CRP-1 IIS DEPARTMENT	OF ACRICULTUR					Page 1 of 3	
	P-1 U.S. DEPARTMENT OF AGRICULTURE 06-20) Commodity Credit Composition		Commodity Credit Corporation		1 5	T & CO CODE &	2 SIGN-UP
. , Sammoutly Great Corporation				19	165	NUMBER	
			3 C	ONTRACT NUMB	ED	48	
CONSERVATION RESERV	E PROGRAI	M CONTRACT	T			4 ACRES FOR	
			1	1 + 1	203D	ENROLLMENT 40.07	
5A COUNTY FSA OFFICE ADDRESS (Include Zip Code)			6 TF	RACT NUMBER	7. CONTRACT PERIOD		
WAYNE COUNTY FARM SERVICE AGENCY					FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
300 S LAFAYETTE STREET COEYDON, IA50060-1600			1	2389	12-01-2015	09~30-2026	
22.50036-2660						03-30-2026	
			8. SI	GNUP TYPE:			
5B COUNTY FSA OFFICE PHONE NUM	BER		SAF	'E - Iowa	Gaining Groun	nd	
(Include Area Code), (641 872-2670					J		
THIS CONTRACT is entered into between to	ne Commodity Cra	dit Corporation (va	fa14110	000			
(referred to as "the Participant".) The Parti CCC for the stipulated contract period from	cipant agrees to p	lace the designated	rerrea to as "C Lacreage into	the Consequetion	ersigned owners, operato	rs, or tenants	
CCC for the stipulated contract period from acreage the Conservation Plan developed f	the date the Cont	ract is executed by	the CCC. The	e Particinant also	Reserve Program ("CRP")	or other use set by	
acreage the Conservation Plan developed f comply with the terms and conditions cont	or such acreage a	nd approved by the	CCC and the	Participant, Addit	igrees to implement on st ionally, the Particinant or	ich designated	
comply with the terms and conditions conti Program Contract (referred to as "Appendix	ained in this Contr	act, including the A	Appendix to thi	is Contract, entitle	d Appendix to CRP-1. Co.	nservation Reserve	
Program Contract (referred to as "Appendix applicable contract period. The terms and	("). By signing be	low, the Participant	acknowledge	s receipt of a copy	of the Appendix/Append	ices for the	
thereto. BY SIGNING THIS CONTRACT PAI	RTICIPANTS ACKN	IOWI FORE DECEN	ned in this For	m CRP-1 and in th	e CRP-1 Appendix and ar	ny addendum	
addendum thereto; and, CRP-2, CRP-2C, C	RP-2G, or CRP-2C	30, as applicable.	TOT THE FO	LLOWING FORINS	: CRP-1; CRP-1 Appendix	and any	
9A. Rental Rate Per Acre \$ 150.			on of CRP L	and (See Page 1	2 for additional space)		
9B. Annual Contract Payment \$ 6,01	2 00	}			z ior additional space)		
	4.00	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		
// 00: " · · · ·		2222				\$ 1,896.00	
(Item 9C is applicable only when the first ye prorated.)	ar payment is	2389	2	CP38E	-2 12.10	\$ 2,214.00	
prorateu.)		2389	3	CP38E-	-2 15.40	6 2 010 00	
11 PARTICIPANTS (If more than	1. PARTICIPANTS (If more than three individual				2 13.40	\$ 2,818.00	
A(1) PARTICIPANT'S NAME AND	Va cuant						
ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE ((4) TITLE/RELA	TIONSHIP OF THE	(5) DATE	
FRVIN HERSHIFFGFR		& Ervintle	1111-1	INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)	
1970 BOGGS RD	50.00%	Erunt Ju	Lelutor	REPRESEN	TATIVE CAPACITY	11/12/5/	
PATRIOT, OH4565d 5-8-		(8)	./	_		11-11-21 1	
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (I	By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE	
ADDRESS (Include Zip Code)				INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)	
963 PATRIOT RD	50.00%	see atta	lado	REPRESENT	TATIVE CAPACITY		
ATRIOT, 0H45658-9407		-					
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (I	By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE	
ADDRESS (Include Zip Code)			• •	INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)	
870 BU WS PI	0.00 %	ac /1 11			TATIVE CAPACITY	(1.500-1.77)	

