							Page 1 of 2	
CRP-1 U.S. DEPARTMENT	E	1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION			2. SIGN-UP		
(01-08-24) Commodity Credit Corporation				46 039			NUMBER 47	
				NTRACT NUMB	T NUMBER		4. ACRES FOR	
CONSERVATION RESERV	CONTRACT		11	11103		ENROLLMENT 3.58		
5A. COUNTY FSA OFFICE ADDRESS (Ir		6. TRA	ACT NUMBER	7. CONTRACT PERIOD				
DEUEL COUNTY FARM SERVICE AGENCY			347	FROM:		TO: (MM-DD-YYYY)		
PO BOX 500			347	10-	-01-2015	09-30-2025		
CLEAR LAKE, SD57226-0500								
				NUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUMBER			Cont	Continuous				
(Include Area Code): (605)874-8225								
(referred to as "the Participant".) The Part CCC for the stipulated contract period from acreage the Conservation Plan developed comply with the terms and conditions con Program Contract (referred to as "Appendi applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA addendum thereto; and, CRP-2, CRP-2C, C	n the date the Contr for such acreage an tained in this Contra x"). By signing belo conditions of this c RTICIPANTS ACKN	act is executed by ad approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	the CCC. The CCC and the P ppendix to this acknowledges ned in this Forn	Participant also articipant. Addi Contract, entitle receipt of a cop n CRP-1 and in ti	agrees to tionally, tl ed Append y of the A he CRP-1	implement on su he Participant an dix to CRP-1, Col ppendix/Append Appendix and ar	ICh designated d CCC agree to nservation Reserve ices for the ny addendum	
9A. Rental Rate Per Acre \$198.	Per Acre \$ 198.96 10. Identification c			Land (See Page 2 for		dditional space)		
9B. Annual Contract Payment \$ 712.00		A. Tract No.	B. Field No.	C. Practic	C. Practice No.		E. Total Estimated Cost-Share	
9C. First Year Payment \$		347	3	CP23	A	1.03	\$ 0.00	
(Item 9C is applicable only when the first year payment is prorated.)		347	5	CP23	А	0.50	\$ 0.00	
		347	6	CP23	A	0.56	\$ 0.00	
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.,)			1	
A(1) PARTICIPANT'S NAME AND				(4) TITLE/REL	ATIONSH	IP OF THE	(5) DATE	
ADDRESS (Include Zip Code)	. ,		,	ÍNDIVIDUA		G IN THE	(MM-DD-YYYY)	
KATHLEEN KENYON 17653 480TH AVE	100.00%				REPRESENTATIVE CAPACITY			
CLEAR LAKE, SD57226-5418	100.00 %							
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL	ATIONSH	IP OF THE	(5) DATE	
ADDRESS (Include Zip Code) KATHLEEN KENYON LIVING TRUST				INDIVIDUA		-	(MM-DD-YYYY)	
KATHLEEN KENYON LIVING TRUST 17653 480TH AVE	0.00%			REPRESENTATIVE CAPACITY				
CLEAR LAKE, SD57226-5418	0.00 /0							
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/RELATIONSHIP OF THE			(5) DATE	
ADDRESS (Include Zip Code)					L SIGNIN	(MM-DD-YYYY)		
	%			REPRESENTATIVE CAPACITY				
							D DATE	
12. CCC USE ONLY A. SIGNATU	RE OF CCC REP	RESENTATIVE					B. DATE (MM-DD-YYYY)	
NOTE: The following statement is made in acc form is the Commodity Credit Corporat U.S.C. 3831 et seq), the Agricultural Im and the Conservation Reserve Program Reserve Program. The information col entities that have been authorized acce Notice for USDA/FSA-2, Farm Records in a determination of ineligibility to part Paperwork Reduction Act (PRA) Stat	on Charter Act (15 U.S. provement Act of 2018 n 7 CFR Part 1410. Th lected on this form may ss to the information b File (Automated). Pro- cipate in and receive b ement: The informatic	S.C. 714 et seq.), the § (Pub. L. 115-334), th le information will be dy y be disclosed to othe y statute or regulation widing the requested enefits under the Com- on collection is exempt	Food Security Act ne Further Continu used to determine r Federal, State, I n and/or as descri- information is volu- servation Reserv- oted from PRA as	t of 1985 (16 U.S.C ing Appropriations e eligibility to partici, local government a bed in applicable R untary. However, fi e Program. specified in 16 U.S	2. 3801 et s and Other pate in and agencies, T outine Use ailure to fur	eq.), the Agricultura Extensions Act, 20 I receive benefits ur ribal agencies, and s identified in the S nish the requested)(1). The provision	al Act of 2014 (16 24 (Pub. L. 118-22), nder the Conservation nongovernmental ystem of Records information will result s of appropriate	
criminal and civil fraud, privacy, and oth	ier statutes may be ap	plicable to the informa	ation provided. R i	LIURN IHIS CON	IPLETED F	-URM IU YUUR C	OUNTY FSA OFFICE.	

