



Page 1 of 1 1. ST. & CO. CODE & ADMIN. LOCATION 2. SIGN-UP NUMBER U.S. DEPARTMENT OF AGRICULTURE 29 081 54 CRP-1 Commodity Credit Corporation 4. ACRES FOR (07-06-20)3. CONTRACT NUMBER ENROLLMENT 11717A CONSERVATION RESERVE PROGRAM CONTRACT 5.20 7. CONTRACT PERIOD 6. TRACT NUMBER TO: (MM-DD-YYYY) 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) FROM: (MM-DD-YYYY) 09-30-2030 10-01-2020 512 HARRISON COUNTY FARM SERVICE AGENCY 1400 N 41ST STREET BETHANY, MO64424-1776 8. SIGNUP TYPE: General COUNTY FSA OFFICE PHONE NUMBER 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 comply with the terms and conditions contained in this contract, including the Appendix to this contract, entitled Appendix to CRY-1, Conservation R 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 applicable contract period. The terms and conditions of this contract are contained in this Form ORF-1 and in the ORF-1 Appendix and any addent 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. 10. Identification of CRP Land (See Page 2 for additional space) E. Total Estimated \$ 115.63 Rental Rate Per Acre D. Acres Cost-Share C. Practice No. B. Field No. A. Tract No. \$ 420.00 \$ 601.00 4.20 9B. Annual Contract Payment CP1 0015 512 200.00 \$ 1.00 9C. First Year Payment CP42 17 512 (Item 9C is applicable only when the first year payment is prorated.) 11. PARTICIPANTS (If more than three individuals are signing, see Page 3.) (5) DATE (4) TITLE/RELATIONSHIP OF THE (MM-DD-YYYY) INDIVIDUAL SIGNING IN THE (2) SHARE A(1) PARTICIPANT'S NAME AND REPRESENTATIVE CAPACITY 01-04-ADDRESS (Include Zip Code) Dresident 100.00% (5) DATE (4) TITLE/RELATIONSHIP OF THE (MM-DD-YYYY) (3) SIGNATURE (By) INDIVIDUAL SIGNING IN THE (2) SHARE B(1) PARTICIPANT'S NAME AND REPRESENTATIVE CAPACITY ADDRESS (Include Zip Code) (5) DATE (4) TITLE/RELATIONSHIP OF THE (MM-DD-YYY (3) SIGNATURE (By) INDIVIDUAL SIGNING IN THE (2) SHARE C(1) PARTICIPANT'S NAME AND REPRESENTATIVE CAPACITY ADDRESS (Include Zip Code) B. DATE (MM PR A. SIGNATURE OF CCC REPRESENTATIVE 12. CCC USE ONLY

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as emended). The authority for requesting the information identified on this full the following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as emended). 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. 3801 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 Journal of Seq., the Agricultural improvement Act of 2016 (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 NOTE: Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Us rmular agencies, and nongovernmental entities that have been authorized access to the miormation by statute or regulation and/or as described in applicable requiried in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnification in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). 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 crin 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 in accordance with reversit civil nyms law and 0.5. Department of Agriculture (05DA) civil nyms regulations and politice, the 05DA, its Agencies, onices, 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 gende institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gende institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gende institutions participating in or administering OSOA programs are promoted from discriminating based on race, color, national origin, rengion, sex, gender identity finationing gende expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for expression, sexual onemation, disability, age, mantal status, ramity/paremal status, income derived from a public assistance program, political beliefs, or reprise or retailation for 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 inc, civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs).

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact using the responsible Agency or uspa's TARGET Center at (202) 720-2600 (voice and TTY) or contact uspa through the Federal Relay Service at (800) 877-8339. Additionally, program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact uspay the responsible Agency or uspays the large print, audiotape, American Sign Language, etc.) should contact uspays the responsible Agency or uspays the large print, audiotape, American Sign Language, etc.) should contact uspays the responsible Agency or uspays the large print, audiotape, American Sign Language, etc.) should contact uspays the responsible Agency or uspays the responsible Agency 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.ascr.usda.gov/complaint_filing_cu To life a program discrimination compraint, complete the USDA Program Discrimination Complaint Form, AD-3027, round online at <u>nutritive wastrusda.gov/complaint form, call (8)</u> 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 (8) 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 (81 532-9992. 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 Avenues 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 Avenues 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 Avenues 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 Avenues 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 Avenues 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 Avenues 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 Avenues 642-9992. USDA is an equal opportunity provider, employer, and lender.

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(07-06-20) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & 29	ADMIN. LOCATION 081	2 SIGN-UP NUMBER 54
CONSERVATION RESERVE PROGRAM CONTRACT	3. CONTRACT NUMBI	ER 589A	4 ACRES FOR ENROLLMENT 5.03
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	
HARRISON COUNTY FARM SERVICE AGENCY 1400 N 41ST STREET BETHANY, MO64424-1776	525	FROM: (MM-DD-YYYY) 10-01-2020	TO: (MM-DD-YYYY) 09-30-2030
G	8, SIGNUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (660) 425-7635	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; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre \$ 128.00		10. Identificat	ion of CRP Land	(See Page 2 for ad	ditional space)	
9B. Annual Contract Payment \$ 644.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		525	0003	CP1	1.22	\$ 122.00
(Item 9C is applicable only when the first year payment is prorated.)		525	0004	CP1	0.72	\$ 72.00
		525	0007	CP1	0.45	\$ 45.00
11. PARTICIPANTS (If more than thi	ree individua	ls are signing,	see Page 3.)			
A(1) PARTICIPANT'S NAME AND (2	2) SHARE	(3) SIGNATURE (By)		4) TITLE/RELATIONS	HIP OF THE	(5) DATE

TI. TAKTION ANTO (II III OF CITAL)	ini ee muividua	is are signing, see rage s.)		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
TREASURE FARMS INC			REPRESENTATIVE CAPACITY	,,
	100.00%		President	01-04-202
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 USE ONLY A. SIGNATUR	RE OF CCC REF	PRESENTATIVE A	h.	B. DATE

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.

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.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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CONTINUATION OF ITEM 10 - Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
525	0086	CP1	0.64	\$ 64.00
525	87	CP42	1.00	\$ 200.00
525	88	CP1	1.00	\$ 100.00
				717
				1/ (07 cd
			A	10)15
		12		

				Page 1 of 2
CRP-1 (07-06-20)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE & 29	ADMIN. LOCATION 081	2. SIGN-UP NUMBER 54
	RVATION RESERVE PROGRAM CONTRACT		BER 688A	4. ACRES FOR ENROLLMENT 21.41
		6. TRACT NUMBER	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2020	TO: (MM-DD-YYYY) 09-30-2030
5B. COUNTY I	FSA OFFICE PHONE NUMBER	8. SIGNUP TYPE:		
	Codel: (660) 425-7635	General		

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9A. Rental Rate Per Acre \$ 121	.60	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment \$ 2,6	03.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		544	0008	CP2	15.95	\$ 2,792.00
(Item 9C is applicable only when the first year payment is prorated.)		544	0010	CP2	2.07	\$ 362.00
		544	24	CP2	1.25	\$ 220.00

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

		are organing, coo rago		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) FREASURE FARMS INC.			(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
	100.00%		REPRESENTATIVE CAPACITY	01-04-202
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 USE ONLY A. SIGNAT	URE OF CCC REI	PRESENTATIVE PLAN	10	B. DATE

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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
544	30	CP42	2.14	\$ 428.00
	7-10-10-10-10-10-10-10-10-10-10-10-10-10-			
	2010			
				2017
			C(0)	F
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