							Page 1 of 1
CRP-1 (05-05-25)		T OF AGRICULTURI	E	1. ST.		ADMIN. LOCATION	2. SIGN-UP NUMBER
(00-00-20)	Commodity C	redit Corporation				011	59
CONSE	RVATION RESER	VE PROGRAM	# CONTRACT	T 3. CO	NTRACT NUMBE		4. ACRES FOR ENROLLMENT
			10011110101			955A	3.64
	SA OFFICE ADDRESS (II			6. TR	ACT NUMBER	7. CONTRACT PERIO	
110 INDUSTRIA	NTY FARM SERVICE AGE AL DR SUITE E	SNCY			2380	FROM: (MM-DD-YYYY) 10-01-2023	TO: (MM-DD-YYYY) 09-30-2038
WAPAKONETA, C	OH45895-9200				i	10 01 2020	09 30 2030
	<u>.</u>				NUP TYPE:	T Taka Esia	
	FSA OFFICE PHONE NUN a Code): (419)738-3918			CKE	? - Onio	I-Lake Erie	
INSTRUCTIONS	S: RETURN THIS COMPL	.ETED FORM TO Y	OUR COUNTY FS	A OFFICE.			
(referred to as "to CCC for the stips acreage the Cons comply with the i Program Contrac applicable contra thereto. BY SIGN	T is entered into between the Participant".) The Participant".) The Participant period from servation Plan developed terms and conditions contour (referred to as "Appendiact period. The terms and NING THIS CONTRACT PARTICI, and, CRP-2, CRP-2C, C	ticipant agrees to pla m the date the Contra for such acreage an ttained in this Contra lix"). By signing belo I conditions of this co ARTICIPANTS ACKNO	ace the designated ract is executed by the approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	d acreage into the office of the CCC. The interest of the PAppendix to this tacknowledges ined in this Forn	he Conservation I Participant also a Participant. Additi S Contract, entitle Preceipt of a copy On CRP-1 and in th	Reserve Program ("CRP igrees to implement on ionally, the Participant a d Appendix to CRP-1, of the Appendix Apper te CRP-1 Appendix and	P*) or other use set by such designated and CCC agree to conservation Reserve and design and addendum
9A. Rental Rate		.90 *MC		ion of CRP La	nd (See Page 2	2 for additional space,)
9B. Annual Cont	tract Payment \$ 1,43	37.00	A. Tract No.	B. Field No.	C. Practice		E. Total Estimated Cost-Share
9C. First Year Pa	'ayment \$		2380	0002 C		0.82	\$ 0.00
(Item 9C is applic	cable only when the first ye	ear payment is	2380	0005	CP21	2.12	\$ 0.00
prorated.)	-		2380	0006	CP21	0.70	\$ 0.00
	PANTS (If more than	three individual	s are signing, :	see Page 3.)		<u></u>	
	ANT'S NAME AND	(2) SHARE	(3) SIGNATURE ((By)		TIONSHIP OF THE	(5) DATE
RICHARD A LOWRY		100 00 %			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(MM-OD-YYYY)
75 STINEBAUGH E WAPAKONETA, OH4		100.00%					
1 /	ANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE		(5) DATE
MUDINEGO (I	(Include Zip Code)	%			}	SIGNING IN THE TATIVE CAPACITY	(MM-DD-YYYY)
` '	ANT'S NAME AND (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE
ADDITEGO (incidae zip Codej	%					(MM-DD-YYYY)
					<u> </u>		
12. CCC USE (DNLY A. SIGNATUI	RE OF CCC REP	RESENTATIVE			W	B. DATE (MM-DD-YYYY)
information Agricultura Act, 2024 determine Federal, S or as desc information	Act Statement: The following son identified on this form is the al Act of 2014 (16 U.S.C. 3831 (Pub. L. 118-22), the American eligibility to participate in and State, Local government agency the distance Usy is voluntary. However, failur tion Reserve Program.	Commodity Credit Corp 1 et seq), the Agricultura In Relief Act, 2025 (Pub. I receive benefits under cies, Tribal agencies, an ses identified in the Sys	poration Charter Act (al Improvement Act oi b. L. 118-158), and the the Conservation Res nd nongovernmental e stem of Records Notic	(15 U.S.C. 714 et al of 2018 (Pub. L. 11 e Conservation Re diserve Program. T entities that have to ce for USDA/FSA-	seq.), the Food Sec 15-334), the Further eserve Program 7 Cl The information colle been authorized acc 2. Farm Records Fil	eurity Act of 1985 (16 U.S.C Continuing Appropriations of FR Part 1410. The Informa foceted on this form may be di cess to the information by so le (Automated). Providing t	: 3801 et seq.), the and Other Extensions tion will be used to lisclosed to other talute or regulation and/ the requested

Non-Discrimination Statement: 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, 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.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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 https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program-intake@usda.gov.

