

34
 T6 RZE
 Springdale

35
 T6 RZE
 Springdale



Farm 16957
Tract 18278
 2018 Program Year

CLU/Acres	HEL	Crop
1 9.67	UHEL	CRP
2 4.0	UHEL	CRP
3 2.33	UHEL	CRP
4 12.86	UHEL	CRP
5 2.37	HEL	CRP
6 8.65	HEL	CRP
7 1.03	HEL	CRP
8 2.22	HEL	CRP
9 5.12	HEL	CRP
10 4.81	UHEL	NC
14 0.27	UHEL	NC
15 63.67	UHEL	NC

Page Cropland Total: 53.06 acres

Map Created October 19, 2017

- Common Land Unit**
- Cropland
 - Non-Cropland
 - CRP
 - Tract Boundary
 - PLSS
- NALP Imagery 2015 Wetland Determination Identifiers**
- Resticted Use
 - Limited Restrictions
 - Exempt from Conservation
 - Compliance Provisions

USDA FSA maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or the NALP imagery. The producer accepts the data as is and assumes all risks associated with its use. The USDA Farm Service Agency assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact NRCS.

CRP-1 (10-22-15) CONSERVATION RESERVE PROGRAM CONTRACT	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO CODE & ADMIN. LOCATION 55 025	2. SIGN-UP NUMBER 48
		3. CONTRACT NUMBER 11124	4. ACRES FOR ENROLLMENT 2.17

7A. COUNTY OFFICE ADDRESS (Include Zip Code) DANE COUNTY FARM SERVICE AGENCY 5201 FEN OAK DRIVE MADISON, WI 53718	5. FARM NUMBER 0016957	6. TRACT NUMBER(S) 0018277
7B. TELEPHONE NUMBER (Include Area Code): (608) 224-3416	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: 05/01/2016 TO: 09/30/2036

RECEIVED
 APR 18 2016
 DANE COUNTY FSA

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 \$ 247.26 *MC	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment \$ 537	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment \$	0018277	0001	CP21	1.51	416
(Item 10C applicable only to continuous signup when the first year payment is prorated.)	0018277	0002	CP21	0.66	182

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): DANIEL LANGLOIS PO BOX 259324 MADISON, WI 53725-9324	(2) SHARE 100.00%	(3) SIGNATURE 	(4) DATE (MM-DD-YYYY) 4-18-16
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARY L ROTHENMAIER PO BOX 259324 MADISON, WI 53725-9324	(2) SHARE 0.00%	(3) SIGNATURE 	(4) DATE (MM-DD-YYYY) 4-18-16
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE 	B. DATE (MM-DD-YYYY) 4/21/16
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form 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, 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.**

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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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CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 55 025	2. SIGN-UP NUMBER 48
	3. CONTRACT NUMBER 11126	4. ACRES FOR ENROLLMENT 13.15

7A. COUNTY OFFICE ADDRESS (Include Zip Code) DANE COUNTY FARM SERVICE AGENCY 5201 FEN OAK DRIVE MADISON, WI 53718	5. FARM NUMBER 0016957	6. TRACT NUMBER(S) 0018277
7B. TELEPHONE NUMBER (Include Area Code): (608) 224-8667	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: 05/01/2016 TO: 09/30/2030

RECEIVED
APR 18 2016
 DANE COUNTY

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10A. Rental Rate Per Acre	\$ 193.55	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 2,545	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	0018277	0003	CP38E-1	5.53	597
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0018277	0004	CP38E-1	7.62	823

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): DANIEL LANGLOIS PO BOX 259324 MADISON, WI 53725-9324	(2) SHARE 100.00%	(3) SIGNATURE 	(4) DATE (MM-DD-YYYY) 4-18-16
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARY L ROTHENMAIER PO BOX 259324 MADISON, WI 53725-9324	(2) SHARE 0.00%	(3) SIGNATURE 	(4) DATE (MM-DD-YYYY) 4-18-16
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE CEO	B. DATE (MM-DD-YYYY) 4/29/16
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CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 55 025	2. SIGN-UP NUMBER 48
	3. CONTRACT NUMBER 11127	4. ACRES FOR ENROLLMENT 38.67

7A. COUNTY OFFICE ADDRESS (Include Zip Code) DANE COUNTY FARM SERVICE AGENCY 5201 FEN OAK DRIVE MADISON, WI 53718	5. FARM NUMBER 0016957	6. TRACT NUMBER(S) 0018278
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7B. TELEPHONE NUMBER (Include Area Code): (608) 224 3767	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 05/01/2016 TO: (MM-DD-YYYY) 09/30/2030
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RECEIVED
 APR 18 2016

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	\$ 191.75	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 7,415	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	0018278	0001	CP38E-1	9.67	1,044
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0018278	0004	CP38E-1	12.86	1,389
		0018278	0005	CP38E-1	2.37	256

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): DANIEL LANGLOIS PO BOX 259324 MADISON, WI 53725-9324	(2) SHARE 100.00%	(3) SIGNATURE 	(4) DATE (MM-DD-YYYY) 4-18-16
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE 	B. DATE (MM-DD-YYYY) 4/29/16
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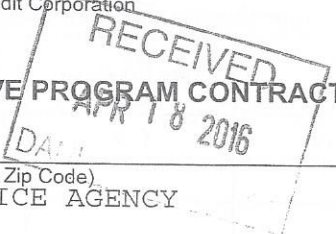
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CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 55 025	2. SIGN-UP NUMBER 48
	3. CONTRACT NUMBER 11125	4. ACRES FOR ENROLLMENT 9.58
7A. COUNTY OFFICE ADDRESS (Include Zip Code) DANE COUNTY FARM SERVICE AGENCY 5201 FEN OAK DRIVE MADISON, WI 53718	5. FARM NUMBER 0016957	6. TRACT NUMBER(S) 0018278
7B. TELEPHONE NUMBER (Include Area Code): (608) 224-3767	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 05/01/2016 TO: (MM-DD-YYYY) 09/30/2030



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10A. Rental Rate Per Acre	\$ 304.09 *MC	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 2,913	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	0018278	0002	CP21	4.00	1,103
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0018278	0003	CP21	2.33	643
		0018278	0007	CP21	1.03	284

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
DANIEL LANGLOIS PO BOX 259324 MADISON, WI 53725-9324	100.00%	<i>[Signature]</i>	4-18-16
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	%	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	%	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i> CEO	B. DATE (MM-DD-YYYY) 4/29/16
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