Name of the Control o										
						Aller .			Page 1 of 1	
CRP-1 (07-06-20)					1. ST. & CO. CODE & ADMIN. LOCATION				2. SIGN-UP	
				19 089			NUMBER 51			
CONSEDIATION DESCRIPTION DESCRIPTION						3. CONTRACT NUMBER			4. ACRES FOR	
CONSERVATION RESERVE PROGRAM CONTRACT					12137A			ENROLLMENT 12.70		
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)						ACT NUMBER	7. CO	NTRACT PERIOD		
HOWARD COUNTY FARM SERVICE AGENCY						9142 FROM: (MM-DD-YYY)		: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
311 7TH ST SW, SUITE #1 CRESCO, IA52136-1865						10-01-2018		09-30-2028		
					8. SIG	NUP TYPECE	1110			
5B. COUNTY FSA OFFICE PHONE NUMBER						Continuous				
(Include Area Code): (563) 547-2841 THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to						Continuous 1 s				
comply with the a Program Contract applicable contract thereto. BY SIGN	ulated contract period from servation Plan developed fi terms and conditions conte ct (referred to as "Appendix act period. The terms and o NING THIS CONTRACT PAF to; and, CRP-2, CRP-2C, CF	or such acreage an nined in this Contro "). By signing bel conditions of this o RTICIPANTS ACKN	nd approved by act, including t ow, the Partici contract are co IOWLEDGE RE	y the CCC a the Append pant ackno ontained in t CCEIPT OF 1	nd the Pa ix to this wledges his Form	articipant. Aldit Contract, entitle receipt of a copy CRP-1 and in th	ionally, d/Apger of the A	the Participant andix to CRP-1, Con Appendix/Append	d CCC agree to nservation Reserve ices for the	
					CRP Land (See Page 2 for additional space)					
9B. Annual Contract Payment \$3,010.00			A. Tract No	ъ. В.	Field No.	C. Practice No. D. Acre		D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$			9142		0004	CP8A		11.30	\$ 1,424.00	
(Item 9C is applicable only when the first year payment is prorated.)			9142		0005	CP8A		1.40	\$ 176.00	
11. PARTICII	PANTS (If more than	three individua	⊥ Is are signir	na, see Pi	age 3.)					
A(1) PARTICIPA	NT'S NAME AND (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)			(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM*DD≥YYYY)		
		100.00%			.				17-12-20	
	NT'S NAME AND	(2) SHARE	(3) SIGNATU	RE (By)		(4) TITLE/RELA	TIONSH	IP OF THE	(5) DATE	
ADDRESS (ATRICK L JOHNSON & SU 06 JRD ST E PRESCO, IA52136-1126	Include Zip Code) e a johnson revocable trust	0.00%	Sela	Hach	ed	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY				
	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)	
12. CCC USE	ONLY A SIGNATUR	EOF CCC REP	RESENTATI	VE					B. DATE	
		6	-V					4	44455 10000	

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. 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) 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 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.