this form is available electronically.					5 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & ( LOCAT	CO CODE & ADMIN	l. 2. SIGN-U	Page 1 of 1  2. SIGN-UP NUMBER		
			27 081			
CONSERVATION RESERVE PROGRAM CONTRACT		-	27 081		50	
	CONTRAC	3. CONTE	RACT NUMBER 11708D	4. ACRES	FOR ENROLLMENT 50.11	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) LINCOLN COUNTY FARM SERVICE AGE	NOV.	5. FARM	NUMBER	6. TRACT	NUMBER(S)	
200 South County Highway 5	INCY		6247	0	5765	
IVANHOE, MN 56142-4122		-				
		GENERAL	(Select one)	9. CONTRA	ACT PERIOD	
7B. TELEPHONE NUMBER (Include Area Code): (507) 694-1		ENVIRONM	ENTAL PRIORITY	(MM-DD-YYYY) 11-01-20	17 09-30-2028	
THIS CONTRACT is entered into between the Commodity Credit C Participant".) The Participant agrees to place the designated acrea period from the date the Contract is executed by the CCC. The Participant acreage and approved by the CCC and the Participant. Addit Contract, including the Appendix to this Cont. act, entitled Appendix Participant acknowledges that a copy of the Appendix for the applic damages in an amount specified in the Appendix if the Participant of Contained in this Form CRP-1 and in the CRP-1 Appendix and an OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and an IDA. Pental Pape Der Appendix.	dicipant also agre- ionally, the Partici, to CRP-1, Conse- able sign-up perior withdraws prior to any addendum ther y addendum ther	es to implement on su pant and CCC agree to vation Reserve Prograd has been provided to CCC acceptance or re vereto. BY SIGNING veto; CRP-2; CRP-2C;	and CRP) or other ch designated acrea o comply with the ter am Contract (referred such person. Such person. The terms of the CONTRACT POTCRP-2G.	use set by CCC for ge the Conservation rms and conditions ( d to as "Appendix") h person also agree and conditions of I RODUCERS ACKN	the stipulated contract n Plan developed for contained in this By signing below, the st to pay such liquidated this contract are IOWLEDGE RECEIPT	
TOA: Remarkate Fer Acre \$ 284.90	11. Identifica	tion of CRP Land	See Page 2 for a	dditional space)		
10B. Annual Contract Payment \$14,276	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated	
10C. First Year Payment \$ 12,985	5765	13	CP2	50.11	Cost-Share \$ 6,264	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					V 0,204	
12. PARTICIPANTS (If more than three individuals	s are pigning	D 0.1				
STEVEN NICHOLS (Zip Code): (2	S Are Signing,	(3) SIGNATI	JRE	(4)	DATE (MM-DD-YYYY)	
1669 COUNTY ROAD 111	100.	00%	0.			
TYLER, MN 56178-4031		N 54	- 1 V	()	-30-7016	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2	) SHARE	(3) SIGNATU	JRE	(4)	DATE (MM-DD-YYYY)	
		%				
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (2	) SHARE	(3) SIGNATU	JRE	(4)	DATE (MM-DD-YYYY)	
		%			7.1.2 (10.00.20-7177)	
		76				
13. CCC USE ONLY A. SIGNATURE OF CCC F	DEDDECENTA	TNE				
All Onti-	A JULI	on CED		B. [	DATE (MM-DD-YYYY)	
NOTE: The following statement is made in accordance with the Prival is 7 CFR Part 1410, the Commodity Credit Corporation Charte	V Act of 1974 (5 U	20.550	The authority for	8	. 14 18	
is 7 CFR Part 1410, the Commodity Credit Corporation Charte of 2014 (Pub. L. 113-79) The information will be used to dete information collected on this form may be disclosed to other F authorized access to the information by statute or regulation a Farm Records File (Automated) Providing the requested into ineligibility to participate in and receive benefits under the Corporation of the Paperwork Rights of the	ermine eligibility to pederal, State, Loca nd/or as described rmation is voluntary servation Reserve	participate in and receiv I government agencies, in applicable Routine U V. However, failure to fu Program.	early Act of 1965 (16 e benefits under the C Tribal agencies, and r ses identified in the S irnish the requested in	U.S.C. 3801 et seq.), onservation Reserve rongovernmental ent ystem of Records No formation will result in	and the Agricultural Act Program. The ilies that have been tice for USDA/FSA-2, n a determination of	
The U.S. Department of Agriculture (USDA) prohibits discrimination agriculture						
