IOWA

APPANOOSE

USDA United States Department of Agriculture Farm Service Agency

FARM: 2054

Prepared: Jul 27, 2017

Crop Year: 2017

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.

Abbreviated 156 Farm Record

Operator Name

: TYL ENTERPRISES LLC

Farms Associated with Operator:

19-007-2054, 19-007-4042

CRP Contract Number(s)

None

rm		

Farmland	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	Farm Status	Number Of Tracts
333.72	135.58	135.58	0.00	0.00	0.00	0.00	0.00	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		MPL	Acre Election	EWP	DCP Ag. Rela	ated Activity
0.00	0.00	135.58	0.	00	0.00	No	0.00	0.0	00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage	
None	CORN	None	

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	CTAP Yield	PLC Yield	HIP
Corn	100.90	0.00	0	87	

TOTAL

100.90

0.00

NOTES

Tract Number

325

Description

: S 1/2 & NW 1/4 SEC 7 - PLEASANT

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

: TYL ENTERPRISES LLC, FRANK FAMILY LLC, VOLUNTEER PROPERTY MANAGEMENT LLC, SABAD PROPERTIES LLC

Other Producers

: GARY LEE CHAPLIN, MR MATTHEW JAMES LOWE

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane
333.72	135.58	135.58	0.00	0.00	0.00	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL	EWP	DCP Ag. Related Activity	
0.00	0.00	135.58	0.00	0.00	0.00	0.00	

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	CTAP Yield	PLC Yield
Corn	100.90	0.00	0	87

TOTAL

100.90

0.00

NOTES

IOWA **APPANOOSE**

Form: FSA-156EZ

USDA United States Department of Agriculture Farm Service Agency

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Abbreviated 156 Farm Record

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Form: FSA-156EZ



United States Department of Agriculture

Farm Service Agency

Program Year: 2015

Farm Number: 4042

Date

: Aug 7, 2015

See Page 2 for non-discriminatory Statements.

Abbreviated 156 Farm Record

State : IOWA

APPANOOSE County:

Operator Name

: TYL ENTERPRISES LLC Farms Associated with Operator: 19-007-2054, 19-007-4042

CRP contract numbers

: 1062E

Farm Land Data

					raim Lanu	Data				
Farmland	Crop	land	DCP Cropland	WBP	WRP	CRP	GRP	Sugarcane	Farm Status	Number Of Tracts
138.22	67.	55	67.55	0.00	0.00	0.00	0.00	0.00	Active	1
State Conservation	Oth	100	Effective DCP Cropland	Double Cropped	MPL	FAV/WR History	Acre Election	EWP	DCP Ag. Related Activity	
0.00	0.0	00	67.55	0.00	30.60	No	No	0.00	0.	00

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage	

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	CTAP Yield	PLC Yield	HIP
Wheat	0.00	0.00	0	0	
Oats	0.00	0.00	0	0	
Corn	0.00	0.00	0	0	
Soybeans	0.00	0.00	0	0	

NOTES

State : IOWA

County: APPANOOSE

Farm Number: 4042

Tract Number : 3137

Description

: SW 1/4 SEC 6 & NW 1/4 SEC 7-PLEASANT

FAV/WR History: No

BIA Unit Range Number:

HEL Status

: HEL field on tract. Conservation system being actively applied

Wetland Status

: Wetland determinations not complete

WL Violations

Owners

: FRANK FAMILY LLC, TYL ENTERPRISES LLC, SABAD PROPERTIES LLC, VOLUNTEER PROPERTY

MANAGEMENT LLC

Other Producers

: GARY LEE CHAPLIN, MR MATTHEW JAMES LOWE

Tract Land Data

Farm Land	Cropland	DCP Cropland	WBP	WRP	CRF	GRP	Sugarcane
138.22	67.55	67.55	0.00	0.00	0.00	0.00	0.00
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	d M	IPL	EWP	DCP Ag. Related Activity
0.00	0.00 67.55 0.00 30.60		0.00 0.00				

