

This form is available electronically.

<b>CRP-1</b> (07-23-10) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation <b>CONSERVATION RESERVE PROGRAM CONTRACT</b> <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</small>	1. ST. & CO. CODE & ADMIN. LOCATION 19007	2. SIGN-UP NUMBER 47
	3. CONTRACT NUMBER 11066	4. ACRES FOR ENROLLMENT 21.26

RECEIVED

7. COUNTY OFFICE ADDRESS (Include Zip Code): MONROE - APPANOOSE COUNTY FARM SERVICE AGENCY 1701 S B ST ALBIA, IA 52531-2685	5. FARM NUMBER 0003197	6. TRACT NUMBER(S) 0000611
TELEPHONE NUMBER (Include Area Code): (641)932-7134	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2015 TO: (MM-DD-YYYY) 09-30-2030

SEP 16 2015

MONROE-APPANOOSE COUNTY FSA  
ALBIA, IOWA

d/c  
9-16-15

**THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection.**

**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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Appendix and any addendum thereto, CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.**

10A. Rental Rate Per Acre \$79.20 <i>d/c 9-16-15</i>	11. Identification of CRP Land (See Page 2 for additional space)															
B. Annual Contract Payment \$1684	<table border="1"> <thead> <tr> <th>A. Tract No.</th> <th>B. Field No.</th> <th>C. Practice No.</th> <th>D. Acres</th> <th>E. Total Estimated Cost-Share</th> </tr> </thead> <tbody> <tr> <td>0000611</td> <td>0004</td> <td>CP22</td> <td>7.57</td> <td>\$2271.00</td> </tr> <tr> <td>0000611</td> <td>0006</td> <td>CP22</td> <td>13.69</td> <td>\$4107.00</td> </tr> </tbody> </table>	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	0000611	0004	CP22	7.57	\$2271.00	0000611	0006	CP22	13.69	\$4107.00
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0000611	0004	CP22	7.57	\$2271.00												
0000611	0006	CP22	13.69	\$4107.00												
C. First Year Payment																
<i>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</i>																

12. PARTICIPANTS			
A PARTICIPANT'S NAME AND ADDRESS (Zip Code): DONNA COX 18590 550TH ST CENTERVILLE, IA 52544-8687	(2) SHARE 100.00%	(3) SOCIAL SECURITY NUMBER:	(4) SIGNATURE <i>Donna Cox</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
B PARTICIPANT'S NAME AND ADDRESS (Zip Code): N/A	(2) SHARE %	(3) SOCIAL SECURITY NUMBER:	DATE (MM-DD-YYYY) <i>9-16-15</i>
C PARTICIPANT'S NAME AND ADDRESS (Zip Code): N/A	(2) SHARE %	(3) SOCIAL SECURITY NUMBER:	DATE (MM-DD-YYYY)

13. CCC USE ONLY - Payments according to the shares are approved.	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) <i>9/28/15</i>
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**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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Original - County Office Copy     
  Owner's Copy     
  Operator's Copy