

Iowa  
Mitchell

U.S. Department of Agriculture  
Farm Service Agency

Prepared: 6/21/18 8:51 AM  
Crop Year: 2018

Report ID: FSA-156EZ

Abbreviated 156 Farm Record

Page: 1 of 1

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

Operator Name: MR RICKY DARRELL SLETTEN  
Farm Identifier: \_\_\_\_\_  
Recon Number: \_\_\_\_\_

Farms Associated with Operator:  
75, 182, 337, 440, 816, 1338, 3699, 4001, 4617, 4935, 5206, 5865, 5991

CRP Contract Number(s): 10087B

| Farmland           | Cropland           | DCP Cropland           | WBP            | WRP/EWP | CRP Cropland | GRP | Farm Status | Number of Tracts |
|--------------------|--------------------|------------------------|----------------|---------|--------------|-----|-------------|------------------|
| 116.68             | 115.32             | 115.32                 | 0.0            | 0.0     | 3.4          | 0.0 | Active      | 1                |
| State Conservation | Other Conservation | Effective DCP Cropland | Double Cropped | MPL/FWP | Native Sod   |     |             |                  |
| 0.0                | 0.0                | 111.92                 | 0.0            | 0.0     | 0.0          |     |             |                  |

ARC/PLC

ARC-IC NONE      ARC-CO CORN, SOYBN      PLC NONE      PLC-Default NONE

| Crop                     | Base Acreage | CTAP Tran Yield | PLC Yield | CCC-505 CRP Reduction |
|--------------------------|--------------|-----------------|-----------|-----------------------|
| CORN                     | 56.5         |                 | 156       | 0.0                   |
| SOYBEANS                 | 55.4         |                 | 41        | 1.1                   |
| <b>Total Base Acres:</b> | <b>111.9</b> |                 |           |                       |

Tract Number: 1066      Description: SW1/4 S10-98-17 MITCHELL

BIA Range Unit Number:

