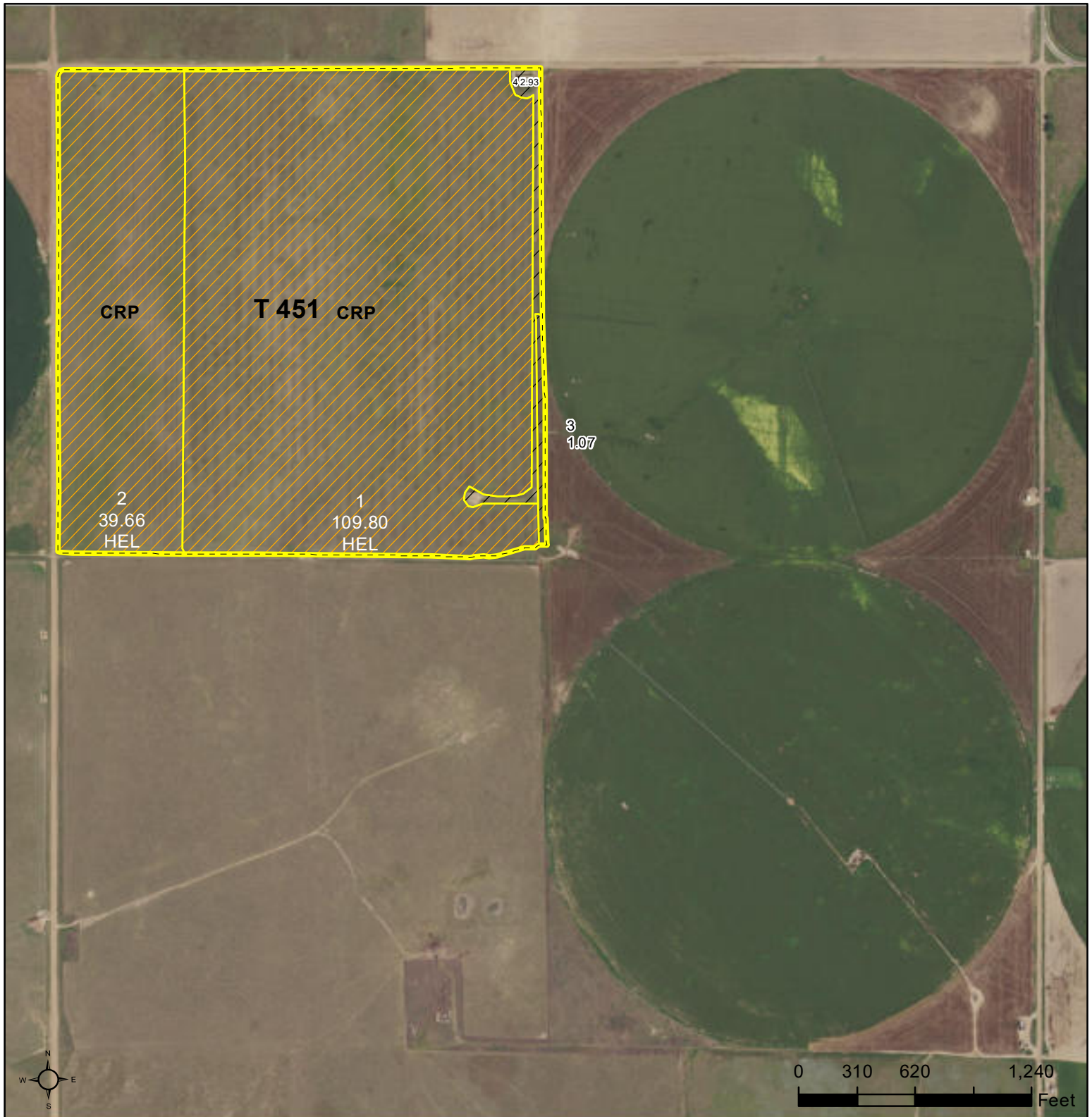




United States
Department of
Agriculture

Grant County, Kansas



Common Land Unit

- Non-Cropland
- Cropland

Wetland Determination Identifiers

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

- CRP
- Tract Boundary
- PLSS

Unless noted on field:

- | | |
|---------------------------|--------------------------|
| 1/ All Wheat HRW, NI, GR | 6/ Sorghum, GRS, NI, GR |
| 2/ All Wheat HRW, IRR, GR | 7/ Sorghum, GRS, IRR, GR |
| 3/ All Corn YEL, IRR, GR | 8/ Sorghum, CAN, IR, FG |
| 4/ All Corn YEL, NI, GR | 9/ Grass, NAG, NI, GZ |
| 5/ Soybeans, COM, IRR, GR | 10/ Alfalfa, IR, FG |

Tract Cropland Total: 149.46 acres

2023 Program Year

Map Created May 03, 2023

Farm 411

Tract 451

35-29-35

Displayed over 2021 NAIP

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).

