CRP-1 U.S. DE	PARTMENT	OF AGRICULTUR) C	14 57	9 00 0000		Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-08-20) Commodity Credit Corporation					. & CO. CODE 8	2 SIGN-UP NUMBER 60		
CONSERVATION RESERVE PROGRAM CONTRACT				3 CC	INTRACT NUME	4. ACRES FOR		
					1154	ENROLLMENT 16.03		
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) WASHINGTON COUNTY FARM SERVICE AGENCY				6. TR	6. TRACT NUMBER 7. CONTRACT PERIOD			
US B STREET		1	5632	FROM: (MM-DD-YYYY)				
ASHINGTON, KS 66968-2	311					10-01-2023	09-30-2033	
				8. SIC	NUP TYPE:			
58. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (785) 325-2253					General			
THIS CONTRACT is entered in freferred to as "the Participan CCC for the supulated contra acreage the Conservation Pia comply with the terms and co Program Contract (referred to applicable contract period. To thereto. BY SIGNING THIS Cond addendum thereto; and, CRP-	ct period from n developed nditions com as "Appendi he terms and	n the date the Cont for such acreage a lained in this Contr x"). By signing be conditions of this	ract is executed by nd approved by the act, including the A low, the Participant contract are contain	the CCC. The CCC and the I ppendix to this acknowledges	Participant also Participant Add s Contract, antiti receipt of a con	Reserve Program ("CRF agrees to implement on itionally, the Participant i ed Appendix to CRP-1, C by of the Appendix/Appendix	or other use set by such designated and CCC agree to conservation Reserva	
9A. Rental Rate Per Acre	\$ 68.2		-) we alogorious.			2 for additional space		
38. Annual Contract Paymen	\$1,09	4.00	A. Tract No.	B. Field No.			E. Total Estimated	
C. First Year Payment	\$		5632	0020	CP4		Cost-Share	
(liem 9C is applicable only when the first year payment is			5632	0021	CP4	1.33	\$ 259.00	
proreled.)		on paymont is	5632	0022	+		\$ 391.00	
1. PARTICIPANTS (IF	more than	these individua			CP4	5.12	\$ 305.00	
ADDRESS (Include Zip Code) CE L FELLENHEARINGER AITH LITTE, FELLENHE FUNITY TO POSITIVE AND LITTE, FELLENHE FUNITY TO POSITIVE AND LITTER FELLENHER AND LITTER AND L		(2) SHARE	(3) SIGNATURE (BY) Maulyn S. Moul		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
ADDRESS (Include Zip Code) Ander Plen ande Feldener Tani LV 17897 76 Hublem Imber, 449 Lucqueri Aug Breka, 89 44219-2054		(2) SHARE 0.00 %	(3) SIGNATURE (By) e-Signed by Manilyn Morel For, if applicable On 09-14-23		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE TITLE/RESERVING IN THE TITLE/RESERVING IN THE CAPACITY		(5) DATE (MM-DD-YYY) (09-14-23	
C(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)	
NOTE: The following statement is stade in accordance with the Privacy Act of 19/4 (5 USC 552e - as amended). The authority for requesting the informatis the Commodity Credit Corporation Chadrer As 4/15 U.S.C. 714 et seq.), the Food Security Act of 1985 (56 U.S.C. 3801 et seq.), the Agricultural 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The Information will be used to set the seq.).							8. DATE	
receive banefils under the Tribal agencies, and non to identified in the System of the requested information. Paperwork Reduction A	e Conservation go ammental e if Records Notice in will result in a ct (PRA) State and other statute his law and U.S istoring USDA	Reserve Progrem. In it is the base to for USDA/FSA-2, I determination of Ineformation. The information of the arms to experience to the total progrems are prohibit.	The Information collects authorized access to Farm Records File (Authorized File) (Authorized in The Collection is exempted to the Information provided the Information provided from the Information from Statistical (USDA) civil rights and from the Informating the Information of the Informating the Information of the Information	ed on this form m the information to formated). Provide and receive bena ed from PRA as s ded. RETURN T this regulations as based on race, to	ay ba disclosed to by statute or requia- ing the requested in fils under the Cons pecified in 16 U.S. HIS COMPLETED and policies, the USI color, netional original color, netional original color, netional original color, netional original color, netional original color, netional original color.	other Federal, Stata, Local Elicn end/or as described in a nformation is voluntary. Howard in a arvation Rosarva Program. C. 3846(b)(1). The provision FORM TO YOUR COUNTY ON, Its Agencies, effices, en o, religion, sex. gender Identi	o participale in and government agencies, policable Routine Uses were fellure to furnish as of appropriate crimine FSA OFFICE. demployees, and its Uncharted goods.	

Persons with disabilities who require atternative means of communication for program information (e.g., Brailie, large print, audiotape, American Sign Languago, etc.) should contact into 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 lenguages other than English.

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