HEL Status: NHEL: no agricultural commodity planted on undetermined fields

Wetland Status: Tract does not contain a wetland

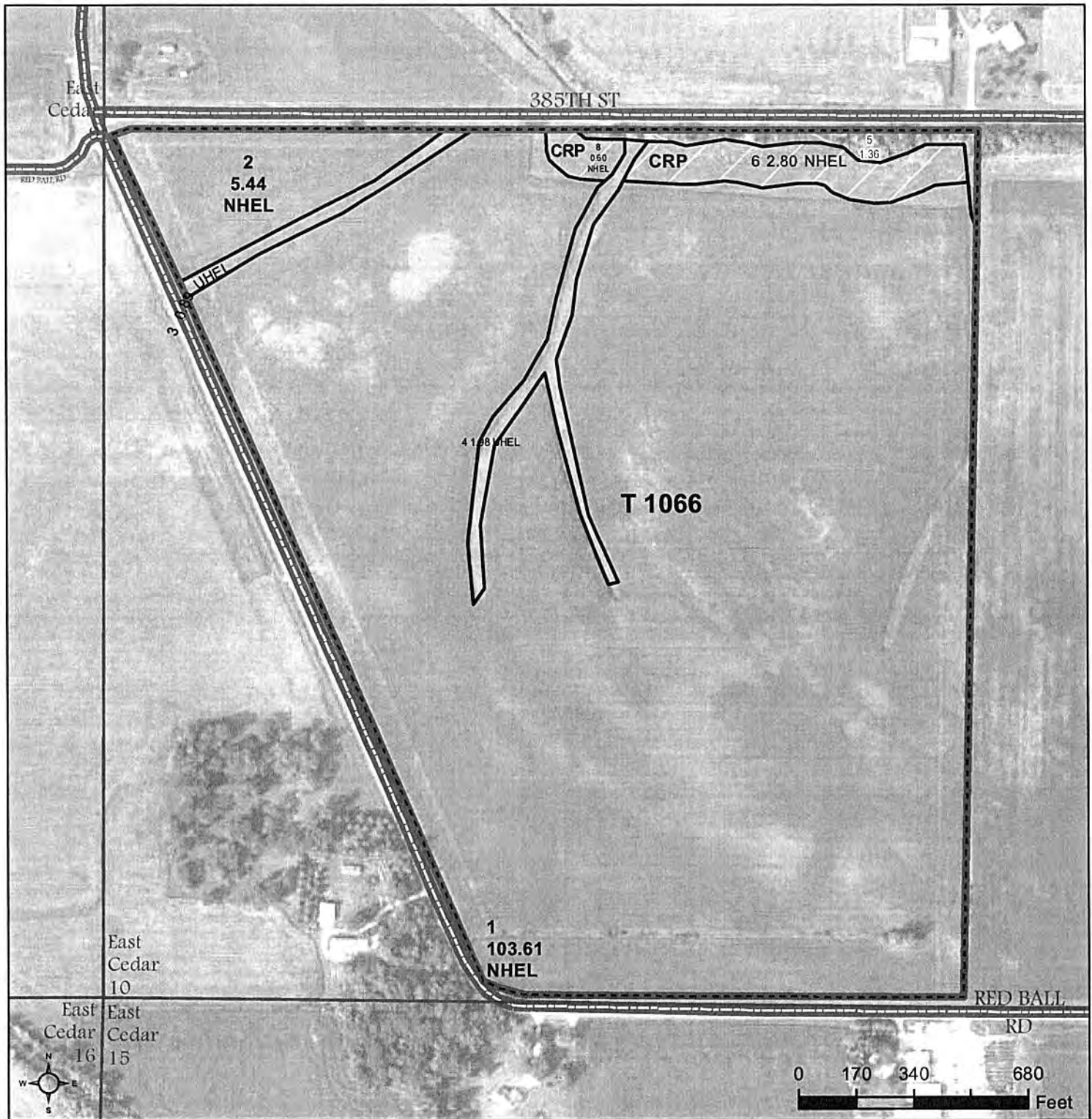
WL Violations: None

| Farmland           | Cropland           | DCP Cropland           | WBP            | WRP/EWP | CRP Cropland | GRP |
|--------------------|--------------------|------------------------|----------------|---------|--------------|-----|
| 116.68             | 115.32             | 115.32                 | 0.0            | 0.0     | 3.4          | 0.0 |
| State Conservation | Other Conservation | Effective DCP Cropland | Double Cropped | MPL/FWP | Native Sod   |     |
| 0.0                | 0.0                | 111.92                 | 0.0            | 0.0     | 0.0          |     |

| Crop                     | Base Acreage | CTAP Tran Yield | PLC Yield | CCC-505 CRP Reduction |
|--------------------------|--------------|-----------------|-----------|-----------------------|
| CORN                     | 56.5         |                 | 156       | 0.0                   |
| SOYBEANS                 | 55.4         |                 | 41        | 1.1                   |
| <b>Total Base Acres:</b> | <b>111.9</b> |                 |           |                       |

Owners: DORIS M NORTH ESTATE

Other Producers: None



Legend

- Non-Cropland
- Cropland
- CRP
- Tract Boundary
- Iowa PLSS
- Iowa Roads

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- Exempt from Conservation Compliance Provisions

Tract Cropland Total: 115.32 acres

2018 Program Year

Map Created March 15, 2018

Farm 528  
Tract 1066

United States Department of Agriculture (USDA) Farm Service Agency (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 National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA 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 USDA Natural Resources Conservation Service (NRCS).

|  |   |  |
|--|---|--|
| CRP-1<br>(10-22-15)<br><br><b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation<br><br><b>CONSERVATION RESERVE PROGRAM CONTRACT</b> | 1. ST. & CO CODE & ADMIN. LOCATION<br><br>19 131  | 2. SIGN-UP NUMBER<br><br>44  |
|  | 3. CONTRACT NUMBER<br>10087B  | 4. ACRES FOR ENROLLMENT<br>3.40  |
| 7A. COUNTY OFFICE ADDRESS (Include Zip Code)<br>MITCHELL COUNTY FARM SERVICE AGENCY<br>1525 MAIN ST<br>OSAGE, IA 50461-1824                          | 5. FARM NUMBER<br>528   | 6. TRACT NUMBER(S)<br>1066   |
|  | 8. OFFER (Select one)<br>GENERAL <input type="checkbox"/><br>ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/> | 9. CONTRACT PERIOD<br>FROM: (MM-DD-YYYY)<br>12-01-2013<br>TO: (MM-DD-YYYY)<br>09-30-2028 |
| 7B. TELEPHONE NUMBER (Include Area Code): (641) 732-3735   |   |  |