This form is available el	ectronica	illy.		(See Page					ion Act Sta	tements) P	age 1 of 2	2
CCC-857	U.	S. DEPA		T OF AGRICULTURE				ough 2018				
(10-31-14)			Commod	fity Credit Corporation						ng Zip Code)		
				,	MON	ROE - AF	PANOC	SE COUNT	Y FARM SE	ERVICE AGE	NCY	
					1701 S B ST SUITE 200							
					ALBIA	A, IA 525	31-2685		,			
AGRICULTURE F	RISK C	OVER	RAGE	(ARC) & PRICE	2B. Count Numb	ty FSA O er (Inclu				ty FSA Office ding Area Co		mber
LOSS COVERA	GE (PL	C) PR	ROGRA	AM ELECTION	(641)9	932-7134			(855)	211-4022		
					3. State Co	ode	4.	County Code		5. Farm Nu	mber	
THIS ELECTION must be						19		007			2054	
this farm beginning with the covered commodities on to the farm must sign this elefarm, or any resulting farm program election applicable they must annually enroll regulations at 7 CFR Part current producers on the funct equate to FSA's approto the farm. Annual enroll 6. ARC-IC Election	he farm, section, and (s) of a read the farm in 1412; and farm certifored in the farm in t	starting vide by doing econstitute and all not the AR displayed (5) that is election and ARC displayed (5).	with the 2 ng so, unition; (2) if covered the covered	015 crop year, and the fanimously agree and act this farm may not be cor commodities on all farm C program in order to recept to benefits are subject acy of the information selected the control of the	arm is not e knowledge t mbined with his intended to to change at out on this action was in the form this action, if made at the control of t	ligible for that: (1) fl any other to be con or PLC be based up form. Finally under the control of the control	r any 201 his electi r farm th nbined; (nefits for boon char SA's acc der 7 CFI and mu	4 ARC or Plon is irrevocated has base at has base at has even thou in that crop year that crop year ges to law. eptance of the R Part 1412, st be perform	C paymen able for the accres and gh they ma ear; (4) they In addition, his signed f the electioned each conditioned each cond	its. All currents covered cordoes not have ay have made must comply, by signing the form and use on this for	t produce mmodities e the sar e an elec y with the his form, of the fo rm will no	ers on s and the me tion, all rm does of apply
7. Election For PLC and	ACR-CO	(Check o	nly ONE	box per crop, if no selec	ction was m	ade in ite	m 6.)					
Crop	PLC	ARC- CO	N/A	Crop	PLC	ARC- CO	N/A		Prop	PLC	ARC- CO	N/A
Barley			X	Grain Sorghum			X	Rice, Long	Grain			X
Beans, Large Chickpea			X	Lentils			X	Rice, Medi	um Grain			X
Beans, Small Chickpea			X	Mustard Seed			X	Safflower				X
Canola			X	Oats			X	Sesame Se	eed			X
Corn		X		Peanuts			X	Soybeans				X
Crambe			X	Peas, Dry			X	Sunflower	Seed			X
Flaxseed			X	Rapeseed			X	Wheat				X
8A. Producer's Name and	Address	(Includi	ng Zip Co	ode)	8B. Em	ail Addre	SS				-	and the second
TYL ENTERPRISES PO BOX 60 ALCOA, TN 37701-0			/		8C. Tel	ephone I	Number	(Including Ar	ea Code)			
8D. Signature of Produce	er (By)	SI	ge		e/Relationsh presentative			al Signing in	the 8F) - 2	5-	15
FOR FSA USE ONLY						Mark S						
	presentat	ive	/	//// ///	/				98	B. Date (MM-	DD-YYYY)	(
9A. Signature of CCC Re											1 _/	
9A. Signature of CCC Re	1	-	//	Mall						00	21	2
9A. Signature of CCC Re	4		16	Mall			-			00	37	7
MU	4		16	Mall						00	37	7
MU	4		16	Mac		-				00	37	3