12. CCC USE ONLY

A. SIGNATURE OF CCC REPRESENTATIVE

The following statement is made in accordance with the Privacy Act of \$974 (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 1935 (16 U S C .3801 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 appropriate appropriate approach and programs are programs. 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. 3846(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) c vil 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 program. 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 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 a completed form or letter to USDA by (1) mail. U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1 and 1 and 2 and 2 and 3 and Washington D.C. 20250-9410 (2) fax. (202) 690-7442, or (3) email. program intake 3. usula gov. USDA is an equal opportunity provider, employer, and le.



CRP-1 U.S. DEPARTMENT OF AGRICULTURE				Page 1 of 3
(07-06-20) Commodity Credit Corporation	1 S	& CO CODE & AD	MIN LOCATION	12 SIGN-UP
(07-06-20) Commodity Credit Corporation				NUMBER
		19 18	5	43
CONCEDIATION DECEMBER	3 C	DNTRACT NUMBER		4 ACRES FOR
CONSERVATION RESERVE PROGRAM CONTRA	ACT	11203	Di .	
the control of the co		11203	D)	ENROLLMENT
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	6 TF	RACT NUMBER 7.	CONTRACT PERIOD	
WAYNE COUNTY FARM SERVICE AGENCY				
300 S LAFAVETTE STREET		2389	ROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
CORYPON, 1A50060-1600			12-01-2015	09-30-2026
	8. SI	GNUP TYPE		
5B COUNTY FSA OFFICE PHONE NUMBER	SAF	E - Lowa Ga	aining Groun	nd
(Include Area Code): (641:372-2570				
THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "the Participant".) The Participant agrees to place the design				
(referred to as "the Participant".) The Participant agrees to place the design CCC for the stipulated contract period from the date the Contract is execute acreage the Conservation Plan developed for such acreage and approved by comply with the terms and conditions contained in this Contract, including Program Contract (referred to as "Appendix"). By signing below, the Participant Contract period. The terms and conditions of this contract are considered.	the CCC and the he he Appendix to thi	Participant also agre Participant. Additiona s Contract, entitled A	es to implement on su ally, the Participant an opendix to CRP-1, Cor	ch designated d CCC agree to
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicab	CEIPT OF THE FOI le.	LOWING FORMS: CF	the Appendix/Appendi RP-1 Appendix and an RP-1; CRP-1 Appendix	ices for the
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicab 9A. Rental Rate Per Acre \$ 150.03 10. Identifi	CEIPT OF THE FOI le.	LOWING FORMS: CF	the Appendix/Appendi RP-1 Appendix and an RP-1; CRP-1 Appendix	ices for the
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicab 9A. Rental Rate Per Acre \$ 150.03 10. Identified Per Additional Contract Payment \$ ϵ , 012.00 A. Tract No.	CEIPT OF THE FOL	LOWING FORMS: CF	the Appendix/Appendi RP-1 Appendix and an RP-1; CRP-1 Appendix	ices for the
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicab 9A. Rental Rate Per Acre \$ 150.03 10. Identifi	CEIPT OF THE FOIL	LOWING FORMS: CF	the Appendix/Appendi RP-1 Appendix and an RP-1; CRP-1 Appendix r additional space)	E. Total Estimated Cost-Share
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable 9A. Rental Rate Per Acre $$150.03$ 10. Identified 9B. Annual Contract Payment $$60.02.00$ A. Tract No. 9C. First Year Payment $$60.02.00$ S. $$60.02.00$ A. Tract No. 9C. First Year Payment $$60.02.00$ S. $$60.02.00$	CEIPT OF THE FOIL Le. Cation of CRP La	and (See Page 2 for C. Practice No.	the Appendix/Appendi RP-1 Appendix and an RP-1; CRP-1 Appendix r additional space)	ices for the y addendum and any E. Total Estimated
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable 9A. Rental Rate Per Acre \$ 150.03 10. Identified 9B. Annual Contract Payment \$ ϵ , 012.09 A. Tract No. 9C. First Year Payment \$ 2369 (Item 9C is applicable only when the first year payment is prorated.)	CEIPT OF THE FOILE. Cation of CRP La B. Field No 1 2 3	and (See Page 2 for C. Practice No. CP38E-2 CP38E-2 CP38E-2	r additional space) D. Acres 10.36	E Total Estimated Cost-Share \$ 1,896.00 \$ 2,214.00
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicab $9A$. Rental Rate Per Acre $$150.03$ 10 . Identified $9B$. Annual Contract Payment $$6,012.09$ A . Tract No. $9C$. First Year Payment $$$ 2389 2389 2389 2389 prorated.) 2389	CEIPT OF THE FOILE. Cation of CRP La B. Field No 1 2 3	and (See Page 2 for C. Practice No. CP38E-2 CP38E-2 CP38E-2	r additional space) D. Acres 10.36	E. Total Estimated Cost-Share \$ 1,896.00
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable 9A. Rental Rate Per Acre $\$ 150.03$ 10. Identified 9B. Annual Contract Payment $\$ \in ,012.00$ A. Tract No. 9C. First Year Payment $\$ \in ,012.00$ A. Tract No. 9C. First Year Payment $\$ \in ,012.00$ 23.89 (Item 9C is applicable only when the first year payment is prorated.) 23.89 23.89 11. PARTICIPANTS (If more than three individuals are signing A(1) PARTICIPANT'S NAME AND (2) SHARE (3) SIGNATURE.	CEIPT OF THE FOILE. cation of CRP La B. Field No 1 2 3 g, see Page 3.	c. Practice No. CP38E-2 CP38E-2 CP38E-2	r additional space) D. Acres 10.36 12.10 15.40	E. Total Estimated Cost-Share \$ 1,896.00 \$ 2,214.00 \$ 2,818.00
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable 9A. Rental Rate Per Acre \$ 150.03 10. Identified 10	CEIPT OF THE FOILE. cation of CRP La B. Field No 1 2 3 g, see Page 3.	c. Practice No. CP38E-2 CP38E-2 CP38E-2	r additional space) D. Acres 10.36 12.10 NSHIP OF THE	E. Total Estimated
thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RE addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable 9A. Rental Rate Per Acre $\$150.03$ 10. Identified 9B. Annual Contract Payment $\$6,012.00$ A. Tract No. 9C. First Year Payment $\$6,012.00$ A. Tract No. 9C. First Year Payment $\$6,012.00$ A. Tract No. 9C. First Year Payment $\$6,012.00$ 23.89 (Item 9C is applicable only when the first year payment is prorated.) 23.89	CEIPT OF THE FOILE. cation of CRP La B. Field No 1 2 3 g, see Page 3.	c. Practice No. CP38E-2 CP38E-2 CP38E-2	r additional space) D. Acres 10.36 12.10 15.40 NSHIP OF THE SNING IN THE	E. Total Estimated Cost-Share \$ 1,896.00 \$ 2,214.00 \$ 2,818.00