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	RTMENT OF modity Credit	AGRICULTUR Corporation	E	1. ST		ADMIN. LOCATION	Page 1 of 1 2. SIGN-UP NUMBER 51
CONSERVATION R	ESERVE	PROGRAM	I CONTRACT		NTRACT NUMB	ER 556A	4. ACRES FOR ENROLLMENT 0.15
5A. COUNTY FSA OFFICE ADD	RESS (Includ	le Zip Code)		6. TR	ACT NUMBER	7. CONTRACT PERIOD)
AUGLAIZE COUNTY FARM SERV 110 INDUSTRIAL DR SUITE E WAPAKONETA, OH45895-9200					2380	FROM: (MM-DD-YYYY) 10-01-2018	TO: (MM-DD-YYYY) 09-30-2028
5B. COUNTY FSA OFFICE PHO (Include Area Code): (419) 73		₹			ENUP TYPE: tinuous		
INSTRUCTIONS: RETURN THIS	COMPLETE	D FORM TO Y	OUR COUNTY FS	A OFFICE.			
acreage the Conservation Plan decomply with the terms and condi- Program Contract (referred to as applicable contract period. The thereto. BY SIGNING THIS CONT- addendum thereto; and, CRP-2, C	tions containe "Appendix"). erms and cond RACT PARTIC	d in this Contra By signing bel ditions of this c SIPANTS ACKN	act, including the A ow, the Participant contract are contain OWLEDGE RECEII 10, as applicable.	Appendix to this acknowledges ned in this Form PT OF THE FOL	s Contract, entitle receipt of a cop n CRP-1 and in ti LOWING FORMS	ed Appendix to CRP-1, Co y of the Appendix/Append ne CRP-1 Appendix and a	nservation Reserve lices for the nv addendum
				1			E. Total Estimated
9B. Annual Contract Payment	\$ 31.00		A. Tract No.	B. Field No.			Cost-Share
9C. First Year Payment	\$		2380	0007	CP8/	0.15	\$ 0.00
(Item 9C is applicable only when a prorated.)	the first year p	ayment is					
11. PARTICIPANTS (If mo	ore than thr	ee individua	ls are signing, s	see Page 3.,) .		<u></u>
A(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Code) RICHARD A LOWRY ESTATE 75 STINEBAUGH DR WAPAKONETA, OH45895-1200	D (2	100.00 %	(3) SIGNATURE (Ву)	INDIVIDUAL	ATIONSHIP OF THE L SIGNING IN THE ITATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME ANI ADDRESS (Include Zip Code)	D (2) SHARE %	(3) SIGNATURE (Ву)	INDIVIDUAL	ATIONSHIP OF THE . SIGNING IN THE TATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AN ADDRESS (Include Zip Code)	D (2)	SHARE %	(3) SIGNATURE (Ву)	MUDIVIDUAL	ATIONSHIP OF THE . SIGNING IN THE TATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
12. CCC USE ONLY A. SI	GNATURE (DF CCC REP	RESENTATIVE		İ	· · · · · · · · · · · · · · · · · · ·	B. DATE

NOTE: Privacy Act Statement: 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), the American Relief Act, 2025 (Pub. L. 118-158), 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).

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(MM-DD-YYYY)

Pag	e 1	of
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	•			Page 1 of 1	
CRP-1	U.S. DEPARTMENT OF AGRICULTURE	1. ST. & CO. CODE 8	ADMIN. LOCATION	2. SIGN-UP	
(05-05-25)	Commodity Credit Corporation	39	39 011		
				48	
		3. CONTRACT NUME	3ER	4. ACRES FOR	
CONSE	RVATION RESERVE PROGRAM CONT	RACI 11	319A	ENROLLMENT	
5A. COUNTY F	SA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD)	
AUGLAIZE COU	NTY FARM SERVICE AGENCY	0200	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)	
	AL DR SUITE E	2380	10-01-2016	09-30-2026	
WAPAKONETA,	OH45895-9200				
		8. SIGNUP TYPE:		•	
5B. COUNTY F	FSA OFFICE PHONE NUMBER	Continuous			
(include Area	a Code): (419) 738-3918				
INSTRUCTIONS	S: RETURN THIS COMPLETED FORM TO YOUR COUN	ITY FSA OFFICE.			
(referred to as " CCC for the stip	T is entered into between the Commodity Credit Corporal the Participant".) The Participant agrees to place the des ulated contract period from the date the Contract is exec	ignated acreage into the Conservation Ited by the CCC. The Participant also	Reserve Program ("CRP" agrees to implement on si	or other use set by uch designated	

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 \$ 214.09	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment \$ 379.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	2380	9	CP33	1.19	\$ 0.00
(Item 9C is applicable only when the first year payment is prorated.)	2380	10	CP33	0.58	\$ 0.00

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) RICHARD A LOWRY ESTATE 75 STINEBAUGH DR WAPAKONETA, 0H45895-1200	(2) SHARE	(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)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANTS 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. SIGNA	TURE OF CCC REI	PRESENTATIVE		B. DATE (MM-DD-YYYY)

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