| This form is available electronically. | | | | | Page 1 of 1 | |
|--|---|---|--|--|---|--|
| CRP-1 U.S. DEPARTMENT OF AGRICULTURE (10-22-15) Commodity Credit Corporation | | | ST. & CO CODE & ADMIN. LOCATION | | 2. SIGN-UP NUMBER | |
| | | | 46 051 | | 39 | |
| CONSERVATION RESERVE PROGRAM CONTRACT | | T 3. CONTI | 3. CONTRACT NUMBER | | RES FOR ENROLLMENT | |
| | | | 945D | - Au | 8.69 | |
| 7A. COUNTY OFFICE ADDRESS (Include Zip Code) GRANT COUNTY FARM SERVICE AGENC | Y | 5. FARM | 5. FARM NUMBER | | 6. TRACT NUMBER(S) | |
| 1102 SOUTH DAKOTA ST SUT#1 | | | 5110 | | 42 | |
| MILBANK, SD 57252-0000 | | 8. OFFER | R (Select one) | 9. CO | NTRACT PERIOD | |
| 7B. TELEPHONE NUMBER (Institute Arra Cod.), (605) 432-6 | 570 | GENERAL | Ŀ | FROM: | | |
| 7B. TELEPHONE NUMBER (Include Area Code): (605) 432-6 THIS CONTRACT is entered into between the Commodity Credit Co Participant".) The Participant agrees to place the designated acres | | ENVIRONM | MENTAL PRIORITY | 1.1 | 1-2010 09-30-2025 | |
| period from the date the Contract is executed by the CCC. The Par such acreage and approved by the CCC and the Participant. Additional Contract, including the Appendix to this Contract, entitled Appendix Participant acknowledges that a copy of the Appendix for the applicational amages in an amount specified in the Appendix if the Participant we contained in this Form CRP-1 and in the CRP-1 Appendix and a OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any | ticipant also agree onally, the Particip to CRP-1, Conser able sign-up perior ithdraws prior to C | es to implement on su pant and CCC agree to vation Reserve Programment d has been provided CCC acceptance or re | ram (CRP) or other a just designated acrea to comply with the ten ram Contract (referred to such person. Such ejection. The terms a | use set by CC re the Conser ns and condit to as "Apper person also | CC for the stipulated contract vetion Plan developed for tions contained in this ndix"). By signing below, the agrees to pay such liquidated | |
| TOA. Rettal Rate Per Acre \$119.54 | 11. Identificat | ion of CRP Land | (See Page 2 for ac | dditional sp | ace) | |
| 10B. Annual Contract Payment \$1,039 | A. Tract No. | B. Field No. | C. Practice No. | D. Acre | s E. Total Estimated Cost-Share | |
| 10C. First Year Payment \$ | 42 | 3 | CP25 | 8.69 | | |
| (Item 10C applicable only to continuous signup when the first year payment is prorated.) | | | | | | |
| 12. PARTICIPANTS (If more than three individuals | | L | | | | |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Zin Code): 1/2 |) SHARE | see Page 3.) (3) SIGNATI | IIDE | | // DATE www. | |
| 5800 S PRAIRIE VIEW CT SIOUX FALLS, SD 57108-2002 | 100.0 | 00% Cf di | elule & | 20 | (4) DATE (MM-DD-YYYY) | |
| CAN DARTION NAME OF THE OWNER OW |) SHARE | (3) SIGNATU | URE WED | | (4) DATE (MM-DD-YYYY) | |
| | , 0, 0 11 12 | % RE | JAN 21 2016 | A | (4) DATE (MM-DD-YYYY) | |
| 13. CCC USE ONLY A. SIGNATURE OF CCC R | EPRESENTAT | IVE G | irant Co. FS | | B. DATE (MM-DD-YYYY) | |
| NOTE: The following statement is made in accordance with the Garage |) | | | | 1/21/16 | |
| is 7 CFR Part 1410, the Commodity Credit Corporation Chartes of 2014 (Pub. L. 113-79). The information will be used to determine the control of the control | mine eligibility to pa deral, State, Local ad/or as described in mation is voluntary. servation Reserve F | articipate in and receiv government agencies, n applicable Routine U However, failure to fu Program. | reunity Act of 1985 (16 C ee benefits under the Co Tribal agencies, and no Ises identified in the Sys urnish the requested info | J.S.C. 3801 et inservation Re ongovernment stem of Record ormation will re | seq.), and the Agricultural Act serve Program. The al entities that have been ds Notice for USDA/FSA-2, esult in a determination of | |
| COUNTY FSA OFFICE. | | e applicable to the lift | umation provided. RE | URN THIS CO | OMPLETED FORM TO YOUR | |
| The U.S. Department of Agriculture (USDA) prohibits discrimination agains disability, sex, gender identity, religion, reprisal, and where applicable, poli income is derived from any public assistance program, or protected genetic prohibited bases will apply to all programs and/or employment activities, all lemative means of communication for program information (e.g., Braille, Individuals who are deaf, hard of hearing, or have speech disabilities and v (800) 877-8339 or (800) 845-6136 (in Spanish). | c information in em Persons with disabi | ployment or in any pro- lities, who wish to file a | gram or activity conduct gram or activity conduct a program complaint, wi | ntation, or all o ted or funded b rite to the addr | or part of an individual's by the Department. (Not all less below or if you require | |
| If you wish to file a Civil Rights program complaint of discrimination, compli http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA of requested in the form. Send your completed complaint form or letter by ma Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program | onice, or can (866) | 632-9992 to request th | ne form. You may also t | vrite a letter co | ontaining all of the information pendence Avenue, S.W., | |
| Original – County Office Copy | | wner's Copy | | | Operator's Copy | |