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CCC-857 (10-31-14)				Page 2 of 2			
11A. Farm Number	11B. State Code		11C. County Code	11D. Program Year			
2054	19		007	2014 - 2018			
PRODUCER'S INFORMATION							
12A. Producer's Name and Address	(Including Zip Code)		12B. Email Address				
CLINTON MATTHEW WELL	.s						
20629 590TH ST			12C. Telephone Number (Including Area Code)				
CINCINNATI, IA 52549-873	1		6418956005				
12D. Signature of Producer (By)	2		lationship of the Individual Signing in the	12F. Date (MM-DD-YYYY)			
X 10 1-4	Lell-	Represe	entative Capacity	2/25/15			

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 1412, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 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 Agriculture Risk Coverage Program and Price Loss Coverage 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 Agriculture Risk Coverage Program and Price Loss Coverage 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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Sta	yea" 5	all	0- Il	t9. P	US	Page 1 of 2						
This form is available electronically. CCC-858 U.S. D	DEPARTMENT OF AGRIC	CULTURE 1	. Program Years: 201	4 through 2018	F	(D) H						
(09-23-14)	Commodity Credit Co		2A. County FSA Office Name and Address (Including Zip Code) MONROE - APPANOOSE COUNTY FARM SERVICE AGENCY 1701 S B ST SUITE 200									
BASE REALLOCATION DECISION		ATE 2	ALBIA, IA 52531-2 2B. County FSA Office (Including Area Code)	Telephone Number		ounty FSA Office FAX Number						
AGRICULTURE RISK CO	OVERAGE (ARC)	AND	(641)932-7134		(1	855)211-4022						
PRICE LOSS COVERAG	SE (PLC) PROGRA	3	3. State Code 19	4. County Code 007		Farm Number 2054						
form is 7 CFR Part 1412, the Co be used to determine eligibility to collected on this form may be di access to the information by sta Records File (Automated). Prov ineligibility to participate in and in This information collection is ext The provisions of criminal and c	mmodity Credit Corporation to participate in and receive b isclosed to other Federal, Statute or regulation and/or as o viding the requested informat receive benefits under the Agempted from the Paperwork I ivil fraud, privacy, and other the commence of the control of the con	Charter Act (15 enenfits under the tenefits under the tenefits consisted in application is voluntary, inculture Risk Consisted and the tenefits and tenefits and the tenefits and tenefits a	U.S.C. 714 et seel, and to e Agriculture Risk Covera- ment agencies. Tribal agu- licable Routine Uses ident However, failure to furnis overage Program and Pric s specified in the Agricultu- applicable to the informat	ing Agricultura and Price go Program and Price encies, and nongovern lifted in the System of is the requested inform the Loss Coverage Program iral Act of 2014 (Pub. L lion provided. RETURN	Loss Co mental e Records nation with gram. 113-79	, Title I, Subtitle F, Administration). OMPLETED FORM TO YOUR						
THE BASE ACRE REALLOCATION AND a update or base acre reallocation requests for resolution by the end of the yield update per	om another current owner, al	s made by the u i current owners	indersigned current owner will be required to resolve	of the farm identified a their dispute providing	above. If g CCC w	FSA receives conflicting yield written evidence of the dispute						
FARM BASE ACRE REALLOCA	TION					A SOUTH PROPERTY AND ADDRESS OF THE PARTY AND						
X 6A. I agree to maintain the farm on the following crops, exclusions:	's 2013 base acres uding cotton acres		agree to reallocate basecres, not to exceed the see page 2 for tract des	e total base acres in	effect of	ops, excluding cotton base on September 30, 2013						
(1) Commodity	(2) Base Acres		Commodity	(2) Base Acres	6C. T	ract Reallocation Method						
Corn	100.9	Corn		57.1	L	(1) Crop Land						
		Soybeans		45.0		(2) Owner Designation						
FARM YIELD UPDATE 7A. I agree to use the farm's 2013 Co yield for the following crops.	ounter Cyclical (CC) yield	for the PLC	percent of the	ate the PLC yield for farm's 2008 through g any year(s) when	2012	lowing crops based on 90 average yield per planted age was planted.						
(1) Commodity	(2) CC	Yield	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME) Commodity		(2) PLC Yield						
Corn		8	7									
				and the second s								
8. Owner's Name and Address (Including	ng Zip Code)	444 THURI	ER PROPERTY MANA MER CIR TY, TN 37772-4314	GEMENT LLC								
9A. Signature of Owner (By)	ange) -	B. Title/Relationship of the Representative		ng in 9	OC. Date (MM, OD-YYXY)						
10A. Signature of CCC Representative	е	A				10B. Date (MM-DD-YYYY)						

