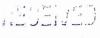
[200]						Page 1 of 1
(07-06-20) U.S. DEP.	E		1. ST & CO CODE & ADMIN LOCATION 19 019		2. SIGN-UP NUMBER 55	
CONSERVATION	CONTRACT	r	NTRACT NUMB	ER	4. ACRES FOR ENROLLMENT 4.80	
5A. COUNTY FSA OFFICE AD BUCHANAN COUNTY FARM SER 507 17TH ST SE INDEPENDENCE, IA 50644-9			AČT NUMBER 1404	7. CONTRACT PERIOR FROM: (MM-DD-YYYY) 10-01-2021		
5B. COUNTY FSA OFFICE PH (Include Area Code); (319) 3			8. Sid Con	SNUP TYPE: tinuous	Initial (	Date 8-4.7
THIS CONTRACT is entered into (referred to as "the Participant", CCC for the stipulated contract is acreage the Conservation Plan comply with the terms and cond Program Contract (referred to as applicable contract period. The thereto. BY SIGNING THIS CON addendum thereto; and, CRP-2,	) The Participant agrees to pla period from the date the Contr. developed for such acreage an litions contained in this Contra s "Appendix"). By signing belo terms and conditions of this c TRACT PARTICIPANTS ACKNO CRP-2C, CRP-2G, or CRP-2C3	ace the designated act is executed by d approved by the ict, including the A bw, the Participant ontract are contain DWLEDGE RECEIF 0, as applicable.	I acreage into to the CCC. The CCC and the I Appendix to this acknowledges ned in this Fon PT OF THE FOL	he Conservation Participant also a Participant. Addis S Contract, entitle S receipt of a copy T CRP-1 and in the LOWING FORMS	Reserve Program ("CRI agrees to Implement on Uonally, the Participant do Appendix to CRP-1, C y of the Appendix/Appe. he CRP-1 Appendix and C: CRP-1; CRP-1 Append	or) or other use set by such designated and CCC agree to conservation Reserve ndices for the any addendum
9A. Rental Rate Per Acre	\$300.00	10. Identification	on of CRP La	and (See Page :	2 for additional space	
9B. Annual Contract Payment	\$1,440.00	A. Tract No.	B. Field No.	C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	s.In. Hal	1404	0002	CP21	4.80	\$ 878.00
(Item 9C is applicable only when prorated.)				1		
A(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Code) HILLIAN L JASPER FAMILY TRUST 1301 E THEMPS.H PEAK FAMY UNT 61 SCOTTSALE, AZ 15255-1334  B(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Code)	100.00%	s are signing, s (3) SIGNATURE (I  ) (3) SIGNATURE (I		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY  **Truste**  (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)  X 4 - 4 - 7021  (5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Cade)	ID (2) SHARE %	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
	IGNATURE OF CCC REPE	Ao	hien	-Olso	m, CED	B. DATE (MM-DD-YYYY) 09-16-207)
is the Commonity Credit Cor, 3831 et seq), the Agricultura, receive benefits under the Ci Tribal agencies, and nongov, identified in the System of Re the requested information wil	nade in accordance with the Privacy poration Charler Act (15 U.S.C. 71 I Improvement Act of 2018 (Pub. L. onservation Reserve Program. The emmental entities that have been a ecords Notice for USDA/FSA-2, Face Il result in a determination of ineligite PRA) Statement: The information	4 et seq.), the Food S 115-334) and 7 CFF e information collecte authorized access to rm Records File (Auto Dility to participate in a	Security Act of 19 R Part 1410. The ed on this form m the information b omaled). Provid and receive bene	185 (16 U.S C 3801 information will be any be disclosed to any statute or regulationing the requested in this under the Conse	et seq.), the Agricullural A used to determine eligibility ther Federal, State, Local <u>g</u> on and/or as described in a formation is voluntary Hov rvation Reserve Program	on identified on this form ct of 2014 (16 U.S.C. to participate in and povernment agencies, pplicable Routine Uses vever, failure to furnish

Paparwork Raduction 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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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form. AD-3027, found online at <a href="http://www.ascr.usda.gov/complaint-filing\_cust.hlml">http://www.ascr.usda.gov/complaint-filing\_cust.hlml</a> 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.



and an area conserved at the con-