| | <i>f</i> | | | | |
|--|--|---|--|--|--|
| CRP-1 | U.S. DEPARTMENT OF AGRICULTURE | 14.07.0.00 |) | Page 1 of 1 | |
| (07-06-20) Commodit | Commodity Credit Compression | 1. S1. & CO. COL_ & | 1. ST. & CO. COL a ADMIN. LOCATION | | |
| (07-06-20) Commodity Credit Corporation | | 46 | 46 051 | | |
| 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) | | 3. CONTRACT NUMB | 3. CONTRACT NUMBER | | |
| | | 6. TRACT NUMBER | 946E | | |
| GRANT COUNTY FAR | ANT COUNTY FARM SERVICE AGENCY | | 7. CONTRACT PERIOD | | |
| 1102 SOUTH DAKOT | FA ST SUT#1 | 43 | FROM: (MM-DD-YYYY) | TO: (MM-DD-YYYY) | |
| MILBANK, SD57252 | 2-0000 | 13 | 10-01-2010 | 09-30-2025 | |
| | | | | | |
| | | 8. SIGNUP TYPE: | | | |
| 5B. COUNTY FSA | OFFICE PHONE NUMBER | | | | |
| (Include Area Cod | e): (605)432-6570 | General | | | |
| acreage the Conserva comply with the term | entered into between the Commodity Credit Corporation (refer articipant".) The Participant agrees to place the designated a discontract period from the date the Contract is executed by the ation Plan developed for such acreage and approved by the Cost is and conditions contained in this Contract, including the Apperdix"). By signing below, the Participant a period. The terms and conditions of this cost, the terms and conditions of this cost. | ne CCC. The Participant also a CCC and the Participant. Additional control of the Participant. | Keserve Program ("CRP") agrees to implement on su tionally, the Participant an | or other use set by uch designated ad CCC agree to | |

itions 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.

| .14 | 10. Identification of CRP Land (See Page 2 for additional space) | | | | |
|----------------|--|------------------------|--|---|--|
| 55.00 | A. Tract No. | B. Field No. | C. Practice No. | D. Acres | E. Total Estimated Cost-Share |
| | 43 | 3 | CP25 | 10.27 | \$ 0.00 |
| ear payment is | 43 | 4 | CP25 | 5.04 | \$ 0.00 |
| | | 75. 00 A. Tract No. 43 | 75. 100 Identification of CRP Land (55.00 A. Tract No. B. Field No. 43 3 | 10. Identification of CRP Land (See Page 2 for ad 55.00 A. Tract No. B. Field No. C. Practice No. 43 3 CP25 | 10. Identification of CRP Land (See Page 2 for additional space) 10. |

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

| A(1) PARTICIPANT'S NAME AND | | als are signing, see Page 3 | .) | |
|--|----------------|-----------------------------|---|--------------------------|
| ADDRESS (Include Zip Code) LOHR FAMILY LLP 5800 S PRAIRIE VIEW CT SIOUX FALLS, SD57108-2002 | (2) SHARE | (3) SIGNATURE (By) | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY | (5) DATE (MY-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 USE ONLY A. SIGNAT | URE OF CCC REP | PRESENTATIVE | | B DATE |

NOTE:

(MM-DD-YYYY)

The following statement is made in accompanion of 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 Gnarter 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 In accordance with reserta 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

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.