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FSA - 578 (09-13-16)

Farm Number: 2054

REPORT OF COMMODITIES FARM SUMMARY

PROGRAM YEAR: 2017

DATE: 7-27-2017 PAGE: 3

Original:	
Revision:	

Cropland: 135.58 Farmland: 333.72

Operator Name and Address
TYL ENTERPRISES LLC

PO BOX 60 ALCOA, TN 37701-0060

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 producers 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.

	Producer	Name			Crop/ mmodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
	MATTHEW JAMES LOWE				IDLE		50.00	GRASS	ORG	50.00	MIXFG	LGM	50.00	CORN	YEL	50.00
				G	RASS	FTA	50.00									
	GARY L C	HAPLIN			IDLE		50.00	GRASS	ORG	50.00	MIXFG	LGM	50.00	CORN	YEL	50.00
				G	RASS	FTA	50.00									
Planting Period	Crop/ Commodity	Variety/ Type	Irr Prac	Int Use	Rp Ex	it p	Det Exp	Rpt Pvt		Det Pvt	Rpt Vol		Det Vol	Rpt NA		Det NA
01	MIXFG	LGM	N	LS							23.15					
Olastina	Conni	Mariatul	1-11	lata a da	_	D t . 1	0.4			01	N		A	Deserted	Datas	in a d

Planting Period	Crop/ Commodity	Variety/ Type	Irrigation Practice	Intended Use	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Irrigation Practice	Intended Use	Reported Quantity	Determined Quantity
01	GRASS	ORG	N	LS	0.68		01	MIXFG	LGM	N	FG	3.40	
01	CORN	YEL	N	GR	50.47		01	GRASS	FTA	N	FG	22.04	
01	IDLE		N		1.00		01	MIXFG	LGM	N	GZ	19.78	
01	GRASS	ORG	N	FG	15.06								

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.

Operator's Signature (By)	Date

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FSA - 578 (09-13-16)

Farm Number: 2054 Operator Name and Address

TYL ENTERPRISES LLC

ALCOA, TN 37701-0060

PO BOX 60

REPORT OF COMMODITIES FARM AND TRACT DETAIL LISTING

PROGRAM YEAR: 2017

DATE: 7-27-2017 PAGE: 1

Original:

