

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, audiotope, 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 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.

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> HAYES FAMILY TRUST DATED MAY 7 2020 9 WALNUT ST EAST DUBUQUE, IL61025-9572	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
E(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> KEITH M HAYES AND CHELSEA L HAYES REVOCABLE LIVING 9931 W COUNCIL HILL RD GALENA, IL61036-9764	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
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CRP-1 (01-08-24) <div style="text-align: center; margin-top: 10px;"> U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation </div> <div style="text-align: center; margin-top: 20px;"> CONSERVATION RESERVE PROGRAM CONTRACT </div>		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 1. ST. & CO. CODE & ADMIN. LOCATION <div style="text-align: center;">55 043</div> </div> <div style="width: 48%;"> 2. SIGN-UP NUMBER <div style="text-align: center;">55</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> 3. CONTRACT NUMBER <div style="text-align: center;">11663D</div> </div> <div style="width: 48%;"> 4. ACRES FOR ENROLLMENT <div style="text-align: center;">11.48</div> </div> </div>				
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) GRANT COUNTY FARM SERVICE AGENCY 150 WEST ALONA LANE, STE 2 LANCASTER, WI53813-2182		<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 6. TRACT NUMBER <div style="text-align: center;">13761</div> </div> <div style="width: 48%;"> 7. CONTRACT PERIOD <div style="display: flex; justify-content: space-between;"> <div>FROM: (MM-DD-YYYY) 01-01-2021</div> <div>TO: (MM-DD-YYYY) 09-30-2035</div> </div> </div> </div>				
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (608) 723-7697		8. SIGNUP TYPE: CREP - Wisconsin				
<i>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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 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.</i>						
9A. Rental Rate Per Acre \$ 282.15 *MC		10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment \$ 3,240.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		13761	13	CP21	11.48	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)						
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)						
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KEITH MICHAEL HAYES 9931 W COUNCIL HILL RD GALENA, IL61036-9764		(2) SHARE <div style="text-align: center;">50.00 %</div>	(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 ADDRESS (Include Zip Code) DORIS A HAYES 9 WALNUT ST EAST DUBUQUE, IL61025-9572		(2) SHARE <div style="text-align: center;">50.00 %</div>	(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) HAYES FAMILY TRUST DATED MAY 7 2020 9 WALNUT ST EAST DUBUQUE, IL61025-9572		(2) SHARE <div style="text-align: center;">0.00 %</div>	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY		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 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.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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.						