12. CCC USE ONLY

ESTHER HEPSHEPPSEP 1872 BORIN RI EATRI T, UH45-5800-4

1963 FATRIOT RD PATRIOT, 0H45658 9407

B(1) PARTICIPANT'S NAME AND

C(1) PARTICIPANT'S NAME AND

ADDRESS (Include Zip Code)

ADDRESS (Include Zip Code)

A. SIGNATURE OF CCC REPRESENTATIVE

50.00%

0.00 %

(2) SHARE

(2) SHARE

B DATE (MM-DD-YYYY)

(5) DATE

(5) DATE

(MM-DD-YYYY)

(MM-DD-YYYY)

(4) TITLE/RELATIONSHIP OF THE

(4) TITLE/RELATIONSHIP OF THE

INDIVIDUAL SIGNING IN THE

REPRESENTATIVE CAPACITY

INDIVIDUAL SIGNING IN THE

REPRESENTATIVE CAPACITY

NOTE:

ALLEN

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 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

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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

(a) SIGNATURE (By)

(3) SIGNATURE (By)

Persons with disabilities who require alternative means of communication for program information e.g. Braille large print audiotape. American S.g. Larguage etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federa-Relay Service at (800 877 8339 Add tignally, program information may be made available in languages other than English

16 file a program discrimination complaint, complete the USDA errogram discrimination Complaint Form, AD-3027, found online at this many about 4 and 14 form 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 (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 Right. (4) for the pendence Avenue. SW Washington. D.C. 20250-9410. (2) fax. (202) 690-7442. or (3) email. program intakelous day ago. USDA is an equal opportunity provider. employer, and leader.



