CRP-1U.S. DEPARTMENT OF AGRICULTURE(07-06-20)Commodity Credit Corporation			1. ST.	& CO. CODE & . 19	2. SIGN-UP NUMBER			
			0.001	3. CONTRACT NUMBER			48	
CONSERVATION RESERV	CONTRACT		11162B			4. ACRES FOR ENROLLMENT 69.91		
5A. COUNTY FSA OFFICE ADDRESS (Inc.		6. TRA	6. TRACT NUMBER 7. CONTR		ITRACT PERIOD			
BOONE COUNTY FARM SERVICE AGENCY 1602 SNEDDEN DR BOONE, IA50036-5421			7967		(MM-DD-YYYY) -01-2016	TO: (MM-DD-YYYY) 09-30-2026		
				8. SIGNUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUMB (Include Area Code): (515)432-4320		Cont	- Continuous					
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; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.								
9A. Rental Rate Per Acre \$ 322.8	10. Identification	on of CRP La	nd (See Page	(See Page 2 for additional space)		-		
9B. Annual Contract Payment \$22,568.00		A. Tract No.	B. Field No.	C. Practice	e No.	D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		7967	1	CP42	2	69.91	\$ 37,052.00	
(Item 9C is applicable only when the first year payment is prorated.)								
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)								
		(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	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/RELATIONSHIP OF THE			(5) DATE	
ADDRESS (Include Zip Code) STACEY ELAM 1492 HUNTERS GREEN WAY MARION, IA52302-4801	50.00%			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND (2) SHARE ADDRESS (Include Zip Code) %		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE (<i>MM-DD</i> -YYYY)	
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE							B. DATE (MM-DD-YYYY)	
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 (10 U.b. 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. 3846(b)(1). The provisions of appropriate criminal collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal condition and collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal collection is exempted from								
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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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 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. USDA is an equal opportunity provider, employer, and lender.

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