				7		Page 1 of 1
CRP-1 U.S. DEPARTMENT (01-08-24) Commodity C	FOF AGRICULTURE redit Corporation	E	1. ST. 8		ADMIN. LOCATION	2. SIGN-UP NUMBER 61
CONSERVATION RESERVE PROGRAM CO		I CONTRACT	3. CONTRACT NUMBER		ER	4. ACRES FOR ENROLLMENT 57.19
5A. COUNTY FSA OFFICE ADDRESS (I	nclude Zip Code)		6. TRAC	T NUMBER	7. CONTRACT PERIO	D
KINGSBURY COUNTY FARM SERVICE A	GENCY			1266	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
202 Joliet Ave DE SMET, SD 57231-0180					10-01-2024	09-30-203
				UP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUI (Include Area Code): (605) 854-9123		-	Cont	inuous		
CCC for the stipulated contract period fro acreage the Conservation Plan developed comply with the terms and conditions con Program Contract (referred to as "Append applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT P. addendum thereto; and, CRP-2, CRP-2C,	l for such acreage au ntained in this Contr dix"). By signing bel d conditions of this of ARTICIPANTS ACKN	nd approved by the act, including the A low, the Participant contract are contai IOWLEDGE RECEII	e CCC and the Pa Appendix to this (t acknowledges r ned in this Form	rticipant. Addi Contract, entitle eceipt of a cop CRP-1 and in ti	tionally, the Participant of ed Appendix to CRP-1, C y of the Appendix/Apper the CRP-1 Appendix and	and CCC agree to conservation Reserve ndices for the any addendum
9A. Rental Rate Per Acre \$ 165			ion of CRP Lan	d (See Page	2 for additional space)
9B. Annual Contract Payment \$ 9,4	40.00	A. Tract No.	B. Field No.	C. Practic		E. Total Estimated Cost-Share
9C. First Year Payment \$		1266	0003	CP18	C 57.19	\$ 4,690.00
(Item 9C is applicable only when the first prorated.)	vear payment is					
11. PARTICIPANTS (If more than	n three individua	als are signing,	see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RABE FARMS LLC UDUANE RAABE 12428 GOLFVIEW DR UNIT PO BRITTON, SD 57430-5652	(2) SHARE	(3) SIGNATURE	(By)	`´INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE ITATIVE CAPACITY	(5) DATE (MM-DD-YYYY) 3-6-29
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE	(By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE	(By)	INDIVIDUA	ATIONSHIP OF THE L SIGNING IN THE NTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
I JAM	JRE OF CCC REF	sen				B. DATE (MM-DD-YYYY) 5-16-2024
NOTE: The following statement is mobile in actionm is the Commodity Credit Corpora U.S.C. 3831 et seq), the Agricultural li and the Conservation Reserve Progra Reserve Program. The information entities that have been authorized acc Notice for USDA/FSA-2, Farm Record in a determination of ineligibility to par	tion Charter Act (15 U.S nprovement Act of 2016 m 7 CFR Part 1410. Til lilected on this form ma ess to the information b s File (Automated). Pro	S.C. 714 et seq.), the 8 (Pub. L. 115-334), the information will be by be disclosed to other by statute or regulation oviding the requested	Food Security Act of the Further Continuit used to determine of the Federal, State, Lo and/or as describe information is volur.	of 1985 (16 U.S.C ng Appropriations eligibility to partici ncal government a nd in applicable R etary. However, f	3801 et seq.), the Agricultu and Other Extensions Act, pate in and receive benefits agencies, Tribal agencies, a coutine Uses identified in the	ural Act of 2014 (16 2024 (Pub. L. 118-22), under the Conservation nd nongovernmental System of Records

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 <a href="http://www.asc.usca.com/burnamon/miles-

