

Legend: A=Adjusted Actual Yield; A=Actual Yield; PA=Prorated Actual Production; L=Signed Loss Production Information;
Yield Desc: a=Adjusted Actual Yield; A=Actual Yield; PA=Prorated Actual Production; L=Signed Loss Production Information;

Yield Exclusion Eligible year and YE opt out checkbox if elected on county/crop. See county/crop options.

Yield I have not produced the insured crop in the county for more than two years

Multi Crop Year Reporting Reason Legend: (1) Certification of crop years not previously certified, (2) Correction, (3) Replacement of temporary yield, (4) Replacement of assigned yields, (5) Certification by new insured, (6) Certification using another producer's history for new acreage, (7) Recertification for new actuarial offer, (8) Recertification for new unit structure, (9) Other record Production Type Legend: (A)Harvested Production: sold/commercial storage, (B)Harvested Production: farm stored/measured by insured, (C)Harvested Production: pick/daily sales records, (D)Harvested Production: automated yield monitoring system, (E)Harvested Production: farm stored/measured by authorized representative, (F)Harvested Production: livestock feeding records, (G)Harvested Production: field harvest records, (H)Harvested Production: other, (I)Unharvested and destroyed, (AR) only, (J)Unharvested and put to another use, (AR) only, (K)Unharvested and production appraised by AIP (AR) Only, (L)Unreported production, (AR) only, (M)Claim for indemnity, For CCIP policies only, (N)Appraisal (no-loss), For CCIP policies only, (O)UJF or third party damage, (P)Unharvested with Harvest incomplete, (AR) only, (Q)Zero production when no claim/appraisal/UJF/3rd party or production record, For CCIP policies only, (Z)Zero Planted Acres

Insurability: (A) Insurable, (B) Uninsurable, (C) Uninsured Acre, (D) Acreage where a PP payment was reduced due to planting of second crop, (E) Uninsurable cause of loss appraisal

Yield Indicator:

IS - Native Sod

COLLECTION OF INFORMATION AND DATA (PRIVACY ACT) STATEMENT Agents, Loss Adjusters and Policyholders

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a). The Risk Management Agency (RMA) is authorized by the Federal Crop Insurance Act (7 U.S.C. 1501-1524) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on documents established by RMA or by approved insurance providers (AIPs) that have been approved by the Federal Crop Insurance Corporation (FCIC) to deliver Federal crop insurance. The information is necessary for AIPs and RMA to operate the Federal crop insurance program, determine program eligibility, conduct statistical analysis, and ensure program integrity. Information provided herein may be furnished to other Federal, State, or local agencies, as required or permitted by law, law enforcement agencies, courts or adjudicative bodies, foreign agencies, magistrate, administrative tribunal, AIPs contractors and cooperators, Comprehensive Information Management System (CIMS), congressional offices, or entities under contract with RMA. For insurance agents, certain information may also be disclosed to the public to assist interested individuals in locating agents in a particular area. Disclosure of the information requested is voluntary. However, failure to correctly report the requested information may result in the rejection of this document by the AIP or RMA in accordance with the Standard Reinsurance Agreement between the AIP and FCIC, Federal regulations, or RMA-approved procedures and a denial of program eligibility or benefits derived therefrom. Also, failure to provide true and correct information may result in civil suit or criminal prosecution and the assessment of penalties or pursuit of other remedies.

Anti-Discrimination Policy In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in administering USDA programs are prohibited from discriminating on the basis of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, marital/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).

File a Program Complaint If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at www.ascr.usda.gov/dad-3027-usda-program-discrimination-complaint-form, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or mail at program.intake@usda.gov. **Persons with Disabilities** 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 State or local Agency that administers the program 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. Persons with disabilities, who wish to file a program complaint, please see information above on how to contact a Department by mail directly or by email.

CERTIFICATION STATEMENT

I certify, for the crop year indicated, that I have not directly or indirectly received, accepted, or been paid, offered, promised, or given any benefit, including money, goods, or services for which payment is usually made, date, discount, abatement, credit, or reduction of premium, or any other valuable consideration, as an inducement to procure insurance or in exchange for purchasing this insurance policy after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of a Federal Crop Insurance Act (Act) (7 U.S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any information on this form may subject me, and any person with a substantial beneficial interest in me, to sanctions, including but not limited to, criminal and civil penalties and administrative sanctions in accordance with section 515(n) of the Act (7 U.S.C. §1515(n)) and all other applicable Federal statutes."

I understand this form may be reviewed or audited and that information inaccurately reported or failure to retain records to support information on this form may result in a recomputation of the approved APH yield.

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. §1006 and §1014; 7 U.S.C. §1506; 31 U.S.C. §3729, §3730 and any other applicable Federal statutes).

I insured is only required to sign the APH database when YE/YC is elected and the insured has chosen to opt-out of excluding an actual yield(s) in eligible crop year(s), and/or elected for YC to not apply to the APH database.

Form M202) See Signature Page for Required Statements



Production Certification Worksheet

APH Yield Computation for the 2020 Crop Year

NSURED: Echo Valley LLC
8704 Sand Lane
LANCASTER, WI 53813

Person Type: Limited Liability Company (LLC)
Identification Number: XX-XXX2609
ID # Type: SSN EIN Assigned Number
Phone: (608) 723-2766 **Mobile:** (608) 732-3911

AGENT: BRENDA L. KLUESNER
Royal Insurance Services Inc
201 E Amelia Street
PO Box 26
CASSVILLE, WI 53806-9534

Code No: 201547
Phone: (608) 725-5121
Fax: (608) 725-5167

Authorized Representative(s): Stuart L Abing (AR), Elizabeth M Abing (AR)

POA(s):

1 Unit 0001-0001-EU - Grant County Corn Plan: RP(02)/75%

2 Unit 0001-0002-EU - Grant County Corn Plan: RP(02)/75%

3 Unit 0001-0001-EU - Grant County Soybeans Plan: RP(02)/75%

Practice/Type: Non-Irrigated(NON IRR) / Grain(GSSG) Acres: 0.00
Site: CC Opts: TAYAYCYE

Section/Township/Range/Other Land ID **FSA Farm/Tract/Field Number**
4N-4W 7239-9865-2,5 7239-9865-2,5

Section/Township/Range/Other Land ID **FSA Farm/Tract/Field Number**
18-4N-3W / 17-4N-3W / 9094 4382-1750-1,12,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,33,34,36,37,38,5

Section/Township/Range/Other Land ID **FSA Farm/Tract/Field Number**
21-4N-4W 7239-9865-2,5 7239-9865-2,5

Yield Indicator: _____
Other Persons Sharing: _____
Other Characteristics: _____
Processor Number/Name: _____
Yield Map Area: _____
Insurability: New Producer***
Number of Trees/Vines: _____
Added Land/New Crop/Practice/Type/TMA **Cropland Acres:** _____

Share: 1.0000
Yield Indicator: _____
Other Persons Sharing: _____
Other Characteristics: _____
Processor Number/Name: _____
Yield Map Area: _____
Insurability: New Producer***
Number of Trees/Vines: _____
Added Land/New Crop/Practice/Type/TMA **Cropland Acres:** _____

Share: 1.0000
Yield Indicator: _____
Other Persons Sharing: _____
Other Characteristics: _____
Processor Number/Name: _____
Yield Map Area: _____
Insurability: New Producer***
Number of Trees/Vines: _____
Added Land/New Crop/Practice/Type/TMA **Cropland Acres:** _____

YR-PR ²	Production	Acres	Yield/Desc	Yield			Opt-Out
				YA	TA	YE	
07	9,100.0	58.00	157 A	157	181	181	
08	8,000.0	50.10	160 A	160	182	182	
09	15,079.0	88.70	170 A	170	190	190	
10	4,806.0	26.70	180 A	180	199	199	
11	8,832.8	48.80	181 A	181	198	198	
12	6,446.9	72.20	89 a				<input type="checkbox"/>
13	11,801.6	57.50	205 A	205	218	218	
14	13,595.8	76.70	177 A	177	188	188	
16	3,666.8	19.40	189 A	189	196	196	
18-M	4,068.2	19.40	210 PA-L	210	214	214	
2020 <input type="checkbox"/> Commingled							

Record Type: _____ Required: Inspection Field Review

Prior APH Yield: 193 **Total:** 1,718 1,728 1,766
T Yield: 177 **Avg:** 172 173 196
Ref Years: 14 **Preliminary Yield:** 172 **TA Factor:** 1.8500
Yield Limit: ^{VERA Applied} Rate Yield: 172 **Adj Yield:** 173

Approved APH Yield
(for Insurance provider use only): 196 **YE Applied**
Guarantee UOM Per Acre: 147.0

Comments: _____

Record Type: _____ Required: Inspection Field Review

Prior APH Yield: 202 **Total:** 1,838 1,848 1,837 1,837
T Yield: 177 **Avg:** 184 185 204
Ref Years: 14 **Preliminary Yield:** 184 **TA Factor:** 1.8500
Yield Limit: ^{VERA Applied} Rate Yield: 184 **Adj Yield:** 185

Approved APH Yield
(for Insurance provider use only): 204 **YE Applied**
Guarantee UOM Per Acre: 153.0

Comments: _____

Record Type: _____ Required: Inspection Field Review

Prior APH Yield: 61 **Total:** 573 573 613
T Yield: 53 **Avg:** 57 57 61
Ref Years: 15 **Preliminary Yield:** 57 **TA Factor:** 0.5400
Yield Limit: None Rate Yield: 57 **Adj Yield:** 57

Approved APH Yield
(for Insurance provider use only): 61 **TA Applied**
Guarantee UOM Per Acre: 45.8

Comments: _____

Production Certification Worksheet - for the 2020 Crop Year

Policy Number: 2020-WI-084-1113716 Echo Valley LLC
 Agency: 201547 Royal Insurance Services Inc / CASSVILLE, WI

4 Unit 0001-0002-EU - Grant County Soybeans Plan: RP(02)/75%

Practice/Type: Non-Irrigated(NON IRR) / Commodity(COMM) Acres: 0.00
 Name: HOME
 Section/Township/Range/Other Land ID: 4N-3W / 17-4N-3W / 9094

FSA Farm/Tract/Field Number: 4382-1750-1,12,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,34,36,37,38,5
 FSN: 4382

Yield Indicator¹:
 Other Persons Sharing:
 Yield Map Area:
 Other Characteristics:
 Processor Number/Name:
 Insurability³:
 T-Yield Map Area:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

Share:
 Other Persons Sharing:
 T-Yield Map Area:
 Insurability³:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

Share:
 Other Persons Sharing:
 T-Yield Map Area:
 Insurability³:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

YR	PRT ² Production	Acres	Yield/Desc	YA	TA
10	2,133.0	27.00	79 A	79	84
11	2,821.0	45.50	62 A	62	67
12	1,113.7	25.80	43 A	43	47
13	1,442.8	25.30	57 A	57	61
14	2,208.3	33.70	66 A	66	69
15	1,266.3	21.30	59 PA	59	62
16	2,391.6	37.30	64 A	64	66
17	913.8	14.40	63 PA	63	65
18-M	2,536.5	36.65	69 A-L	69	70
19-M	1,538.3	25.64	60 PA-L	60	61

Record Type²: Required: Inspection Field Review
 Commingled

Prior APH Yield: 64 Total: 622 622 652
 T Yield: 53 Avg: 62 62 65
 # Ref Years: 15 Preliminary Yield: 62 TA Factor: 0.5400
 Yield Limit: None Rate Yield: 62 Adj Yield: 62

Approved APH Yield (for Insurance provider use only): 65
 Guarantee UOM Per Acre: 48.8 TA Applied

Comments:

Unit, County & Crop: Plan: /

Practice/Type: / /
 Note: / /
 Farm Names: / /
 Section/Township/Range/Other Land ID: / /
 FSA Farm/Tract/Field Number: / /
 Acres: /

Yield Indicator¹:
 Other Persons Sharing:
 Yield Map Area:
 Other Characteristics:
 Processor Number/Name:
 Insurability³:
 T-Yield Map Area:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

Share:
 Other Persons Sharing:
 T-Yield Map Area:
 Insurability³:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

Share:
 Other Persons Sharing:
 T-Yield Map Area:
 Insurability³:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

YR	PRT ² Production	Acres	Yield/Desc
2010			
2011			
2012			
2013			
2014			
2015			
2016			
2017			
2018			
2019			

Record Type²: Required: Inspection Field Review
 Commingled

Prior APH Yield: Total:
 T Yield: Avg:
 # Ref Years: Preliminary Yield:
 Yield Limit: Rate Yield:

Approved APH Yield (for Insurance provider use only):
 Guarantee UOM Per Acre:

Comments:

Unit, County & Crop: Plan: /

Practice/Type: / /
 Note: / /
 Farm Names: / /
 Section/Township/Range/Other Land ID: / /
 FSA Farm/Tract/Field Number: / /
 Acres: /

Yield Indicator¹:
 Other Persons Sharing:
 Yield Map Area:
 Other Characteristics:
 Processor Number/Name:
 Insurability³:
 T-Yield Map Area:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

Share:
 Other Persons Sharing:
 T-Yield Map Area:
 Insurability³:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

Share:
 Other Persons Sharing:
 T-Yield Map Area:
 Insurability³:
 New Producer****
 Number of Trees/Vines:
 Added Land/New Crop/Practice/Type/TMA Cropland Acres:
 Multi Crop Reporting Reason¹:

YR	PRT ² Production	Acres	Yield/Desc
2010			
2011			
2012			
2013			
2014			
2015			
2016			
2017			
2018			
2019			

Record Type²: Required: Inspection Field Review
 Commingled

Prior APH Yield: Total:
 T Yield: Avg:
 # Ref Years: Preliminary Yield:
 Yield Limit: Rate Yield:

Approved APH Yield (for Insurance provider use only):
 Guarantee UOM Per Acre:

Comments:



Production Certification Worksheet - for the 2020 Crop Year

Policy Number: 2020-WI-084-1113716 Echo Valley LLC
Agency: 201547 Royal Insurance Services Inc / CASSVILLE, WI

Echo Valley LLC

Insured's Printed Name and Signature

(Date)

Agent Statement

certify, for the crop year indicated, that I have neither offered nor promised, directly or indirectly, any benefit, including money, goods, or services for which payment is usually made, rebate, discount, credit, reduction of premium, or any other valuable consideration to this person either as an inducement to procure insurance or in exchange for obtaining insurance after it has been procured. I understand that this prohibition does not include payment of administrative fees, performance based discounts, and any other payment approved by FCIC that are authorized under sections 508(a)(9)(B) and 508(d)(3) of the Federal Crop Insurance Act (Act) (7 S.C. §§ 1508(a)(9)(B) and 1508(d)(3)). I understand that a false certification or failure to completely and accurately report any violation may subject me, and all agencies/companies I represent, to sanctions, including but not limited, to criminal and civil penalties and administrative sanctions in accordance with section 515(h) of the Act (7 USC §1515(h)) and all other applicable federal statutes."

3RENDAL KLUESNER

Agent's Printed Name and Signature

(Agent's Code)

(Date)