disability, sex, gender identity, religion, reprisal, and where applicable, po income is derived from any public assistance program, or protected gene prohibited bases will apply to all programs and/or employment activities.) alternative means of communication for program information (e.g Braille, Individuals who are deaf, hard of hearing, or have speech disabilities and (800) 877-8339 or (800) 845-6136 (in Spanish)	tic information in en Persons with disat	inployment or in any pro pilities, who wish to file a	gram or activity condu gram or activity condu a program complaint, v	entation, or all or part cted or funded by the vrite to the address b	of an individual's Department (Not all elow or if you require	
If you wish to file a Civil Rights program complaint of discrimination, comp http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA requested in the form. Send your completed complaint form or letter by m Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program	elete the USDA Pro office, or call (866) ail to U.S. Departm m.intake@usda.go	gram Discrimination Co ) 632-9992 to request the ent of Agriculture, Direct ov USDA is an equal o	mplaint Form, found one form. You may also	nline at write a letter contair On, 1400 Independe employer	ning all of the information nice Avenue, S.W.,	
Original - County Office Copy		Owner's Copy			rator's Copy	
AGI+ Clig. Filed - MISW					(Misus)	
Lincoln County FSA					()	

This form is available electronic						Page 1 of 1		
CRP-1 U.S. DEPARTMENT OF AGRICULTURE				CO CODE & ADMIN.	2. SIGN-UP	2. SIGN-UP NUMBER		
(10-22-15) Comm	15) Commodity Credit Corporation		LOCAT	LOCATION				
			27 081		50			
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTE	3. CONTRACT NUMBER		4. ACRES FOR ENROLLMENT			
74 COLINTY OFFICE ADDRESS	(Inglish Zin Cada)		<u> </u>	11708E		24.36		
7A. COUNTY OFFICE ADDRESS LINCOLN COUNTY FA	RM SERVICE AGE	NCY	5. FARM	NUMBER 6245	6. TRACT NU	6. TRACT NUMBER(S) 5763		
200 South County					i			
IVANHOE, MN 56142	-4122		8. OFFER	(Select one)	9. CONTRAC	T PERIOD		
			GENERAL	Γ	FROM:	TO:		
7B. TELEPHONE NUMBER (Include Area Code): (507) 694-1644 x2				ENVIRONMENTAL PRIORITY				
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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.								
10A. Rental Rate Per Acre	\$ 284.90	11. Identificati	on of CRP Land	(See Page 2 for ac	dditional space)			
10B. Annual Contract Payment	\$6,940	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share		
10C. First Year Payment	\$ 6,313	5763	10	CP2	24.36	\$ 3,045		
(Item 10C applicable only to continuous the first year payment is prorated.)	nuous signup when							
12. PARTICIPANTS (If mo	re than three individual	s are signing, s	see Page 3.)					
A(1) PARTICIPANT'S NAME AND ROBERT NICHOLS	O ADDRESS (Zip Code):	2) SHARE	(3) SIGNAT	URE	(4) D/	ATE (MM-DD-YYYY)		
1326 STATE HIGHWA	Y 14	100.0	000	. ) (				
LAKE BENTON, MN 5	6149-4207	100.0	" DKN	100 11 1				
B(1) PARTICIPANT'S NAME AND	ADDRESS (7in Code): (1	2) SHARE	(3) SIGNAT	UDE VOCAN	ex (K) g	-11-2019		
RENAE E NICHOLS	(A	Z) SHARE	(3) SIGNAT	UKE	7(4) DA	ATE (MM-DD-YYYY)		
1326 STATE HIGHWA	Y 14	0.0	0%		2			
LAKE BENTON, MN 5	6149-4207	0.0	N Xar	Va Mich	D. TUE	-7-1010		
C(1) PARTICIPANT'S NAME AND	D ADDRESS (Zip Code): (2	2) SHARE	(3) SIGNAT	URE / LUCATA	(4) D/	ATE (MM-DD-YYYY)		
					( )	( 22 )		
			%			*		
- a se								
13. CCC USE ONLY	. SIGNATURE OF CCC	REPRESENTAT	IVE		B. DA	ATE (MM-DD-YYYY)		
1	Mon	ton Of Like	ion CED		7.	16-19		
NOTE: The following statement is not is 7 CFR Part 1410, the Con-	nade in accordance with the Priva	acy Act of 1974 (5 US	C 552a - as amende	d) The authority for req	1' 11 ' 1 ' 1			
is 7 CFR Part 1410, the Commodity Credit Corporation Charler Act (15 U.S C 714 et seq.), the Food Security Act only for requesting the information identified on this form of 2014 (Pub. L. 113-79). 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.								
This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.								
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).								