CDD 4 (07 00 00)				
CRP-1 (07-06-20)				Page 3 of 3
D 41 D1 D1 D1	11. PARTIC	IPANTS (CONTINUED F	ROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SUSIE HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45658-9407	(2) SHARE	(3) SIGNATURE (BY)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYY)
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-YYY)
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-YYY)
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
(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)
(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)
(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)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE (3	3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE (3	3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
(1) PARTICIPANT S NAME AND ADDRESS (Include Zip Code)	(2) SHARE (3	B) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

RECEIVED

Date Printed 11/01/2021

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
				7 202100
		101		
	Ā			

FARM #4409 **TRACT #2389**





1 inch = 321.392963 feet

Legend

Field Boundary

Wetland Determination Wetland Determination Identifiers

- Limited Restrictions
 Exempt from Conservation Compliance Provisions

Wetland Determination Identified

Wayne County FSA

Restricted Use
Limited Restrictions
Exempt from Conservation Comp

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.

						D 7 (%)
CRP-1 U.S. DEPARTMEN	T OF AGRICULTUR	RE	i 1. S	T & CO CODE &	ADMIN LOCATION	Page 1 of 2
(07-06-20) Commodity (Credit Corporation					NUMBER
					185	4.6
CONSERVATION RESER	VE PROGRAM	A CONTRAC	_ 3 C	ONTRACT NUMBE	ER	4 ACRES FOR
		W COMTRAC	1	112	06D	ENROLLMENT 49.62
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6 T	RACT NUMBER	7. CONTRACT PERIOR	
WAYNE COUNTY FARM SERVICE AGENC 300 S LAFAYETTE STREET	7.7				FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
CORYDON, IA50060-1600				3036	12-01-2015	09-30-2026
			8. S	IGNUP TYPE:	a ! !	
5B. COUNTY FSA OFFICE PHONE NU			SAL	'E - lowa	Gaining Grou	nd
(Include Area Code): (641)872-2670						
THIS CONTRACT is entered into between (referred to as "the Participant".) The Participant (referred to as "the Participant")	the Commodity Cre	dit Corporation (re	ferred to as "C	CCC") and the unde	ersigned owners, operato	ors or tenants
CCC for the stipulated contract period from	m the date the Cont	root in our out of t	acreage into	the Conservation i	Reserve Program ("CRP"	') or other use set by
acreage the Conservation Plan developed	for such paragon	nd an executed by	ane coo. The	e marticipant also a	grees to implement on s	uch designated
comply with the terms and conditions con Program Contract (referred to as "Append	ntained in this Contri	act, including the A	Appendix to th	rarucipant, Additi is Contract entitle	ionally, the Participant at	nd CCC agree to
Program Contract (referred to as "Appendapplicable contract period. The terms and	lix"). By signing bel	ow, the Participan	t acknowledge	s receipt of a copy	of the Appendix/Append	inservation Reserve
applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT P.	d conditions of this (contract are contai	ned in this Fo	rm CRP-1 and in th	e CRP-1 Appendix and a	ny addendum
thereto. BY SIGNING THIS CONTRACT P. addendum thereto; and, CRP-2, CRP-2C,	CRP-2G or CRP-2C	IOWLEDGE RECEI 30 as annlicable	PT OF THE FO	LLOWING FORMS:	: CRP-1; CRP-1 Appendix	and any
9A. Rental Rate Per Acre \$ 176			ion of CDD I	and (Can Days)	16 180	
00 4			1		for additional space)	T
	56.00	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 y	rear navment is	3036	2	CP38E-	2 1.61	\$ 295.00
prorated.)	our paymont is	3036				\$ 295.00
11 PARTICIPANTS (II			3	CP38E-	33.97	\$ 6,217.00
11. PARTICIPANTS (If more than A(1) PARTICIPANT'S NAME AND	n three individua	ls are signing, s	see Page 3			
ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE
CRVIII HERSHBERGER		16 .1/1	1 de en	INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)
1870 BOGGS RD FATRIOT, OH45658 9086	50.00%	W LOW NO		REPRESEN	TATIVE CAPACITY	Du 1 10-71
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(0) (10) (4)				(1-11-71
ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE
ALLEN HERSHBERGER 1963 PATRIOT RD				INDIVIDUAL	SIGNING IN THE ATIVE CAPACITY	(MM-DD-YYYY)
PATRIOT, 0H45658-9407	50.00%	See offer	bed	INLENESENT	ATIVE CAPACITY	
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (Rv)	(A) TITLE/DELAT	TIONSHIP OF THE	
ADDRESS (Include Zip Code)	'	(-) SIGNATIONE (<i>U</i> , ,	INDIVIDUAL	SIGNING IN THE	(5) DATE (MM-DD-YYYY)
870 BOGGS RD	0.00%	0.11	1 ,	REPRESENT	ATIVE CAPACITY	(WIWI-UU-TTTY)
ATRIOT, DH4F658 91F4		() Tettak	Cishre		20/11/10/11	@11.19-11
12. CCC USE ONLY A. SIGNATU	RE OF CCC REP	RESENTATIVE	1	*		B. DATE