KANSAS
GRANT

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



United States Department of Agriculture
Farm Service Agency

Abbreviated 156 Farm Record

FARM : 411

Prepared : 6/9/23 3:37 PM CST

Crop Year : 2023

Operator Name : KIM D O'BRIEN
CRP Contract Number(s) : 11042B, 11136A
Recon ID : None
Transferred From : None
ARCPLC G//F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
153.46	149.46	149.46	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped			CRP	MPL	DCP Ag.Rel. Activity	SOD
0.00	0.00	0.00	0.00			149.46	0.00	0.00	0.00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	None	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	0.00	32.60	0	
Grain Sorghum	0.00	7.20	0	
TOTAL	0.00	39.80		

NOTES

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Tract Number : 451

Description : NW 35 29 35
FSA Physical Location : KANSAS/GRANT
ANSI Physical Location : KANSAS/GRANT
BIA Unit Range Number :
HEL Status : HEL field on tract.Conservation system being actively applied
Wetland Status : Wetland determinations not complete
WL Violations : None
Owners : KIM D O'BRIEN
Other Producers : None
Recon ID : None

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
153.46	149.46	149.46	0.00	0.00	0.00	0.00	0.0



Abbreviated 156 Farm Record

Tract 451 Continued ...

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	0.00	0.00	149.46	0.00	0.00	0.00

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield
Wheat	0.00	32.60	0
Grain Sorghum	0.00	7.20	0
TOTAL	0.00	39.80	

NOTES

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Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
451	1	CRP	002			N	C	N	I	A	109.80		Yes		O		01	2026
Producer KIM D O'BRIEN					Share 100.00	FSA Physical Location Grant, Kansas										NAP Unit 3848	Signature Date 05/18/2023	
2		CRP	025			N	C	N	I	A	39.66		Yes		O		01	2035
Producer KIM D O'BRIEN					Share 100.00	FSA Physical Location Grant, Kansas										NAP Unit 3848	Signature Date 05/18/2023	

Tract 451 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty			
01	CRP	025		N	A	39.66	01	CRP	002		N	A	109.80										
Photo Number/Legal Description: NW 35 29 35																							
Cropland: 149.46						Reported on Cropland: 149.46						Difference: 0.00						Reported on Non-Cropland: 0.00					

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 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0175. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

							Crop/ Commodity	Variety/ Type	Share								Crop/ Commodity	Variety/ Type	Share			
KIM D O'BRIEN							CRP	025	100.00								CRP	002	100.00			
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity								Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	CRP	002		N	A	109.80									01	CRP	025		N	A	39.66	

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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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.

CRP-1 (07-06-20)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	
CONSERVATION RESERVE PROGRAM CONTRACT		1. ST. & CO. CODE & ADMIN. LOCATION <div style="text-align: center;">20 067</div>	
		2. SIGN-UP NUMBER <div style="text-align: center;">49</div>	
5A. COUNTY FSA OFFICE ADDRESS <i>(Include Zip Code)</i> GRANT COUNTY FARM SERVICE AGENCY 524 S MAIN ST ULYSSES, KS67880-2621		3. CONTRACT NUMBER <div style="text-align: center;">11042B</div>	
		4. ACRES FOR ENROLLMENT <div style="text-align: center;">109.80</div>	
5B. COUNTY FSA OFFICE PHONE NUMBER <i>(Include Area Code):</i> (620) 356-1744		6. TRACT NUMBER <div style="text-align: center;">451</div>	
		7. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2016 TO: (MM-DD-YYYY) 09-30-2026	
		8. SIGNUP TYPE: General	
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 \$ 46.65		10. Identification of CRP Land <i>(See Page 2 for additional space)</i>	
9B. Annual Contract Payment \$ 5,122.00		A. Tract No.	B. Field No.
9C. First Year Payment \$		C. Practice No.	D. Acres
<i>(Item 9C is applicable only when the first year payment is prorated.)</i>		E. Total Estimated Cost-Share	
(Item 9C is applicable only when the first year payment is prorated.)		451	1
(Item 9C is applicable only when the first year payment is prorated.)		CP2	109.80
(Item 9C is applicable only when the first year payment is prorated.)		\$ 3,953.00	
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> KIM D O'BRIEN		(2) SHARE <div style="text-align: center;">100.00 %</div>	
(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
(5) DATE (MM-DD-YYYY)		(5) DATE (MM-DD-YYYY)	
B(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE <div style="text-align: center;">%</div>	
(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
(5) DATE (MM-DD-YYYY)		(5) DATE (MM-DD-YYYY)	
C(1) PARTICIPANT'S NAME AND ADDRESS <i>(Include Zip Code)</i>		(2) SHARE <div style="text-align: center;">%</div>	
(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
(5) DATE (MM-DD-YYYY)		(5) DATE (MM-DD-YYYY)	
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE	
B. DATE (MM-DD-YYYY)		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) and 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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CRP-1 (07-06-20)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1. ST. & CO. CODE & ADMIN. LOCATION 20 067		2. SIGN-UP NUMBER 54	
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 11136A		4. ACRES FOR ENROLLMENT 39.66	
				5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) GRANT COUNTY FARM SERVICE AGENCY 524 S MAIN ST ULYSSES, KS67880-2621		6. TRACT NUMBER 451	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (620) 356-1744				8. SIGNUP TYPE: General			
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9A. Rental Rate Per Acre \$ 20.31		10. Identification of CRP Land (See Page 2 for additional space)					
9B. Annual Contract Payment \$ 805.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		451	0002	CP25	39.66	\$ 1,428.00	
(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) KIM D O'BRIEN		(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 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)	
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