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CRP-1
U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

7. COUNTY OFFICE ADDRESS (Include Zip Code):

GRANT COUNTY FSA OFFICE
150 WEST ALONA LN
LANCASTER, WI 53813-2182

TELEPHONE NUMBER (Include Area Code): (608) 723-7697

1. ST. & CO. CODE & ADMIN. LOCATION

55 043 5

2. SIGN-UP NUMBER

24

3. CONTRACT NUMBER

1793B

4. ACRES FOR ENROLLMENT

40.5

5. FARM NUMBER

1355

6. TRACT NUMBER(S)

1566

8. OFFER (Select one)

GENERAL
ENVIRONMENTAL PRIORITY

9. CONTRACT PERIOD

FROM: (MM-DD-YYYY)
TO: (MM-DD-YYYY)
03-01-2002 09-30-2016

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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, the entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.**

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

10A. Rental Rate Per Acre	\$	96.10			
B. Annual Contract Payment	\$	3,892.00	A. Tract No.	B. Field No.	C. Practice No.
C. First Year Payment	\$	2,282.00	1566	600	CP22
			1566	601	CP22
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					D. Acres
					E. Total Estimated Cost-Share
					50
					50

12. PARTICIPANTS

A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

BRW VENTURES LLC
%DOUG WOLF
5590 SUBSTATION RD
LANCASTER, WI 53813

(2) SHARE

1.00 %

(3) SOCIAL SECURITY NUMBER:

27-3256007

(4) SIGNATURE

See attached CCC to Doug Wolf
(If more than three individuals are signing, continue on attachment.) 12-22-10

B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(3) SOCIAL SECURITY NUMBER:

DATE (MM-DD-YYYY)

(2) SHARE

%

(4) SIGNATURE

(If more than three individuals are signing, continue on attachment.)

C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(3) SOCIAL SECURITY NUMBER:

(If more than three individuals are signing, continue on attachment.)

(4) SIGNATURE

DATE (MM-DD-YYYY)

(2) SHARE

%

(3) SOCIAL SECURITY NUMBER:

(If more than three individuals are signing, continue on attachment.)

(4) SIGNATURE

DATE (MM-DD-YYYY)

13. CCC USE ONLY - Payments according to the shares are approved:

A. SIGNATURE OF CCC REPRESENTATIVE

(If more than three individuals are signing, continue on attachment.)

B. DATE (MM-DD-YYYY)

12-23-10

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-199), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and mental or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

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Owner's Copy

Operator's Copy

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CRP-1 U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

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7. COUNTY OFFICE ADDRESS (Include Zip Code):

GRANT COUNTY FSA OFFICE
150 WEST ALONA LN
LANCASTER, WI 53813-2182

TELEPHONE NUMBER (Include Area Code): (608) 723-7697

1. ST. & CO. CODE & ADMIN. LOCATION

55 043 5

2. SIGN-UP NUMBER

24

3. CONTRACT NUMBER

1.787B

4. ACRES FOR ENROLLMENT

26.5

5. FARM NUMBER

1566

6. TRACT NUMBER(S)

1566

8. OFFER (Select one)

GENERAL ENVIRONMENTAL PRIORITY

9. CONTRACT PERIOD

FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY)

03-01-2002 09-30-2016

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 that a copy of the Appendix to the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto; CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

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

10A. Rental Rate Per Acre	\$	158.16	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
B. Annual Contract Payment	\$	4,191.00	3	CP21		5.0	50
C. First Year Payment	\$	2,457.00	11	CP21		0.3	50
(Item 10C applicable only to continuous signup when the first year payment is prorated.)							
			12	CP22		8.1	50

12. PARTICIPANTS

A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code): BRW VENTURES LLC %DOUG WOLF 5599 SUBSTATION RD LANCASTER, WI 53813	(2) SHARE 100 %	(3) SOCIAL SECURITY NUMBER: 27-3256007
B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(4) SIGNATURE DATE (MM-DD-YYYY) <i>New Ventures LLC by Doug Wolf</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SOCIAL SECURITY NUMBER: DATE (MM-DD-YYYY) <i>CEP</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
	(2) SHARE	(4) SIGNATURE DATE (MM-DD-YYYY) <i>CEP</i> <small>(If more than three individuals are signing, continue on attachment.)</small>

13. CCC USE ONLY - Payments according to the shares are approved.

A. SIGNATURE OF CCC REPRESENTATIVE

B. DATE (MM-DD-YYYY)

12-23-10

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985 (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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CRP-1
(03-26-04)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

1. ST. & CO. CODE & ADMIN.
LOCATION

55 043 5

2. SIGN-UP NUMBER

19

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

3. CONTRACT NUMBER

1421E

4. ACRES FOR ENROLLMENT

0.8

7. COUNTY OFFICE ADDRESS (Include Zip Code):
GRANT COUNTY FSA OFFICE
150 WEST ALONA LN
LANCASTER, WI 53813-2182

5. FARM NUMBER

9291

6. TRACT NUMBER(S)

11477

8. OFFER (Select one)

GENERAL

9. CONTRACT PERIOD
FROM: (MM-DD-YYYY)

03-01-1999

TO: (MM-DD-YYYY)

09-30-2013

TELEPHONE NUMBER (Include Area Code): (608) 723-7697

ENVIRONMENTAL PRIORITY

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

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

A. Rental Rate Per Acre	B. Annual Contract Payment	C. First Year Payment	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
\$ 113.80	\$ 91.00	\$ 53.00	11477	600	CP22	0.5	50
			11477	601	CP22	0.3	50

(Item 10C applicable only to continuous signup when the first year payment is prorated.)

12. PARTICIPANTS

A(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):
BRW VENTURES LLC
& DOUG WOLF
559 SUBSTATION RD
LANCASTER, WI 53813

(2) SHARE: 100%

(3) SOCIAL SECURITY NUMBER: 27-3256007

(4) SIGNATURE: *Doug Wolf* DATE (MM-DD-YYYY): 12/22/10
(If more than three individuals are signing, continue on attachment.)

B(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE: %

(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE: DATE (MM-DD-YYYY):

(If more than three individuals are signing, continue on attachment.)

C(1). PARTICIPANT'S NAME AND ADDRESS (Zip Code):

(2) SHARE: %

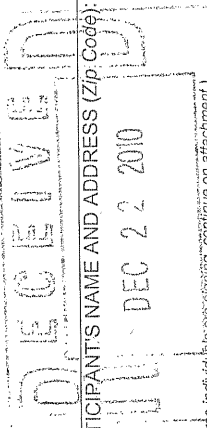
(3) SOCIAL SECURITY NUMBER:

(4) SIGNATURE: DATE (MM-DD-YYYY):

(If more than three individuals are signing, continue on attachment.)

13. CCC USE ONLY - Payments according to the shares are approved.

GRANT COUNTY FSA OFFICE. SIGNATURE OF CCC REPRESENTATIVE: *[Signature]* B. DATE (MM-DD-YYYY): 12-23-10



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