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This form is available electronic	ally.				34.				Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation				1. ST. & CO CODE & ADMIN. 2 LOCATION			2. SIGN-U	2. SIGN-UP NUMBER		
			_		46 005				48	
CONSERVATION RESERVE PROGRAM CONTRACT					80 - 3 - 3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			4. ACRES FOR ENROLLMENT 2.60		
= 4	7. II		***************************************	E EADMA	#11174		6 TDACT	NII IM	RER(S)	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) BEADLE COUNTY FARM SERVICE AGENCY				5. FARM NUMBER 0007870			O. IFOAUT	6. TRACT NUMBER(S) 0010051		
1386 LINCOLN AVE SW #A					8. OFFER (Select one)			9. CONTRACT PERIOD		
HURON, SD 57350-3080				CENEBAL			FROM: (MM-DD-YYY)		TO: (MM-DD-YYYY)	
7B. TELEPHONE NUMBER (Include Area Code): (605) 352-2998				ENVIRONMENTAL PRIORITY 1			11-1-2016 9-30-2031			
THIS CONTRACT is entered into bet Participant".) The Participant agrees period from the date the Contract is e such acreage and approved by the Contract, including the Appendix to the Participant acknowledges that a copy damages in an amount specified in the contained in this Form CRP-1 and OF THE FOLLOWING FORMS: CRI	to place the designated acrea executed by the CCC. The Par CC and the Participant. Addition his Contract, entitled Appendix of the Appendix for the applicate he Appendix if the Participant we in the CRP-1 Appendix and a in the CRP-1 Appendix a in the CRP-1 Ap	ge into the Conserverticipant also agrees to nally, the Participa to CRP-1, Conserverth able sign-up period withdraws prior to Conserverth and addendum the any addendum the	ration R s to imp ant and ration R has be CC acc reto. E	eserve Progr lement on su CCC agree to eserve Progr en provided t eptance or re e Y SIGNING	am ("CRP") or other ch designated acres of comply with the team Contract (referred such person. Such jection. The terms	r use a age the rms a ed to a ch per and c	set by CCC to e Conservations nd conditions as "Appendix", son also agre conditions of	r the s in Plai conta). By es to p	n developed for ined in this signing below, the pay such liquidated contract are	
10A. Rental Rate Per Acre	\$140.88	11. Identification	on of (CRP Land (See Page 2 for	addit	ional space	and the same of the same of		
10B. Annual Contract Payment	\$366	A. Tract No.	В.	Field No.	C. Practice No.		D. Acres		E. Total Estimated Cost-Share	
10C. First Year Payment	\$335	0010051		0007	CP16A		2.60		4,220	
(Item 10C applicable only to contin the first year payment is prorated.)	A SECTION OF THE SECT					-				
40 DADTICIDANTE //6 mo	m than thron individual	o oro cianina	coo P	200 2 1						
12. PARTICIPANT'S NAME AND BETTY KUEHL 209 HILL ST YALE, SD 57386-21	2) SHARE		(3) SIGNATURE Betty Huell				(4) DATE (MM-DD-YYYY) 10-6-16			
B(1) PARTICIPANT'S NAME AND	ADDRESS (Zip Code): (2	2) SHARE	-+	(3) SIGNATI	JRE	<u></u>	(4)	DAT	E (MM-DD-YYYY)	
D(1) TARTION AND STANKE AND			%							
C(1) PARTICIPANT'S NAME AND	ADDRESS (Zip Code): (2	2) SHARE		(3) SIGNATI	JRE		(4)	DAT	E (MM-DD-YYYY)	
			%							
13 CCCUSE ONLY	. SIGNATURE OF CCC	REPRESENTAT	IVE			-	В.	DAT	E (MM-DD-YYYY)	
					10-10-16					
is 7 CFR Part 1410, the Con of 2014 (Pub. L. 113-79). The information collected on this authorized access to the info Farm Records File (Automation ineligibility to participate in a This information collection is	reprisal, and where applicable, pe tance program, or protected gene ans and/or employment activities.	er Act (15 U.S.C. 714) ermine eligibility to perenderal, State, Local and/or as described in commation is voluntary. Inservation Act as specifical beliefs, marital etic information in employersons with disable persons w	articipation application application application in the application in	e in and received the angle of the second application of the interest of the i	e benefits under the Tribal agencies, and Ises identified in the urnish the requested of the formation provided. It formation provided. It formation provided a program complaint a program complaint	6 U.S. Conse I nong System inform the b niental ducted write	C. 3801 et sequivation Reservation Reservation of Records Nation will result asis of race, contion, or all or performances of the address to	title F, art of a belov	the Agricultural Actional The that have been for USDA/FSA-2, determination of Administration). The ED FORM TO YOUR ational origin, age, an individual's partment. (Not all you require	
Individuals who are deaf, hard of hearin (800) 877-8339 or (800) 845-6136 (in S If you wish to file a Civil Rights program	g, or have speech disabilities and panish).	d wish to file either ar	n EEO o	r program con	nplaint, please contac	at USL	A through the	Feder	al Relay Service at	

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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 U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

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