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11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> KEITH M HAYES AND CHELSEA L HAYES REVOCABLE LIVING 9931 W COUNCIL HILL RD GALENA, IL61036-9764	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
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CRP-1 (01-08-24)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	
CONSERVATION RESERVE PROGRAM CONTRACT		1. ST. & CO. CODE & ADMIN. LOCATION <div style="text-align: center;">55 043</div>	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) GRANT COUNTY FARM SERVICE AGENCY 150 WEST ALONA LANE, STE 2 LANCASTER, WI53813-2182		2. SIGN-UP NUMBER <div style="text-align: center;">55</div>	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (608) 723-7697		3. CONTRACT NUMBER <div style="text-align: center;">11664A</div>	
5C. COUNTY FSA OFFICE FAX NUMBER (Include Area Code): (608) 723-7697		4. ACRES FOR ENROLLMENT <div style="text-align: center;">41.16</div>	
6. TRACT NUMBER <div style="text-align: center;">13009</div>		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-01-2021 TO: (MM-DD-YYYY) 09-30-2036	
8. SIGNUP TYPE: SAFE - Wisconsin Monarch SAFE			
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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 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-2CK30, as applicable.			
9A. Rental Rate Per Acre \$ 300.00		10. Identification of CRP Land (See Page 2 for additional space)	
9B. Annual Contract Payment \$ 12,348.00		A. Tract No. <div style="text-align: center;">13009</div>	B. Field No. <div style="text-align: center;">0005</div>
9C. First Year Payment \$		C. Practice No. <div style="text-align: center;">CP38E-2</div>	D. Acres <div style="text-align: center;">41.16</div>
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share <div style="text-align: center;">\$ 0.00</div>	
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)			
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) LM HELBING LLC 2137 KUNKEL LN CUBA CITY, WI53807-9801		(2) SHARE <div style="text-align: center;">50.00 %</div>	(3) SIGNATURE (By)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DORIS A HAYES 9 WALNUT ST EAST DUBUQUE, IL61025-9572		(2) SHARE <div style="text-align: center;">25.00 %</div>	(3) SIGNATURE (By)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) KEITH MICHAEL HAYES 9931 W COUNCIL HILL RD GALENA, IL61036-9764		(2) SHARE <div style="text-align: center;">25.00 %</div>	(3) SIGNATURE (By)
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5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (608) 723-7697		3. CONTRACT NUMBER <div style="text-align: center;">11652E</div>	
5C. COUNTY FSA OFFICE FAX NUMBER <i>(Include Area Code):</i>		4. ACRES FOR ENROLLMENT <div style="text-align: center;">22.37</div>	
5D. COUNTY FSA OFFICE E-MAIL ADDRESS <i>(Include Area Code):</i>		6. TRACT NUMBER <div style="text-align: center;">13761</div>	
5E. COUNTY FSA OFFICE WEBSITE <i>(Include Area Code):</i>		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 12-01-2020 TO: (MM-DD-YYYY) 09-30-2035	
8. SIGNUP TYPE: CREP - Wisconsin			
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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 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.			
9A. Rental Rate Per Acre \$ 270.95 *MC		10. Identification of CRP Land <i>(See Page 2 for additional space)</i>	
9B. Annual Contract Payment \$ 6,062.00		A. Tract No. <div style="text-align: center;">13761</div>	B. Field No. <div style="text-align: center;">34</div>
9C. First Year Payment \$		C. Practice No. <div style="text-align: center;">CP21</div>	D. Acres <div style="text-align: center;">22.37</div>
(Item 9C is applicable only when the first year payment is prorated.)		E. Total Estimated Cost-Share <div style="text-align: center;">\$ 0.00</div>	
11. PARTICIPANTS <i>(If more than three individuals are signing, see Page 3.)</i>			
A(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> KEITH MICHAEL HAYES 9931 W COUNCIL HILL RD GALENA, IL61036-9764		(2) SHARE <div style="text-align: center;">50.00 %</div>	(3) SIGNATURE (By)
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> DORIS A HAYES 9 WALNUT ST EAST DUBUQUE, IL61025-9572		(2) SHARE <div style="text-align: center;">50.00 %</div>	(3) SIGNATURE (By)
C(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> HAYES FAMILY TRUST DATED MAY 7 2020 9 WALNUT ST EAST DUBUQUE, IL61025-9572		(2) SHARE <div style="text-align: center;">0.00 %</div>	(3) SIGNATURE (By)
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY		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 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.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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 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 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.

11. PARTICIPANTS (CONTINUED FROM PAGE 1)

D(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i> KEITH M HAYES AND CHELSEA L HAYES REVOCABLE LIVING 9931 W COUNCIL HILL RD GALENA, IL61036-9764	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
E(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
F(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
G(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
H(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
I(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
J(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
K(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
L(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
M(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
N(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>
O(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE <i>(MM-DD-YYYY)</i>