NOTE:

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Paperwork Reduction Act (PRA) Statement: 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 RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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CRP-1	U.S. DEPARTMENT OF AGRICULTURE			Page 1 of 2
(07-06-20)	Commodity Credit Corporation	1. ST. & CO. CODE 8	ADMIN LOCATION	2 SIGN-UP
(6, 6, 2, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	Commonly Credit Corporation		185	NUMBER 48
CONSE	RVATION RESERVE PROGRAM CONTRACT	3 CONTRACT NUME	BER	4 ACRES FOR
	A OFFICE ADDRESS (Include Zip Code)		206D	ENROLLMENT 49.62
WAYNE COUNTY	FROM SUBMEST AGENCY	6 TRACT NUMBER	7. CONTRACT PERIOD	
WAYNE COUNTY FARM SERVICE AGENCY 300 S LAFAYETTE STREET CORYDON, IA50050-1500		3036	FROM: (MM-DD-YYYY) 12-01-2015	TO: (MM-DD-YYYY) 09-30-2026
		8. SIGNUP TYPE:		
	SA OFFICE PHONE NUMBER Code): (641) 872-2670	SAFE - Iowa	Gaining Grou	nd
THIS CONTRACT	is entered into between the Commodity Credit Corporation (refe	erred to as "CCC") and the	I	

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 acreage the Stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to Implement on such designated comply with the terms and eveloped 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 applicable contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the 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.

10. Identificati	Of Ot CRP Land				
	10. Identification of CRP Land (See Page 2 for additional s				
A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
3036	1	CP38E-2	14.04	\$ 2,569.00	
303€	2	CP38E-2	1.61	\$ 295.00	
3036	3	CP38E-2	33.97	\$ 6,217.00	
-	3036 3036 3036	3036 1 3036 2	3036 1 CP38E-2 3036 2 CP38E-2 3036 3 CP38E-2	3036 1 CP38E-2 14.04 3036 2 CP38E-2 1.61 3036 3 CP38E-2 33.97	

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

B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ALLEN HERSHBERGER 1963 PATRIOT RD PATRIOT, OH45655-9407 (2) SHARE (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (5) DATE (IMM-DD-YYYY) (6) DATE (IMM-DD-YYYY) (7) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ESTHER HEPSHBERGER 1870 8.038 RD PATRIOT, OH45558-916- (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) ERVIN HARSHBERGER 1873 BAGGS RD PATRIOT, 0H45658 BAGG	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
ADDRESS (Include Zip Code) ESTHER HERSHBERGER INDIVIDUAL SIGNING IN THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (3) SIGNATURE (By) (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	1963 PATRIOT RD PATRIOT, 0H45656 9407		(3) SIGNATURE (By)	INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
	ADDRESS (Include Zip Code) ESTHER HEPSHBERGER 1870 BLGGS RD		(3) SIGNATURE (By)	INDIVIDUAL SIGNING IN THE	(5) DATE

2. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE

B. DATE (MM-DD-YYYY)

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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 Intakedusula gov. USDA is an equal opportunity provided procedure. The CELVED.