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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.

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
347	7	CP23A	1.49	\$ 0.00

							Page 1 of 1		
CRP-1 U.S. DEPARTMENT C	1	1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION			2. SIGN-UP			
(01-08-24) Commodity Credit Corporation				46 039			NUMBER 47		
				NTRACT NUMBE	ĒR		4. ACRES FOR		
CONSERVATION RESERV	CONTRACT		11	1102		ENROLLMENT 35.34			
5A. COUNTY FSA OFFICE ADDRESS (Inc		6. TRA	6. TRACT NUMBER		7. CONTRACT PERIOD				
DEUEL COUNTY FARM SERVICE AGENCY			347	FROM: (MM	,	TO: (MM-DD-YYYY)			
PO BOX 500 CLEAR LAKE, SD57226-0500			517		-2015	09-30-2025			
Chine Line, 525,226 0500		8 SIG	8. SIGNUP TYPE:						
				-SAFE - South Dakota Pheasants SAFE					
5B. COUNTY FSA OFFICE PHONE NUME (Include Area Code): (605)874-8225									
(referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed fc comply with the terms and conditions conta Program Contract (referred to as "Appendix applicable contract period. The terms and o thereto. BY SIGNING THIS CONTRACT PAR addendum thereto; and, CRP-2, CRP-2C, CR	the date the Contr or such acreage an ined in this Contra "). By signing belo conditions of this c RTICIPANTS ACKN	act is executed by ad approved by the act, including the A pw, the Participant contract are contain OWLEDGE RECEIP	the CCC. The I CCC and the P ppendix to this acknowledges ad in this Forn	Participant also a articipant. Addit Contract, entitle receipt of a copy CRP-1 and in th	agrees to imp tionally, the P ed Appendix y of the Appen ne CRP-1 App	Dement on su Participant and to CRP-1, Con Endix/Appendi Dendix and an	ch designated d CCC agree to servation Reserve ces for the y addendum		
9A. Rental Rate Per Acre \$167.2	27	10. Identification	on of CRP La	CRP Land (See Page 2 for additional space					
9B. Annual Contract Payment \$ 5,912	Annual Contract Payment \$ 5,911.00		B. Field No.	C. Practice	C. Practice No.		E. Total Estimated Cost-Share		
9C. First Year Payment \$		347	1	CP38E-	-4D	4.20	\$ 252.00		
(Item 9C is applicable only when the first year payment is prorated.)		347	2	CP38E-	-4D	17.01	\$ 1,021.00		
		347	4	CP38E-	-4D	14.13	\$ 848.00		
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)						
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KATHLEEN KENYON 17653 480TH AVE CLEAR LAKE, SD57226-5418	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE (MM-DD-YYYY)		
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	 (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY 			(5) DATE		
ADDRESS (Include Zip Code) KATHLEEN KENYON LIVING TRUST 17653 480TH AVE CLEAR LAKE, SD57226-5418	0.00%						(MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)				(5) DATE <i>(MM-DD-YYYY)</i>		
	RE OF CCC REP						B. DATE (MM-DD-YYYY)		
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