Revision: Cropland: 135.58

Farmland: 333.72

Tract	CLU/ Field	Crop/ Commodity	Variety/ Type	lrr Prc	Int Use	Actual Use	Land Use	Status	Native Sod	C/C Status	Reporting Unit	Reported Quantity	Determined Quantity	Crop Land	Field	Official/ Measured	Planting Date	Planting Period	End
325	8	MIXFG	LGM	N	GZ			C	N	1	Α	19.78		Yes			5-1-2000	01	CC
		Pr	oducer G						Share	e 50.00		FSA F	Physical Location	Appano	ose, lowa			NAP Unit	
			M	ATTHEV	V JAME	S LOWE				50.00									
	17	GRASS	ORG	N	LS			C	N	1	Α	0.68		Yes			5-1-1970	01	CC
		Pr	oducer GA	ARYLO	HAPLIN	1			Share	50.00		FSA F	Physical Location		ose, lowa			NAP Unit	
			MA	ATTHEV	V JAME	S LOWE				50.00			•		The state of the s			THE CIME	2110
	20	MIXFG	LGM	N	LS			C	N	IV	Α	2.40		Yes			10-1-2012	01	CC
		Pr	oducer GA	RYLC	HAPLIN	1			Share	50.00		FSA F	Physical Location		ose Iowa		10 12012	NAP Unit	
			MA	TTHEV	V JAMES	SLOWE				50.00					,			tou one.	2110
	22	MIXFG	LGM	N	LS			C	N	IV	Α	2.90		Yes			10-1-2012	01	CC
		Pr	oducer GA	RYLC	HAPLIN				Share	50.00		FSA F	hysical Location:	Appano	ose. Iowa			NAP Unit	
			MA	TTHEV	V JAMES	SLOWE				50.00			•		,			Tou Office	2110
	50	GRASS	FTA	N	FG			C	N	1	A	10.37		Yes			5-1-2008	01	CC
		Pre	oducer GA	RYLC	HAPLIN	F			Share	50.00		FSA P	hysical Location:	Appano	ose, lowa			NAP Unit	
			MA	TTHEV	V JAMES	SLOWE				50.00					7.7			tuu oint .	2110
	51	MIXFG	LGM	N	LS			C	N	IV	Α	4.08		Yes				01	CC
		Pro	oducer GA	RYLC	HAPLIN				Share	50.00		FSA P	hysical Location:	Appano	ose, lowa			NAP Unit	
			MA	TTHEW	V JAMES	SLOWE				50.00									
	52	GRASS	FTA	N	FG			C	N	1	A	9.96		Yes			4-1-1980	01	CC
		Pro	oducer GA	RYLC	HAPLIN				Share	50.00		FSA P	hysical Location:	Appano	ose, lowa			NAP Unit	
			MA	TTHEW	V JAMES	SLOWE				50.00									
	53A	GRASS	FTA	N	FG			C	N	1	Α	1.71		Yes			4-1-1995	01	CC
		Pro	oducer GA	RYLC	HAPLIN				Share	50.00		FSA P	hysical Location:	Appano	ose, Iowa			NAP Unit 2	
			MA	TTHEN	JAMES	LOWE				50.00									
	53B	GRASS	ORG	N	FG			C	N	1	A	15.06		Yes			4-1-1995	01	CC
		Pro	ducer GA	RYLCI	HAPLIN				Share	50.00		FSA P	hysical Location:	Appano	ose, Iowa			NAP Unit 2	
			MA	TTHEW	JAMES	LOWE				50.00									
	53C	CORN	YEL	N	GR			C	N	1	A	2.00		Yes			5-8-2017	01	
		Pro	ducer GA						Share	50.00		FSA P	hysical Location:	Appano	ose, Iowa			NAP Unit 2	2778
				TTHEW	JAMES	LOWE				50.00									
	53D	CORN	YEL	N	GR			C	N	1	Α	4.00		Yes			5-8-2017	01	
		Pro	ducer GA						Share	50.00		FSA P	hysical Location:	Appano	ose, lowa			NAP Unit 2	2778
			MA	TTHEW	JAMES	LOWE				50.00								Grate	
	53E	CORN	YEL	N	GR			C	N	1	A	0.25		Yes			5-8-2017	01	
		Pro	ducer GAI	RYLCH	HAPLIN				Share	50.00		FSA PI	hysical Location:		se, lowa			NAP Unit 2	778
			MA	TTHEW	JAMES	LOWE				E0.00								Crist 2	

50.00

MATTHEW JAMES LOWE

FSA - 578 (02-01-91)