WAYNE COUNTY FSA 11/01/2021

CRP-1 (07-06-20)

Page 2 of 2

7 (07-00-20)				Page 2 of 2
	11. PARTIO	CIPANTS (CONTINUED FR	ROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SUSIE HERSHBERGER 1963 PATPIOT RD	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYY)
PATRIOI, OH45658-9407		10 Dewie Hershleine		Ø9-9.21
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)
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)
(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)
.(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)
(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)
(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)





FARM #44 **TRACT #3036** NORTH 3 33.97 HEL Wright34 1.61 14.04 HEL 13 10 HEL Southfork3 Southfork2

1 inch = 416.666667 feet

Legend

Field Boundary

Wetland Determination Wetland Determination Identifiers

- Limited Restrictions
 Exempt from Conservation Compliance Provisions

Wetland Determination Identifi

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.

CRP-1 HS DEPARTMEN	T OF AGRICULTU		1			Page 1 of 2
O.O. DEI AITIME	Credit Corporation	KE	1 S	T & CO. CODE &	ADMIN LOCATION	2 SIGN-UP
Johnson	orear corporation			19	155	NUMBER 48
00110-5111-51			3 C	ONTRACT NUMB	ÉR	4 ACRES FOR
CONSERVATION RESER	RVE PROGRA	M CONTRACT	Γ		209E	ENROLLMENT
5A COUNTY FSA OFFICE ADDRESS	4-1-1-7-0				U	17.71
WAYNE COUNTY FARM SERVICE AGEN	include Zip Code)		6 T	RACT NUMBER	7. CONTRACT PERIOR	
300 S LAFAYETTE STREET	T.A.			3506	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
CORYDON, 1A50060-1600			1	2200	12-01-2015	09-30-2026
			8. S	IGNUP TYPE:	0-1-1-2	
5B COUNTY FSA OFFICE PHONE NU			SAL	E - IOWa	Gaining Grou	nd
(Include Area Code): (541) E72-267						
THIS CONTRACT is entered into between (referred to as "the Participant") The Pa	the Commodity Cre	edit Corporation (re	ferred to as "C	CCC") and the und	preinned owners operate	ro or to route
(referred to as "the Participant".) The Pa	rticipant agrees to p	lace the designated	l acreage into	the Conservation	Reserve Program ("CRP"	or other use set by
CCC for the stipulated contract period from acreage the Conservation Plan develope	om the date the Con	tract is executed by	the CCC. The	e Participant also a	agrees to implement on s	uch designated
acreage the Conservation Plan develope comply with the terms and conditions co	i for such acreage a ntained in this Cont	and approved by the	CCC and the	Participant. Addi	tionally, the Participant ar	nd CCC agree to
comply with the terms and conditions co Program Contract (referred to as "Appen applicable contract period. The terms are						
			T OF THE FO	LLOWING FORMS	: CRP-1: CRP-1 Appendix and a	ny aodenoum v and anv
	CRP-2G, or CRP-2C	30, as applicable.				. d./.d dily
9A. Rental Rate Per Acre \$ 180	.67	10. Identificati	on of CRP L	and (See Page .	2 for additional space)	
9B. Annual Contract Payment \$ 3,2	00.00	A. Tract No.	B. Field No			E. Total Estimated
9C. First Year Payment S		2505				Cost-Share
os. Filot real Cayment		3506	1	CP38E	-2 17.71	\$ 3,241.00
(Item 9C is applicable only when the first	vear payment is					
prorated.)	rour payment is					
11. PARTICIPANTS (If more that	n three individua	als are signing, s	see Page 3	.)		
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) ERVIN HERSHBERGER		Fig 11	/	INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)
1870 BOGGS RD	50.00%	7 nont	perbloge	REPRESEN	TATIVE CAPACITY	,,,,,,
PATRIOT, OH45658 9380	30.00 /3	RY	1			11-17-21
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (Bv)	(4) TITLE/RELA	TIONSHIP OF THE	VEL DATE
ADDRESS (Include Zip Code) ALLEN HERSHBERGER		, , , , , , , , , , , , , , , , , , , ,	-,,	INDIVIDUAL	SIGNING IN THE	(5) DATE (MM-DD-YYYY)
1963 PATRIOT RD	50.00%				TATIVE CAPACITY	(141141-55-1111)
FATRIOT, 0H45658 9407	30.00 %	see attac	pod			
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELA	TIONSHIP OF THE	(E) DATE
ADDRESS (Include Zip Code)		200	-37		SIGNING IN THE	(5) DATE (MM-DD-YYYY)
1870 BOCKIS ED	0.00%	a 1. Ha	1		TATIVE CAPACITY	(INNA-DD-1111)

