Р	ad	e	1	of	1

(05-05-25) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE &	ADMIN. LOCATION 115	2. SIGN-UP NUMBER 48
CONSERVATION RESERVE PROGRAM CONTRACT	3. CONTRACT NUMB	ER 176E	4. ACRES FOR ENROLLMENT 65.50
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	)
LINN COUNTY FARM SERVICE AGENCY 121 PERSHING RD BROOKFIELD, M064628	5391	FROM: (MM-DD-YYYY) 11-01-2016	TO: (MM-DD-YYYY) 09-30-2027
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (660) 258-7265	8. SIGNUP TYPE: Continuous		

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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 \$ 146.96 10. Identification of CRP Land (See Page 2 for additional space)						
9B. Annual Contract Payment	\$ 9,626.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$ 5,508.00	5391	2	CP42	6.00	\$ 1,800.00
(Item 9C is applicable only when the first year payment is prorated.)		5391	6	CP42	6.10	\$ 1,830.00
		5391	13	CP42	3.70	\$ 1,110.00
11. PARTICIPANTS (If m	ore than three individu	als are signing,	see Page 3.)			
A(1) PARTICIPANT'S NAME AND (2) SHARE (3) SIGNATURE (BV) (4) TITLE (BELATIONSHIP OF THE LIST DATE					(5) DATE	

A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
23199 HIGHWAY 36	100.00%	11.	REPRESENTATIVE CAPACITY	
BROOKFIELD, MO64628-8103	100.00	MRHI STUDIO	11 diliane	08 20 3005
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
	%		REPRESENTATIVE CAPACITY	
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
	%		REPRESENTATIVE CAPACITY	
12. CCC USE ONLY A. SIGNAT	URE OF CCC REI	PRESENTATIVE		B. DATE
	-	2		(MM-DD-YYYY)
				8-21-25

NOTE: Privacy Act Statement: 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 Act of 2014 (Pub. L. 118-324), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), and the Conservation Reserve Program 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).

Non-Discrimination Statement: 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, 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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 <a href="https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint">https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint</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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>.

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## **CONTINUATION OF ITEM 10 – Identification of CRP Land**

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
5391	16	CP42	3.40	\$ 1,020.00
5391	19	CP42	25.10	\$ 7,530.00
5391	20	CP42	2.30	\$ 690.00
5391	49	CP42	18.90	\$ 0.00
		31.12	10.30	0.00
			7747144	
900				
		1905		
	1446			
			MARKET AND	

CRP-1 U.S. DEPARTMENT OF AGRICULTURE (05-05-25) Commodity Credit Corporation		1. ST. & CO. CODE & .	ADMIN. LOCATION	2. SIGN-UP NUMBER
CONSERVATION RESERVE PROGRAM C	1	3. CONTRACT NUMBER	ER 1726	4. ACRES FOR ENROLLMENT
CONSERVATION RESERVET ROSKAW C	OMMACI	.1 .1.	7 / d lb	14.37
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6. TRACT NUMBER	7. CONTRACT PERIOD	
LINN COUNTY FARM SERVICE AGENCY		5391	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
121 PERSHING RD		5391	10-01-3015	09-30-2025
BROOKFIELD, MO64628				
		8. SIGNUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (660) 258-7265	(	Continuous		

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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9A. Rental Rate Per Acre \$ 17	76.96	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment \$ 2,	543.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$ 3	,54300	5391	8	CP21	0.40	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)		5391	9	CP21	3.71	\$ 0.00
		5391	12	CP21	1.31	\$ 0.00
11. PARTICIPANTS (If more th	an three individu		see Page 3.)	CP21	1.31	
(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE	(By)	4) TITI E/RELATIONS	HIP OF THE	L(5) DATE

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) OAK ARBOR LLC 23199 HIGHWAY 36 BROOKFIELD, M064628-8103	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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)
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)
12 CCC LISE ONLY A CICALA	TUDE OF CCC BE	DDECENTATIVE		B DATE

12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE

(MM-DD-YYYY) & -2(-25

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## CONTINUATION OF ITEM 10 - Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
5391	14	CP21	1,15	\$ 0,00
5291	17	CP21	4.40	\$ 0.00
5301	2 i	CP21	3.40	\$ 0.00