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  | \$ 295.76 | 11. Identification of CRP Land (See Page 2 for additional space) |              |                 |          |                               |
| 10B. Annual Contract Payment   | \$ 1,006  | A. Tract No.   | B. Field No. | C. Practice No. | D. Acres | E. Total Estimated Cost-Share |
| 10C. First Year Payment  | \$        | 1066   | 6            | CP21            | 2.80     | \$ 512                        |
| (Item 10C applicable only to continuous signup when the first year payment is prorated.) |           | 1066   | 8            | CP21            | 0.60     | \$ 110                        |

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

|  |                          |               |                       |
|--|--------------------------|---------------|-----------------------|
| A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):<br>MR RICKY DARRELL SLETTEN<br>2475 HIGHWAY 218<br>OSAGE, IA 50461-8335                  | (2) SHARE<br><br>100.00% | (3) SIGNATURE | (4) DATE (MM-DD-YYYY) |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):<br>DORIS M NORTH ESTATE<br>% DENNIS THOMPSON<br>1119 HERITAGE DR<br>OSAGE, IA 50461-1751 | (2) SHARE<br><br>0.00%   | (3) SIGNATURE | (4) DATE (MM-DD-YYYY) |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):  | (2) SHARE<br><br>%       | (3) SIGNATURE | (4) DATE (MM-DD-YYYY) |

|                         |                                    |                      |
|-------------------------|------------------------------------|----------------------|
| <b>13. CCC USE ONLY</b> | A. SIGNATURE OF CCC REPRESENTATIVE | B. DATE (MM-DD-YYYY) |
|-------------------------|------------------------------------|----------------------|

**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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.

Original – County Office Copy
  Owner's Copy
  Operator's Copy

This form is available electronically.

(See Last Page for Privacy Act and Paperwork Reduction Act Statements)

|                              |   |  |                              |
|------------------------------|---|--|------------------------------|
| <b>CCC-861</b><br>(03-27-15) | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation   |  |                              |
|                              | 1. Program Year: <b>2018</b>  |  |                              |
|                              | 2. State Code<br><b>19</b>  | 3. County Code<br><b>131</b>   | 4. Farm Number<br><b>528</b> |
|                              | 5A. County FSA Office Name and Address (Including Zip Code)<br><b>MITCHELL COUNTY FARM SERVICE AGENCY</b><br><b>1525 MAIN ST</b><br><b>OSAGE, IA 50461-1824</b> |  |                              |
|                              | 5B. County Office Telephone Number (Including Area Code)<br><b>(641)732-3735</b>  | 5C. County Office Fax Number (Including Area Code)<br><b>(855)211-4019</b> |                              |

**THIS ANNUAL ARC-CO AND PLC CONTRACT** is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified in Item 4. Upon approval, this farm and the producers on the farm are enrolled in ARC-CO and/or PLC for the program year identified above in Item 1. All producers with a share in base acres and/or a share of covered commodities planted that attribute generic base acres must sign this contract by the announced enrollment deadline of the applicable program year in order to participate and make themselves potentially eligible to receive payments for the applicable program year.

The terms and conditions of the ARC-CO and PLC contract are contained in the CCC-861 and CCC-862 Appendix and the regulations at 7 CFR Part 1412. By signing this contract producers: (1) acknowledge receipt and agree to abide by the terms of the CCC-861 and CCC-862 Appendix; (2) agree to comply with the terms and conditions of the program and those governing payment limitation and eligibility and adjusted gross income limitation provisions; (3) agree that the terms and benefits of this program are subject to changes in law; and (4) certify that all the information contained on this form, whether or not personally entered by the producer, is true, correct, and accurate.

