CRP-1 (07-06-20) U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

1. ST. & CO. CODE & ADMIN. LOCATION	2. SIGN-UP NUMBER
17 191	45
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
10214C	10.04

5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*
WAYNE-EDWARDS COUNTY FARM SERVICE AGENCY
23 INDUSTRIAL DRIVE SUITE 1
FAIRFIELD, IL62837-0000

6. TRACT NUMBER	7. CONTRACT PERIOD	
	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
1018	10-01-2013	09-30-2028

5B. COUNTY FSA OFFICE PHONE NUMBER *(Include Area Code)*: (618)842-7602 x2

8. SIGNUP TYPE:
General

***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. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.*

9A. Rental Rate Per Acre	$ 100.00
9B. Annual Contract Payment	$ 1,004.00
9C. First Year Payment	$
(Item 9C is applicable only when the first year payment is prorated.)	

10. Identification of CRP Land *(See Page 2 for additional space)*

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
1018	0002	CP3A	10.04	$ 3,012.00

11. PARTICIPANTS *(If more than three individuals are signing, see Page 3.)*

A(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)*
SHERRY WOLFE 1735 W GENEVA RD PEORIA, IL61615-1183	33.34 %	Sherry Wolfe		3-2-21
B(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)*
PERRY REID 27124 OAK RIDGE CT WARRENTON, MO63383-7087	33.33 %	See attached		
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)*
HEATHER BURKART 9361 WILSON STREET WEST DES MOINES, IA50266	16.67 %	See attached		

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE *(MM-DD-YYYY)*
		3/23/2021

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.*

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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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MAR 12 2021
WAYNE/EDWARDS FSA
FAIRFIELD, ILLINOIS

Date Printed: 02/09/2021

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(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)
NICOLE WAGNER 2603 SCAEFFER DR SW CEDAR RAPIDS, IA52404	16.66 %	Nicole Wagner		03/03/2021
E(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)
F(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)
G(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)
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ILLINOIS

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5A. COUNTY FSA OFFICE ADDRESS *(Include Zip Code)*
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23 INDUSTRIAL DRIVE SUITE 1
FAIRFIELD, IL62837-0000

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	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
1018	10-01-2013	09-30-2028

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PERRY REID 27124 OAK RIDGE CT WARRENTON, MO63383 7087	33.33 %			3/3/21
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)*
HEATHER BURKART 9363 WILSON STREET WEST DES MOINES, IA50266-	16.67 %			

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		FROM: (MM-DD-YYYY)	TO (MM-DD-YYYY)
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[illegible]	16.67 %			03/08/2021

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