Klagsbury County FS

					Page 1 of 2
CRP-1 U.S. DEPARTMENT OF AGIN LTURE (07-06-20) Commodity Credit Corporation		1. ST. 8	& CO. CODE 46	2. SIGN-UP NUMBER 57	
			ITRACT NUMBE	R	4. ACRES FOR
CONSERVATION RESERVE PROGRAM	CONTRACT	1//	246		ENROLLMENT 47.16
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6. TRA		7. CONTRACT PE	
KINGSBURY COUNTY FARM SERVICE AGENCY PO BOX 180			1264	FROM: (MM-DD-YY	7
DE SMET, SD 57231-0180				8-1-33	- 9-30-32
			NUP TYPE: inuous		
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (605) 854-9123					
THIS CONTRACT is entered into between the Commodity Cred (referred to as "the Participant".) The Participant agrees to pla CCC for the stipulated contract period from the date the Contracreage the Conservation Plan developed for such acreage an comply with the terms and conditions contained in this Contra Program Contract (referred to as "Appendix"). By signing between the program contract period. The terms and conditions of this contract period that the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of this contract period to the terms and conditions of the terms and conditions of this contract period to the terms and conditions of the terms and conditions of the terms and conditions of this contract period to the terms and conditions of the	ace the designated act is executed by ad approved by the act, including the A ow, the Participant contract are contair OWLEDGE RECEIF	acreage into th the CCC. The F CCC and the Pa ppendix to this acknowledges a ned in this Form	e Conservation F Participant also a participant. Additi Contract, entitled receipt of a copy CRP-1 and in the	Reserve Program (" grees to implement onally, the Participa d Appendix to CRP- of the Appendix/Ap e CRP-1 Appendix :	CRP") or other use set by the on such designated ant and CCC agree to 1, Conservation Reserve opendices for the and any addendum
9A. Rental Rate Per Acre \$ 197.94	10. Identification	on of CRP Lar	nd (See Page 2	for additional sp	
9B. Annual Contract Payment \$ 9,335.00	A. Tract No.	B. Field No.	C. Practice	No. D. Acre	s E. Total Estimated Cost-Share
9C. First Year Payment \$ \15\(10\)	1264	0015	CP8A	3.52	\$ 11,722.00
(Item 9C is applicable only when the first year payment is	1264	0016	CP180	1.76	\$ 144.00
prorated.)	1264	0017	CP43	9.16	\$ 898.00
11. PARTICIPANTS (If more than three individual	ls are signing, s	see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RAABE FARMS LUC BOUAUR RAABE 100.00 %	(3) SIGNATURE (By) AS ACT		(4) TITLE/RELA INDIVIDUAL REPRESEN	(MM-DD-YYYY)	
BRITTON, SD 57430-5652	(3) SIGNATURE (Pul	(A) TITLE/DELA	TIONSHIP OF THE	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE %	(3) SIGNATURE (. Бу)	MDIVIDUAL	SIGNING IN THE TATIVE CAPACITY	(MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) (2) SHARE %	(3) SIGNATURE (Ву)	` INDIVIDUAL	TIONSHIP OF THE SIGNING IN THE TATIVE CAPACITY	(MM-DD-YYYY)
12. CCC USE ONLY A. SIGNATURE OF CCC REF	WOW		(2		B. DATE (MM-DD-YYYY) 7/21/2022
NOTE: The following statement is made in accordance with the Privatis the Commodity Credit Corporation Charter Act (15 U.S.C. 7 3831 et seq), the Agricultural Improvement Act of 2018 (Pub. receive benefits under the Conservation Reserve Program. Tribal agencies, and nongovernmental entities that have beer identified in the System of Records Notice for USDA/FSA-2, If the requested information will result in a determination of ineliging Paperwork Reduction Act (PRA) Statement: The informatic and civil fraud, privacy, and other statutes may be applicable to	714 et seq.), the Food L. 115-334) and 7 CF the information collect authorized access to Farm Records File (Au gibility to participate in on collection is exemple to the information prov	Security Act of 15 R Part 1410. The ted on this form m o the information b utomated). Provide and receive bene ted from PRA as s ided. RETURN T	985 (16 U.S.C. 380' is information will be any be disclosed to by statute or regulating the requested in fits under the Conso- specified in 16 U.S.C	of et seq.), the Agricultions to determine elipother Federal, State, Lion and/or as describenformation is voluntary ervation Reserve Progens 4846(b)(1). The proformation TO YOUR COFORM TO YOUR COFORM TO YOUR CO	ural Act of 2014 (16 U.S.C. gibility to participate in and ocal government agencies, and in applicable Routine Uses of However, failure to furnish tram. Divisions of appropriate criminal UNTY FSA OFFICE.
In accordance with Federal civil rights law and U.S. Department of Agric institutions participating in or administering USDA programs are prohibit expression), sexual orientation, disability, age, marital status, family/parcivil rights activity, in any program or activity conducted or funded by USP Persons with disabilities who require alternative means of communications with the Assessment (200), 720, 2500.	culture (USDA) civil rig ted from discriminatin rental status, income o SDA (not all bases ap on for program inform	ghts regulations as g based on race, o derived from a pul ply to all programs ation (e.g., Braille,	nd policies, the USL color, national origin blic assistance prog s). Remedies and co , large print, audiota	DA, its Agencies, office n, religion, sex, gender ram, political beliefs, c omplaint filing deadlind ape, American Sign La	es, and employees, and r identity (including gender or reprisal or retaliation for prior es vary by program or incident. anguage, 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. Addition 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 CVI Fight 1400 Independence Avanue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program intake@usda.gov. USDA is an equal opportunity provide in the form.





CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
1264	0018	CP43	4.43	\$ 434.00
1264	0019	CP43	3.95	\$ 387.00
1264	0020	CP8A	12.29	\$ 40,926.00
1264	0021	CP43	2.41	\$ 236.00
1264	0023	CP18C	6.24	\$ 512.00
1264	0024	CP43	1.90	\$ 186.00
1264	0026	CP43	0.17	\$ 17.00
1264	0027	CP43	1.33	\$ 130.00
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