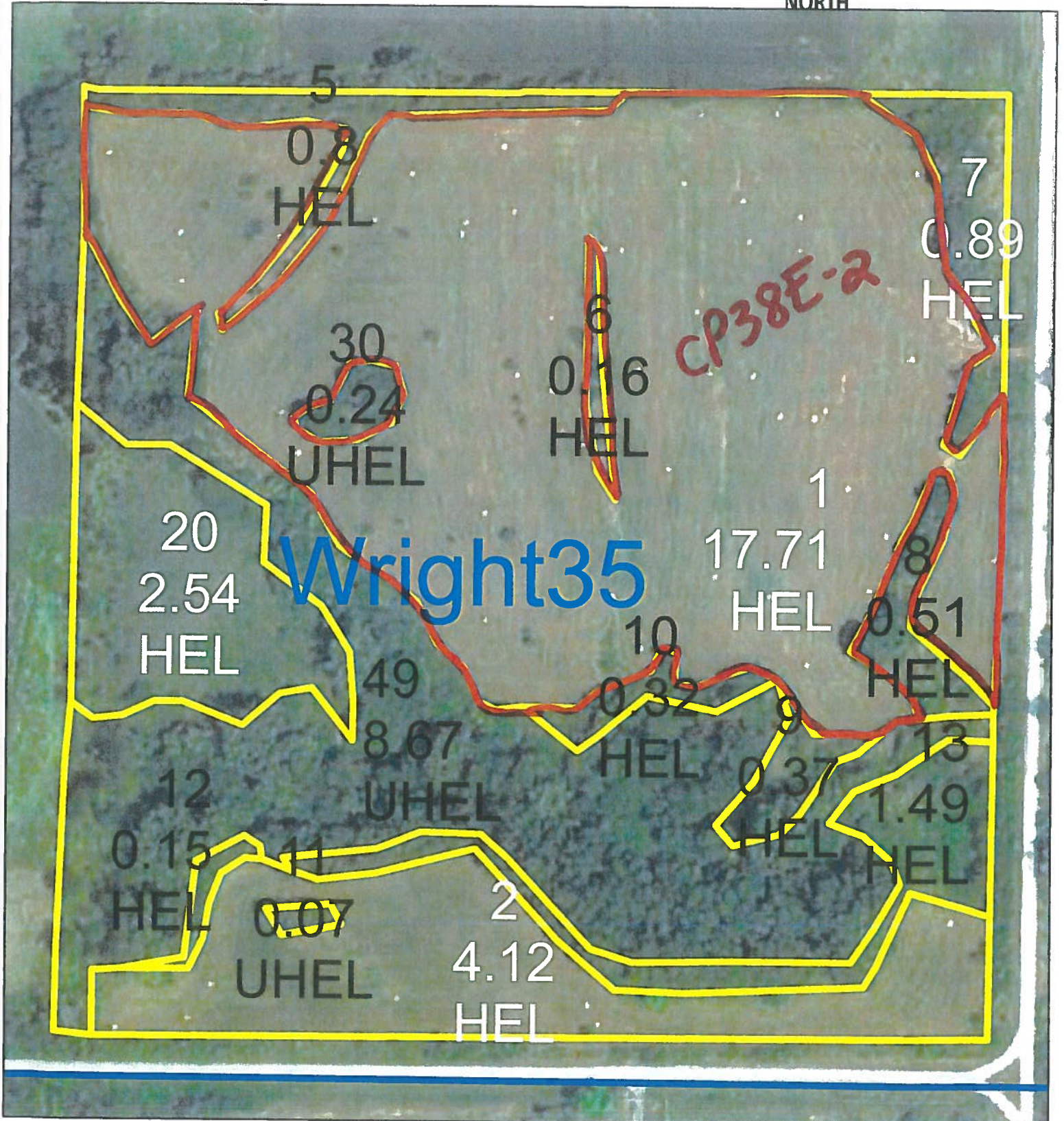
Date Printed 11/01/2021

WAYNE COUNTY FSA



5504

FARM #~~4499~~  
TRACT #3506



1 inch = 173.621352 feet



Wayne County FSA  
Map Printed: October 26, 2015

Disclaimer: Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact wetland boundaries and determinations or contact NRCS.

Legend

- Field Boundary
- Wetland Determination**
- Wetland Determination Identifiers**
- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions