

USDA Farm 6143 Tract 14174

Administered by: Noble County, Indiana

Map prepared on: 12/27/2022
 118.86 Tract acres
 73.9 Cropland acres
 23.13 CRP acres

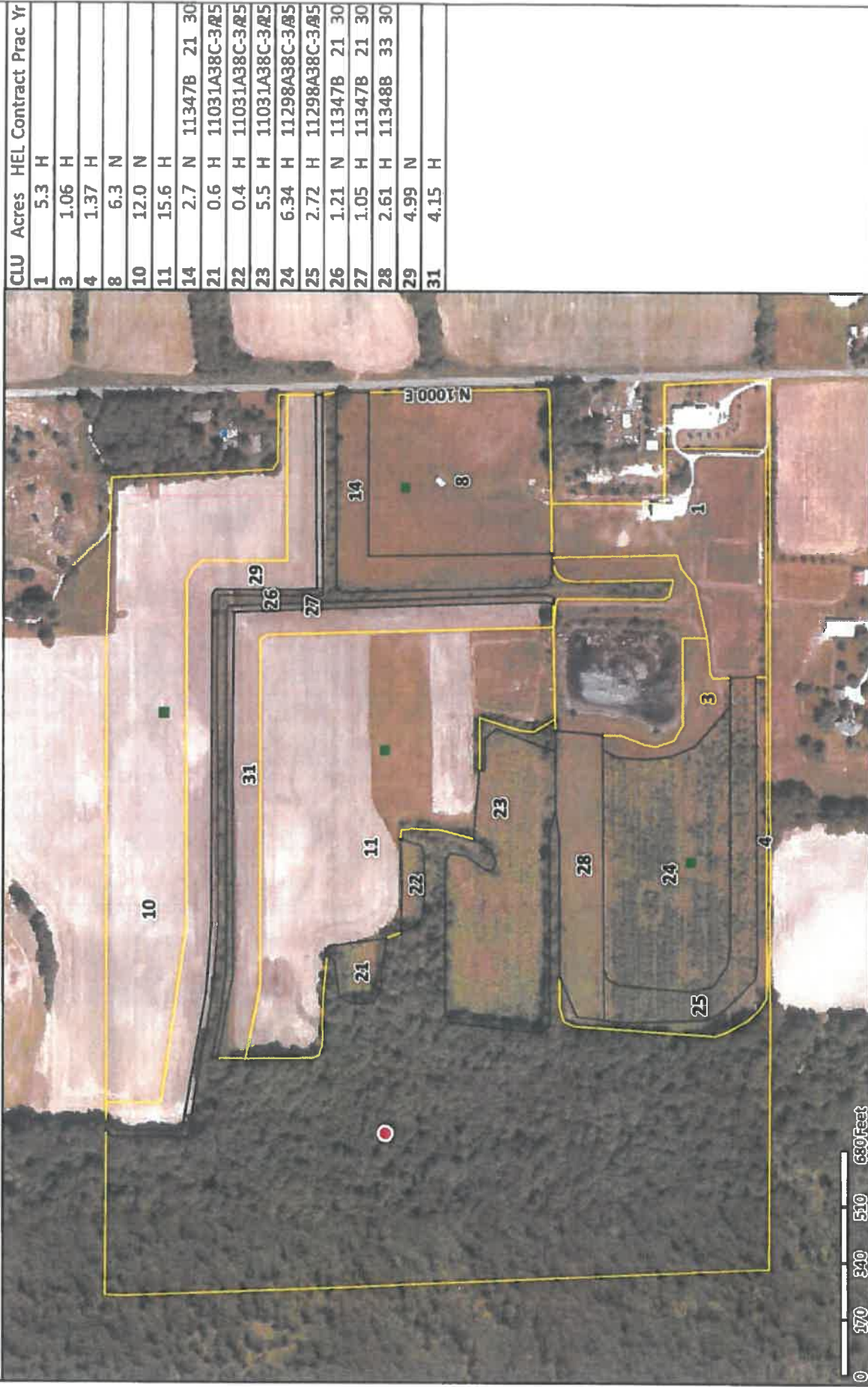
CRP
 CLU

Wetland Determination Identifiers:

- Restricted Use TRS: 35N1E10
- ▼ Limited Restrictions Noble
- Exempt from Conservation Compliance Provisions



Source: Primarily USDA NAIP 2022 EAWS production imagery; IDHS or Dynamap roads; FSA data 2022-12-27 07:28:49



CLU	Acres	HEL	Contract	Prac	Yr
1	5.3	H			
3	1.06	H			
4	1.37	H			
8	6.3	N			
10	12.0	N			
11	15.6	H			
14	2.7	N	11347B	21	30
21	0.6	H	11031A38C-3R5		
22	0.4	H	11031A38C-3R5		
23	5.5	H	11031A38C-3R5		
24	6.34	H	11298A38C-3R5		
25	2.72	H	11298A38C-3R5		
26	1.21	N	11347B	21	30
27	1.05	H	11347B	21	30
28	2.61	H	11348B	33	30
29	4.99	N			
31	4.15	H			

USDA FSA maps are for FSA program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts information provided directly from the producer and/or NAIP imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. The USDA Farm Service Agency assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact NRCS.

INDIANA
NOBLE



United States Department of Agriculture
Farm Service Agency

FARM : 6143

Prepared : 2/8/23 1:00 PM CST

Form: FSA-156EZ

Crop Year : 2023

See Page 2 for non-discriminatory Statements.

Abbreviated 156 Farm Record

Operator Name : J & K ROBERTSON FARMS INC
 CRP Contract Number(s) : 11031A, 11298A, 11347B, 11348B
 Recon ID : None
 Transferred From : None
 ARCPLC G/WF Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	Farm Status	Number Of Tracts
118.86	73.90	78.50	0.00	0.00	23.13	0.00	0.00	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		MPL	Acre Election	EWP	DCP Ag.Rel. Activity	Broken From Native Sod
0.00	0.00	55.37	0.00		0.00		0.00	4.60	0.00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	SOYBN	WHEAT, CORN

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	0.19	0.01	39	
Com	41.03	7.97	133	
Soybeans	14.15	9.65	35	0
TOTAL	55.37	17.63		

NOTES

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Tract Number : 14174
 Description : SEC 10 WAYNE TWP
 FSA Physical Location : INDIANA/NOBLE
 ANSI Physical Location : INDIANA/NOBLE
 BIA Unit Range Number :
 HEL Status : HEL field on tract.Conservation system being actively applied
 Wetland Status : Tract contains a wetland or farmed wetland
 WL Violations : None
 Owners : RANDY ALAN DICKERHOOF ESTATE
 Other Producers : None
 Recon ID : None

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane
118.86	73.90	78.50	0.00	0.00	23.13	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL	EWP	DCP Ag. Rel Activity	Broken From Native Sod
0.00	0.00	55.37	0.00	0.00	0.00	4.60	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield

INDIANA
NOBLE
Form: FSA-156EZ



Abbreviated 156 Farm Record

FARM : 6143
Prepared : 2/8/23 1:00 PM CST
Crop Year : 2023

Tract 14174 Continued ...

Wheat	0.19	0.01	39
Corn	41.03	7.97	133
Soybeans	14.15	9.65	35
TOTAL	55.37	17.63	

NOTES

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.escc.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) 632-9892. 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) e-mail program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

CRP-1 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 18 113	2. SIGN-UP NUMBER 54
		3. CONTRACT NUMBER 11298A	4. ACRES FOR ENROLLMENT 9.06
CONSERVATION RESERVE PROGRAM CONTRACT		6. TRACT NUMBER 14174	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2020 09-30-2035
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) NOBLE COUNTY FARM SERVICE AGENCY 100 E. PARK DRIVE ALBION, IN46701-1437	RECEIVED NOV 07 2022		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (260) 636-7682	NOBLE COUNTY FSA 100 E PARK DRIVE ALBION, IN 46701	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	\$ 105.40	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 955.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	14174	0024	CP38C-3A	6.34	\$ 1,680.00
(Item 9C is applicable only when the first year payment is prorated.)		14174	0025	CP38C-3A	2.72	\$ 721.00

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)
NAME: ALAN DICKEYHOOP ESTATE RACHAEL DICKEYHOOP 1610 P. WARD ST SCOTTS WALKER, IN 46788-1998	100.00 %	<i>Rachael Dickeyhoop</i>	Executor/Daughter	11/04/2022
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Jennifer Bolera Ced</i>	B. DATE (MM-DD-YYYY) 12/20/22
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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 (16 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.

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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.

CRP-1 (07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & ADMIN. LOCATION 1B 113	2. SIGN-UP NUMBER 53
	3. CONTRACT NUMBER 11348B	4. ACRES FOR ENROLLMENT 2.61

RECEIVED
NOV 07 2022

5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) NOBLE COUNTY FARM SERVICE AGENCY 100 E. PARK DRIVE ALBION, IN46701-1437	6. TRACT NUMBER 14174	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2020 TO: (MM-DD-YYYY) 09-30-2030
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5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (260) 636-7682	8. SIGNUP TYPE: Continuous
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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	\$ 91.62	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 239.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	14174	28	CP33	2.61	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)						

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)
RAJEEZ ALAM DICKENHOFF ESTATE RACHAEL DISCHENOFF 1610 S. MAIN ST FORT WAYNE, IN46704-1609	100.00 %	<i>Rachael Dickhoff</i>	executor/daughter	11/4/2022
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Jennifer Buringa</i>	B. DATE (MM-DD-YYYY) 12/20/22
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CRP-1 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 18 113	2. SIGN-UP NUMBER 47
		3. CONTRACT NUMBER 11031A	4. ACRES FOR ENROLLMENT 6.50
		CONSERVATION RESERVE PROGRAM CONTRACT	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) NOBLE COUNTY FARM SERVICE AGENCY 100 E. PARK DRIVE ALBION, IN46701-1437		6. TRACT NUMBER 14174	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 03-01-2015 TO: (MM-DD-YYYY) 09-30-2025
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (260) 636-7682		8. SIGNUP TYPE: SAFE - Indiana Bat SAFE	

RECEIVED
NOV 07 2022

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	\$ 143.18	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 931.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	14174	21	CP38C-3A	0.60	\$ 138.00
(Item 9C is applicable only when the first year payment is prorated.)		14174	22	CP38C-3A	0.40	\$ 92.00
		14174	23	CP38C-3A	5.50	\$ 1,265.00

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)
RACHEL ALAN DICKEY'S ESTATE RACHEL DICKEY 161C P. MARIE CT YORK WAYNE, IN 46788-1888	100.00 %	<i>Rachael Dickey</i>	Executor/Daughter	11/04/2022
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>Jennifer Balinga</i>	B. DATE (MM-DD-YYYY) 12/20/22
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CRP-1 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & ADMIN. LOCATION 18 113	2. SIGN-UP NUMBER 53
		3. CONTRACT NUMBER 11347B	4. ACRES FOR ENROLLMENT 4.96
CONSERVATION RESERVE PROGRAM CONTRACT		6. TRACT NUMBER 14174	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2020 TO: (MM-DD-YYYY) 09-30-2030
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) NOBLE COUNTY FARM SERVICE AGENCY 100 E. PARK DRIVE ALBION, IN 46601-1437		8. SIGNUP TYPE: Continuous	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (260) 636-7682		NOBLE COUNTY FSA 100 E PARK DRIVE ALBION, IN 46601	

RECEIVED
 NOV 07 2022

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9A. Rental Rate Per Acre	\$ 135.00	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 670.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	14174	14	CP21	2.70	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)		14174	26	CP21	1.21	\$ 0.00
		14174	27	CP21	1.05	\$ 0.00

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)
RACHEL ALAN DICKEY, OF ESTATE RACHAEL DICKEY, F F 1216 E. MAIN ST JEFF MADDE, IN 46606-1258	100.00 %	<i>Rachael Dickey</i>	Executor/daughter	11/4/22
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	%		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY

A. SIGNATURE OF CCC REPRESENTATIVE <i>Stephanie Bolinger</i>	B. DATE (MM-DD-YYYY) 12/20/22
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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.

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