Farm Number: 2054

REPORT OF COMMODITIES FARM AND TRACT DETAIL LISTING

PROGRAM YEAR: 2017

DATE: 7-27-2017

PAGE: 2

Tract Number		Crop/ Commod		ariety/ Type	Irr Prc	Int Use	Actual Use	Land Use	Organic Status	Native Sod	C/C Status	Repor		Reported Quantity	Determined Quantity	Crop	Field	Offic		Planting Date	Planting Period	End Date		
325	53F	MIXE	6	LGM	N	LS			C	N	IV	Α		11.58		Yes		Mode	50100	Date	01	CC		
			Produ	cer GA	RYLC	HAPLIN	l			Share	e 50.00			FSA	Physical Locati		noose lowa				NAP Unit	-		
				MA	TTHEW	V JAME	SLOWE				50.00				,	от грра	noose, ione	•			IVAF UIII	2110		
	56A	CORN		YEL	N	GR			C	N	1	А		44.22		Yes				5-8-2017	01			
			Produ	cer GAF	RYLC	HAPLIN	l			Share	e 50.00				Physical Locati		noore lowe			3-0-2017	-	0770		
				MA	THEW	JAME	SLOWE				50.00			IOAI	Hysical Locali	ин. Арра	iloose, lowa	•			NAP Unit	2118		
	56B	MIXEG	6	LGM	N	LS			C	N	IV	А		2.19		V								
			Produ	cer GAF	RYLC				0		50.00	^			Dh	Yes					01	CC		
							SLOWE			Share	50.00			FSA	Physical Locati	on: Appai	noose, lowa	1			NAP Unit	2778		
	56C	MIXEG		LGM	N	FG	3 LOVE		C		50.00													
		ienza C		cer GAF					C	N		Α		3.40		Yes				4-25-2017	01	CC		
			Floud							Share	50.00			FSA F	Physical Location	on: Appai	noose, lowa				NAP Unit	2778		
	56D	IDIE		MA		JAME	SLOWE				50.00													
	200	IDLE	_		N				C	N	1	A		1.00		Yes					. 01			
			Produ	cer GAF						Share	50.00			FSA Physical Location: Appanoose, Iowa							NAP Unit 2778			
				MAT	THEW	JAMES	SLOWE				50.00													
PP	Cr/Co	Var/Type	Irr Pro	Int Us	e No	on-Irr	Irr	PP	Cr/Co	o Va	ar/Type	Irr Prc	Int Use	Non-Irr	lrr I	PP Cr	/Co Var/	Туре	Irr Prc	Int Use	Non-Irr	lrr		
01	GRASS	ORG	N	LS	0	0.68		01	MIXE		LGM	N	FG	3.40			7 4411	EL	N	GR	50.47	111		
01	GRASS	FTA	N	FG	22	2.04		01	IDLE			N	. 0	1.00		-		SM.						
01	MIXEG	LGM	N	GZ	19	9.78		01	GRAS		ORG	N	FG	15.06		JI IVIL	Arg LC	JIVI	N	LS	23.15			
Photo Nu	mber/Lega	al Description					ASANT	01	Sivio		Ond	14	FG	15.06										
		pland: 135.5					ted on C	ropland	: 135.58					Difference:	0.00		Repo	rted on	Non-C	ropland: 0.	00			

(See Page 2 for Privacy Act and Paperwork Reduction Act Statements)

FSA-578C U.S. DEPARTMENT	OF AGRICULTURE	Admin State & County	2. Crop Year		
CONTINUOUS REP	ort OF ACREAGE Perennial Forage)	Appanoose, lowa	201	17	
3A. Name and Address of Producer (Inc. GARY L CHAPLIN 27206 125TH AVE NUMA, IA 52544-8749	lude Zip Code)	3B. Telephone Number (Include Area Code)			
4. Farm Number: 2054		C.			
A. Crop	B. Type	Intended Use	D. Enrolled Y N		
GRASS	FESCUE, TALL	FG	X		
GRASS	ORCHARD	FG	X		
GRASS	ORCHARD	LS	X		
MIXED FORAGE	LEGUME/GRASS MIXTURE	GZ	X		
MIXED FORAGE	LEGUME/GRASS MIXTURE	LS	X		
5. Remarks					
6. PRODUCER CERTIFICATION	,				
By signing below I certify that I would like to option for Perennial Crops. These crops wi kind has been made to terminate the continu	ll remain enrolled in the Continuous Ac	ntended use provided above in the Continuous Acre creage Reporting Option for Perennial Crops until	age Repoi a change	rting of any	
6A. Signature (By)	6B. Title/Relationshi Representative		-DD-YYYY) -P-16		

Mark