**NOTES:** PLC yields in item 10 are only used in the payment calculation of covered commodities that have elected PLC. Generic base acres are reflected below. If the farm has generic base acres, any producers sharing in covered commodities planted and attributing generic base acres must sign this contract or that share of attributed base acre will not be paid.

| 6. Commodity | 7. Program Elected | 8. Base Acres | 9. 85% of Base Acres | 10. PLC Yield | 6. Commodity    | 7. Program Elected | 8. Base Acres | 9. 85% of Base Acres | 10. PLC Yield |
|--------------|--------------------|---------------|----------------------|---------------|-----------------|--------------------|---------------|----------------------|---------------|
| <b>CORN</b>  | <b>ARC-County</b>  | <b>56.5</b>   | <b>48.03</b>         | <b>156</b>    | <b>SOYBEANS</b> | <b>ARC-County</b>  | <b>55.4</b>   | <b>47.09</b>         | <b>41</b>     |
|              |                    |               |                      |               |                 |                    |               |                      |               |
|              |                    |               |                      |               |                 |                    |               |                      |               |

|                                 |  |
|---------------------------------|--|
| 11. Generic Base Acres (if any) |  |
|---------------------------------|--|

|  |               |                   |                 |                   |
|--|---------------|-------------------|-----------------|-------------------|
| 12A. Owner or Producer's Name and Address<br><b>MR RICKY DARRELL SLETTEN</b><br><b>2475 HIGHWAY 218</b><br><b>OSAGE, IA 50461-8335</b> | 13. Commodity | 14. Payment Share | 13. Commodity   | 14. Payment Share |
|  | <b>CORN</b>   | <b>100.00%</b>    | <b>SOYBEANS</b> | <b>100.00%</b>    |
| 12B. Email Address<br><b>slick6@osage.net</b>  |               |                   |                 |                   |
| 12C. Telephone No. <b>(641) 732-4459</b>   |               |                   |                 |                   |

|   |                                  |
|---|----------------------------------|
| 15A. Refused Payment Information:<br><input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused | 15B. Producer's Initials         |
|   | 15C. Date Initialed (MM-DD-YYYY) |

|                                |  |                        |
|--------------------------------|--|------------------------|
| 16A. Producer's Signature (By) | 16B. Title/Relationship of the Individual Signing in the Representative Capacity | 16C. Date (MM-DD-YYYY) |
|                                |  |                        |

**FOR FSA USE ONLY**

|                                      |                        |
|--------------------------------------|------------------------|
| 17A. Signature of CCC Representative | 17B. Date (MM-DD-YYYY) |
|                                      |                        |

|             |
|-------------|
| 18. Remarks |
|             |

|                          |
|--------------------------|
| 19. Employee's Initials: |
|                          |



|                                |                            |                              |                              |
|--------------------------------|----------------------------|------------------------------|------------------------------|
| 1. PROGRAM YEAR<br><b>2018</b> | 2. STATE CODE<br><b>19</b> | 3. COUNTY CODE<br><b>131</b> | 4. FARM NUMBER<br><b>528</b> |
|--------------------------------|----------------------------|------------------------------|------------------------------|

**CONTINUATION OF OWNER'S OR PRODUCER'S CROP INFORMATION (From Page 1)**

|  |               |                   |                 |                   |
|--|---------------|-------------------|-----------------|-------------------|
| 12A. Owner or Producer's Name and Address<br><b>DORIS M NORTH ESTATE<br/>% DENNIS THOMPSON<br/>1119 HERITAGE DR<br/>OSAGE, IA 50461-1751</b> | 13. Commodity | 14. Payment Share | 13. Commodity   | 14. Payment Share |
|  | <b>CORN</b>   |                   | <b>SOYBEANS</b> |                   |
| 12B. Email Address   |               |                   |                 |                   |
| 12C. Telephone No. <b>(641) 832-7403</b>   |               |                   |                 |                   |

|   |                                  |
|---|----------------------------------|
| 15A. Refused Payment Information:<br><input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused | 15B. Producer's Initials         |
|   | 15C. Date Initialed (MM-DD-YYYY) |

|                                |  |                        |
|--------------------------------|--|------------------------|
| 16A. Producer's Signature (By) | 16B. Title/Relationship of the Individual Signing in the Representative Capacity | 16C. Date (MM-DD-YYYY) |
|--------------------------------|--|------------------------|

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***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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