12. CCC USE ONLY

PATPILT, 0845656 9 86

A. SIGNATURE OF CCC REPRESENTATIVE

REPRESENTATIVE CAPACITY

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CRP-1 IIS DEPARTMENT						Page i of 2
O.O. DEI AITTREN	OF AGRICULTUR	RE .	1 ST	& CO CODE &	ADMIN LOCATION	2 SIGN-UP
Countingly (redit Corporation			15	135	NUMBER
						48
CONSERVATION RESER	VE DDOCDAL	A CONTRAC	_ 3 CC	DNTRACT NUMB	ER	4 ACRES FOR
OUTOERT ATTOM RESERV	VL PROGRAM	CONTRAC	1	111	209E	ENROLLMENT
5A COUNTY FSA OFFICE ADDRESS (I	nclude Zin Codal		- + - + -			17.71
WAYNE COUNTY FARM SERVICE AGENC	rolling Zip Code)		6. IR	ACT NUMBER	7. CONTRACT PERIOR	
300 S LAFAYETTE STREET	<u> </u>			3506	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
CORYDON, IA50060-1600			1	2300	12-01-2015	09-30-2026
			8. SIC	GNUP TYPE		
5B COUNTY FSA OFFICE PHONE NUM	ABER		SAF	E - Iowa	Gaining Grou	nd
(Include Area Code): \641\872-2670					~	
	45 - 0 111 - 0			17.5-39		
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CCC for the stipulated contract period from	n the data the Contr	root in consumer to	acreage into t	ne Conservation i	Reserve Program ("CRP"	') or other use set by
acreage the Conservation Plan developed	for such acrosso as	ad annexed by	ane ccc. The	Participant also a	igrees to implement on s	uch designated
comply with the terms and conditions con Program Contract (referred to as "Append	tained in this Contra	act. including the A	and the f	-arucipant. Addit s Contract ontitle	ionally, the Participant at	nd CCC agree to
Program Contract (referred to as "Append applicable contract period. The terms and	ix"). By signing bel	ow, the Participant	t acknowledges	s contract, entitle s receipt of a con-	a Appenaix to CRP-1, Co	nservation Reserve
applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA	conditions of this o	ontract are contai	ned in this For	n CRP-1 and in th	e CRP-1 Appendix and a	nces for the
thereto. BY SIGNING THIS CONTRACT PA addendum thereto: and, CRP-2, CRP-2C, (RTICIPANTS ACKN	OWLEDGE RECEI	PT OF THE FOL	LOWING FORMS	: CRP-1: CRP-1 Appendix	rry audendum randany
	TH -20, 07 CAF-203	o, as applicable.				
9A. Rental Rate Per Acre \$ 180	67	10. Identificati	on of CRP La	and (See Page 2	? for additional space)	
9B. Annual Contract Payment \$3,20	00 00	A. Tract No.	B. Field No.			E. Total Estimated
		A. Hactivo.	b. Field No.	C. Practice	No. D. Acres	Cost-Share
9C. First Year Payment \$		3506	1	CP38E	-2 17.71	\$ 3,241.00
(1)						\$ 3,241.00
(Item 9C is applicable only when the first year	ear payment is					
or or alea.)			j			
11 DADTICIDANTE //f mans 4/s			L			
11. PARTICIPANTS (If more than	three individual	ls are signing, s	see Page 3.))		
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) RVIN HERSHBEFGEF				INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)
870 BOGGS RI	50.00%			REPRESEN'	TATIVE CAPACITY	(
ATRIOF, CH45658-9088	30.00 %				,	
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (Ru)	(A) TITLE DELA	TIONOLUB OF THE	
ADDRESS (Include ZID Code)	(-, -,	(o) GIGITATIONE (Lyj	(4) ITTLE/RELA	TIONSHIP OF THE SIGNING IN THE	(5) DATE
LIEU HERSHBERGER 963 PATRIOT RD		1		DEDDECEN	TATIVE CAPACITY	(MM-DD-YYYY)
ATRIOT, 0H45658-9407	50.00%	Dillo. do	201611-	INCI INCOCIN	ATIVE CAPACITY	1011/21
C(1) PARTICIPANT'S NAME AND	(2) SHARE	ween 14	and a			W 11/09/21
ADDRESS (Include Zin Code)	(2) SHAKE	(3) SIGNATURE (By)	(4) TITLE/RELA	TIONSHIP OF THE	(5) DATE
THER HERSHBERGER				NDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)
970 B GGS PD NTP1 T, CH45-58 918.	0.00%			REPRESENT	ATIVE CAPACITY	
2 CCC USE ONLY A CLOSUSTILL						

2. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE

B. DATE (MM-DD-YYYY)

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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.

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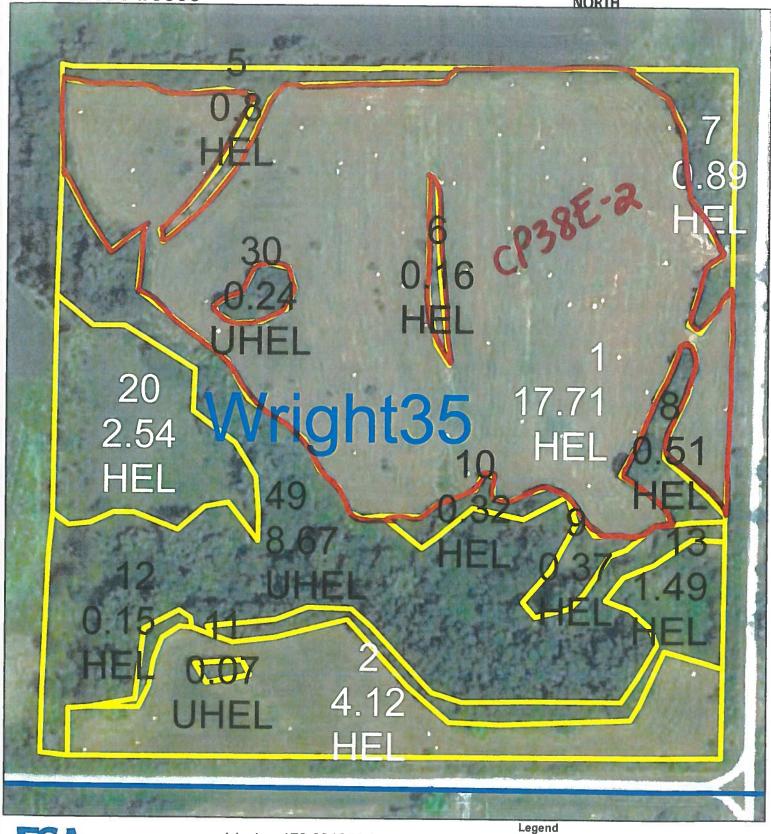
CRP-1 (07-06-20)				Page 2 of 2
Did. DADTIOID		CIPANTS (CONTINUED FR	ROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code' SUSIE HERSHBERGER 1963 PATRIOT RD PATRIOT, CH45658-9407	2: SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(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)





FARM #4499 **TRACT #3506**







1 inch = 173.621352 feet

Field Boundary

Wetland Determination Wetland Determination Identifiers

- 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 contact N original determination (CPA-026 and attached maps) for exact wetland boundaries and determinations or contact NRCS.