United States
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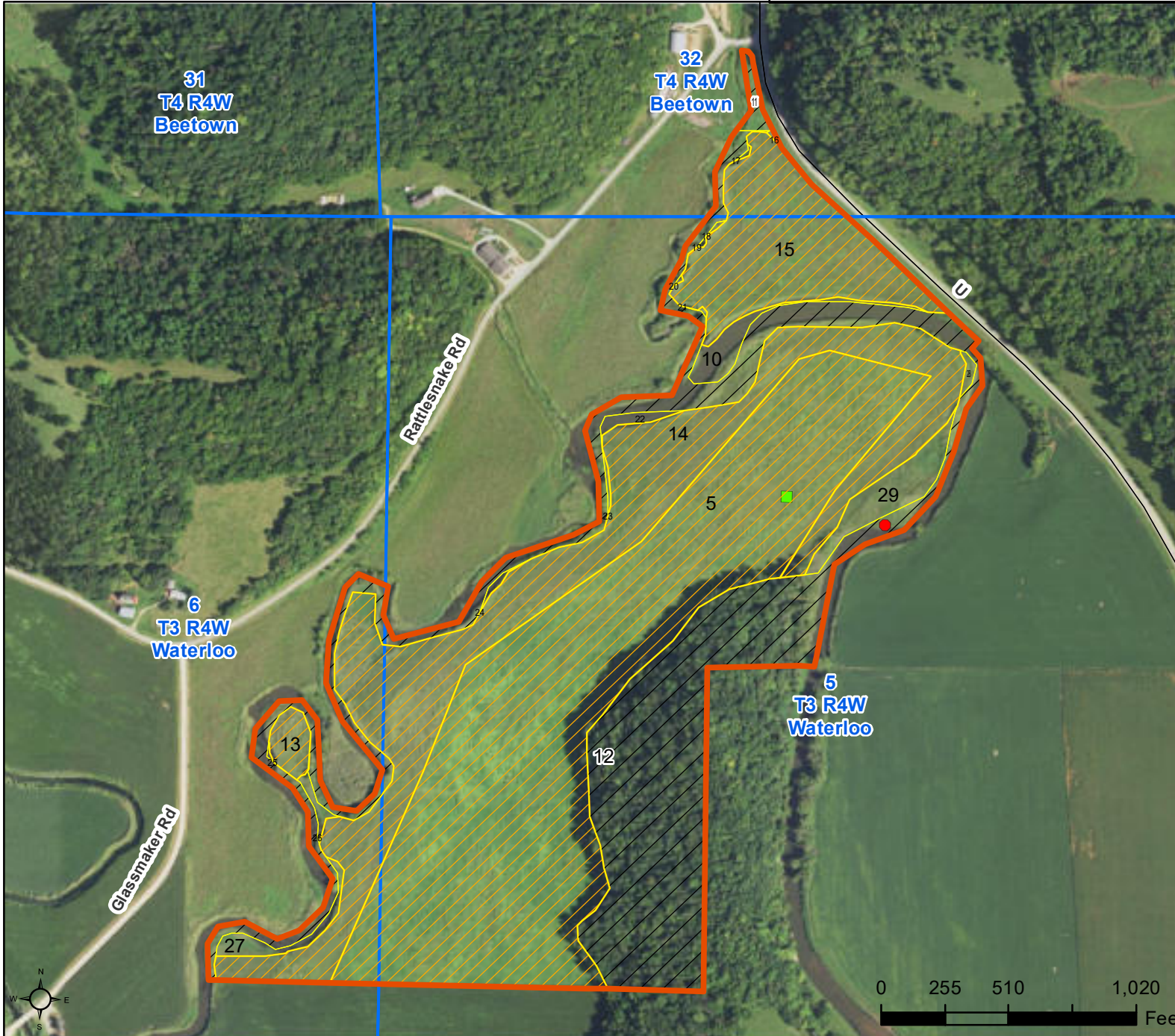
Grant County, Wisconsin

Entire Tract: IR / NI GR / FG unless
Name/Shares: otherwise labeled

Farm 10557

Tract 13009

2025 Program Year



CLU	Acres	HEL	Crop
5	41.16	NHEL	CRP
10	0.95	UHEL	
11	0.4	UHEL	NC
12	27.43	UHEL	NC
13	0.82	NHEL	CRP
14	21.68	NHEL	CRP
15	9.17	NHEL	CRP
16	0.03	NHEL	
17	0.02	NHEL	
18	0.03	NHEL	
19	0.02	NHEL	
20	0.01	NHEL	
21	0.02	NHEL	
22	0.29	UHEL	
23	0.06	NHEL	
24	0.07	UHEL	
25	0.01	NHEL	
26	0.21	NHEL	
27	0.68	NHEL	
28	0.14	NHEL	
29	1.89	NHEL	

Page Cropland Total: 77.26 acres

Map Created April 09, 2025

- Cropland
- Non-Cropland
- CRP
- Tract Boundary
- PLSS

NAIP Imagery 2022

Wetland Determination Identifiers

- Restricted 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 NAIP 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.