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , 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 accordingly provider and employer								
Original - Co	unty Office Copy		Owner's Copy	KECEIVED		ator's Copy		
AGI & Eliq. File	ed-must	49-000-03-39		AUG 1 2 2019				
ron and				oln County F	SC A	(Mour)		
	267		-1110	om County F	UM			

This form is available electronically.			A-action to			Page 1 of 1		
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation	THE PART OF MONOCHOILE		ST. & CO CODE & ADMIN.     LOCATION			2. SIGN-UP NUMBER		
00105514551455155			27 081			50		
CONSERVATION RESERVE PROGRAM CONTRACT		3 CONTR	3 CONTRACT NUMBER 11708C			4. ACRES FOR ENROLLMENT 25.06		
7A. COUNTY OFFICE ADDRESS (Include Zip Code) LINCOLN COUNTY FARM SERVICE AGE 200 South County Highway 5	NCY	5 FARM	5 FARM NUMBER 6246			6. TRACT NUMBER(S) 5764		
IVANHOE, MN 56142-4122		8. OFFER	8. OFFER (Select one)			9. CONTRACT PERIOD		
7B. TELEPHONE NUMBER (Include Area Code): (507) 694-1644 x2			IMENTAL PRIORITY 🗸		: 2-7777) 01-2017	TO: (MM-DD-YYYY) 09-30-2028		
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 CRF-1, Conservation Reserve Program Contract (referred to as "Appendix") By signing below, the Participant acknowledges that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection. 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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; CRP-2C; or CRP-2G.								
10A. Rental Rate Per Acre \$ 284.90		on of CRP Land	(See Page 2 for a	dditional s	pace)			
10B. Annual Contract Payment \$7,140  10C. First Year Payment \$6,494	A. Tract No.	B. Field No.	C. Practice No.	D. Ac		E. Total Estimated Cost-Share		
The state of the s	5764	12	CP2	25.	06	\$ 3,132		
(Item 10C applicable only to continuous signup when the first year payment is prorated.)								
12. PARTICIPANTS (If more than three individual	ls are signing s	see Page 3.)						
	2) SHARE	(3) SIGNAT	JRE		(4) DA	TE (MM-DD-YYYY)		
1326 STATE HIGHWAY 14			^					
LAKE BENTON, MN 56149-4207	100.0	K Rol	- N. O.	Q	KIN	5-29-2018		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (3	2) SHARE	(3) SIGNAT	URE .		(4) DA	TE (MM-DD-YYYY)		
		%						
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): (3	2) SHARE	(3) SIGNATI	JRE		(4) DAT	E (MM-DD-YYYY)		
		%						
13. CCC USE ONLY  A. SIGNATURE OF CCC	, , /1	1 210			1	E (MM-DD-YYYY)		
NOTE: The following statement is made in accordance with the Priva	1 / W	por (E)			8.7	7-18		
is 7 CFR Part 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79) 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, ineligibility to participate in and receive benefits under the Conservation Reserve Program.  This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act and Control of the Conservation is a specified in the Agricultural Act and Control of the Control								
COUNTY FSA OFFICE.								
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age. disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD) (800) 877-8339 or (800) 845-6136 (in Spanish).								
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , 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 Agriculture, Direct								
Original – County Office Copy		Owner's Copy			Operat	or's Copy		
AGIA Elig. Filed - Moul	*	Linco	oln County F	SA		answ		

---

This form is available electronically.					Page 1 of 1	
CRP-1 U.S. DEPARTMENT OF AGRICULTUR (10-22-15) Commodity Credit Corporation	E		ST. & CO CODE & ADMIN.     LOCATION     2. SIGN-UP NUMB			
00105014			27 081		50	
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTR	3. CONTRACT NUMBER 11708A		4. ACRES FOR ENROLLMENT 22.03	
7A. COUNTY OFFICE ADDRESS (Include Zip Code) LINCOLN COUNTY FARM SERVICE AGENCY		5. FARM	5. FARM NUMBER 6244		6. TRACT NUMBER(S) 5762	
200 South County Highway 5		1				
IVANHOE, MN 56142-4122		8. OFFER	(Select one)	9. CONTRAC	T DEDIOD	
		GENERAL	Γ	FROM:	TO:	
7B. TELEPHONE NUMBER (include Area Code): (507) 694-		ENVIRONMENTAL PRIORITY (MM-00-YYYY) (MM-01-2017			1	
THIS CONTRACT is entered into between the Commodity Credit of Participant".) The Participant agrees to place the designated acreperiod from the date the Contract is executed by the CCC. The Participant acreage and approved by the CCC and the Participant. Addit Contract, including the Appendix to this Contract, entitled Appendix Participant acknowledges that a copy of the Appendix for the application and amount specified in the Appendix if the Participant contained in this Form CRP-1 and in the CRP-1 Appendix and OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and at 10A. Rental Rate Per Acre \$284.90	articipant also agrees itionally, the Participar x to CRP-1, Conserva cable sign-up period it withdraws prior to CC any addendum them by addendum thereto any addendum thereto any addendum thereto y addendum thereto	ition reserve progr to implement on su ti and CCC agree t tion Reserve Progr tas been provided re C acceptance or re etc. BY SIGNING o; CRP-2; CRP-2C	am ( CRP) or other to ch designated acreag o comply with the tem am Contract (referred to such person. Such ijection. The terms at THIS CONTRACT PR or CRP-2G.	ise set by CCC for the conservation is and conditions control to as "Appendix"). It person also agrees and conditions of the CODUCERS ACKNO	he stipulated contract Plan developed for Intained in this By signing below, the to pay such fiquidated	
1201.30	11. Identificatio	n of CRP Land	(See Page 2 for ac	dditional space)		
10B. Annual Contract Payment \$6,276  10C. First Year Payment \$5,709	A. Tract No. 5762	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	3762	6	CP2	22.03	\$ 2,754	
the max year payment is prorated.)						