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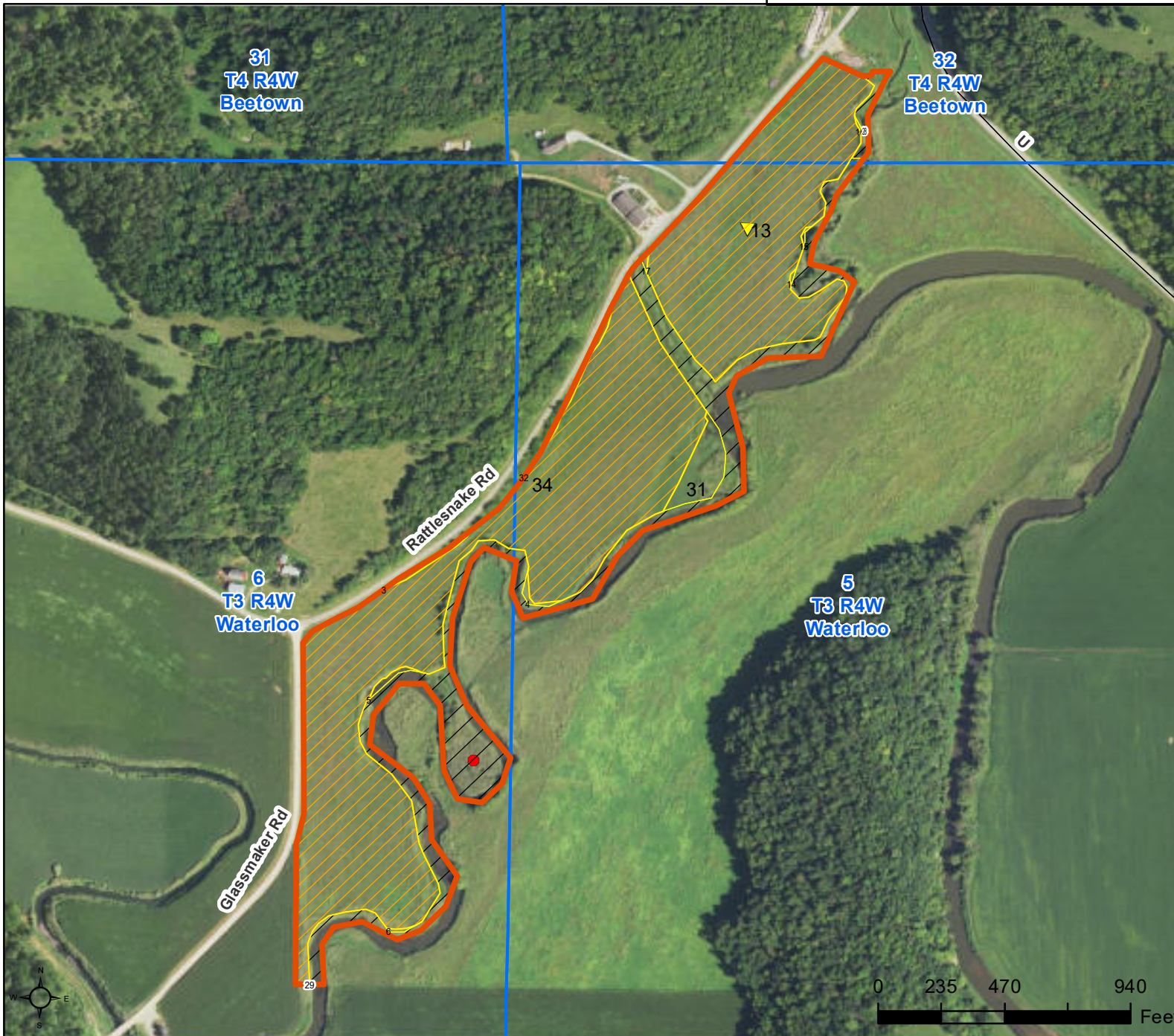
Grant County, Wisconsin

Entire Tract: IR / NI GR / FG unless
Name/Shares: otherwise labeled

Farm 11266

Tract 13761

2025 Program Year



CLU	Acres	HEL	Crop
3	0.11	NHEL	
4	0.07	NHEL	
5	0.08	UHEL	
6	0.02	NHEL	
13	11.48	NHEL	CRP
14	0.01	NHEL	
15	0.01	NHEL	
16	0.01	NHEL	
17	0.03	NHEL	
28	0.31	UHEL	NC
29	8.2	UHEL	NC
31	0.87	NHEL	
32	0.17	NHEL	
34	22.37	NHEL	CRP

Page Cropland Total: 35.23 acres

Map Created April 09, 2025

- Cropland
- Non-Cropland
- CRP
- Tract Boundary
- PLSS

NAIP Imagery 2022

Wetland Determination Identifiers

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

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