12. PARTICIPANTS (If more than three individual	ils are signing, s	ee Page 3.)				
	(2) SHARE	(3) SIGNATI	URE	(4) D	ATE (MM-DD-YYYY)	
				(4) 5	TIL (ININ-DD-1111)	
2349 COUNTY ROAD 67	100.00	1%				
MARSHALL, MN 56258-5306		DALL	1/	-	20 11	
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	T3) SIGNAT	11/	( X)S	05-11	
	(4) 5. 2 11 (5	(0) 0101471	yr.c	T(4) D/	ATE (MM-DD-YYYY)	
		%			-	
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(0) 8) 14.05					
O(1) 1 AICTION AIGT O NAME AND ADDRESS (ZIP CODE):	(2) SHARE	(3) SIGNAT	URE	(4) D	ATE (MM-DD-YYYY)	
		%				
		70				
12 000 1107 0111 1						
13. CCC USE ONLY A. SIGNATURE OF CCC	REPRESENTATI	VE,	_	B. D.	ATE (MM-DD-YYYY)	
L MALKITERA	(1)/11	(loon 1	C D		0.710	
NOTE: The following statement is made in accordance with the Priving 7 CFR Part 1410, the Commodity Credit Composition Cha	PATU AMINI 107875 LIST	TEEDS SESSED	f). The authority for rec	uesting the information	in identified on this form	
of 2014 (Pub. L. 113-79). The information will be used to de	dermine eligibility to en	et seq.), the rood St	ecurity Act of 1985 (15	U.S.C. 3801 et seq.), a	and the Agricultural Act	
information collected on this form may be disclosed to other authorized access to the information by statute or regulation	Federal, State, Local g	overnment agencies	ve benems under the Co . Tribal agencies, and n	onservation Reserve F	Program. The	
authorized access to the Information by statute or regulation Farm Records File (Automated). Providing the requested in Inelicibility to participate in and receive hearists under the C	and/or as described in	applicable Routine	Jses identified in the Sy	stem of Records Notice	ce for USDA/FSA-2,	
ineligibility to participate in and receive benefits under the C	onservation Reserve Pr	nowever, railure to t ogram.	urnish the requested in	formation will result in	a determination of	
This information collection is exempted from the Paneswork Reduction Act as provided in the American Act as a secretary						
COUNTY FSA OFFICE.						
The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, femilial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or projected genetic information in applicance to be a sexual orientation, or all or part of an individual's						
income is derived from any public assistance program, or projected people; information, in analysis femilial or parental status, sexual orientation, or all or part of an individual's						
prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program compaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audicitape, etc.) pleese contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).						
Individuals who are deaf, hard of hearing, or have speech disabilities at (800) 877-8339 or (800) 845-6136 (in Spanish).	nd wish to file either an	e, etc.) piease conta EEO or program con	ct USDA's TARGET Ce mplaint, please contact (	inter at (202) 720-260 USDA through the Fed	0 (voice and TDD). deral Relay Sarvice 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 US requested in the form. Send your completed complaint form or letter by Washington, D.C. 20250-9410, by fax (202) 690-7442 or small at progr	UA office, or call (865) 6	32-9992 to request	the form. You may also	write a letter containi	ng all of the information see Avenue, S.W.,	
Original – County Office Copy			RECEIVED	\ <u> </u>	ator's Copy	
AGI+ Elig. Filed-Ma	(AU)				/-	

Lincoln County FSA

Mow