








**Legend**

-  Tract Boundary
-  Non-Cropland
-  Cropland
-  CRP

**Wetland Determination Identifiers**

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

**2024 Program Year**

Map Created March 12, 2024

**Farm 8289**  
**Tract 10468**

**Tract Cropland Total: 67.59 acres**

IL109\_T10468





United States  
Department of  
Agriculture

## McDonough County, Illinois



### Legend

- Tract Boundary
- Non-Cropland
- Cropland
- CRP

### Wetland Determination Identifiers

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

2024 Program Year

Map Created March 12, 2024

Farm **8289**  
Tract **9328**

Tract Cropland Total: 65.15 acres

IL109\_T9328

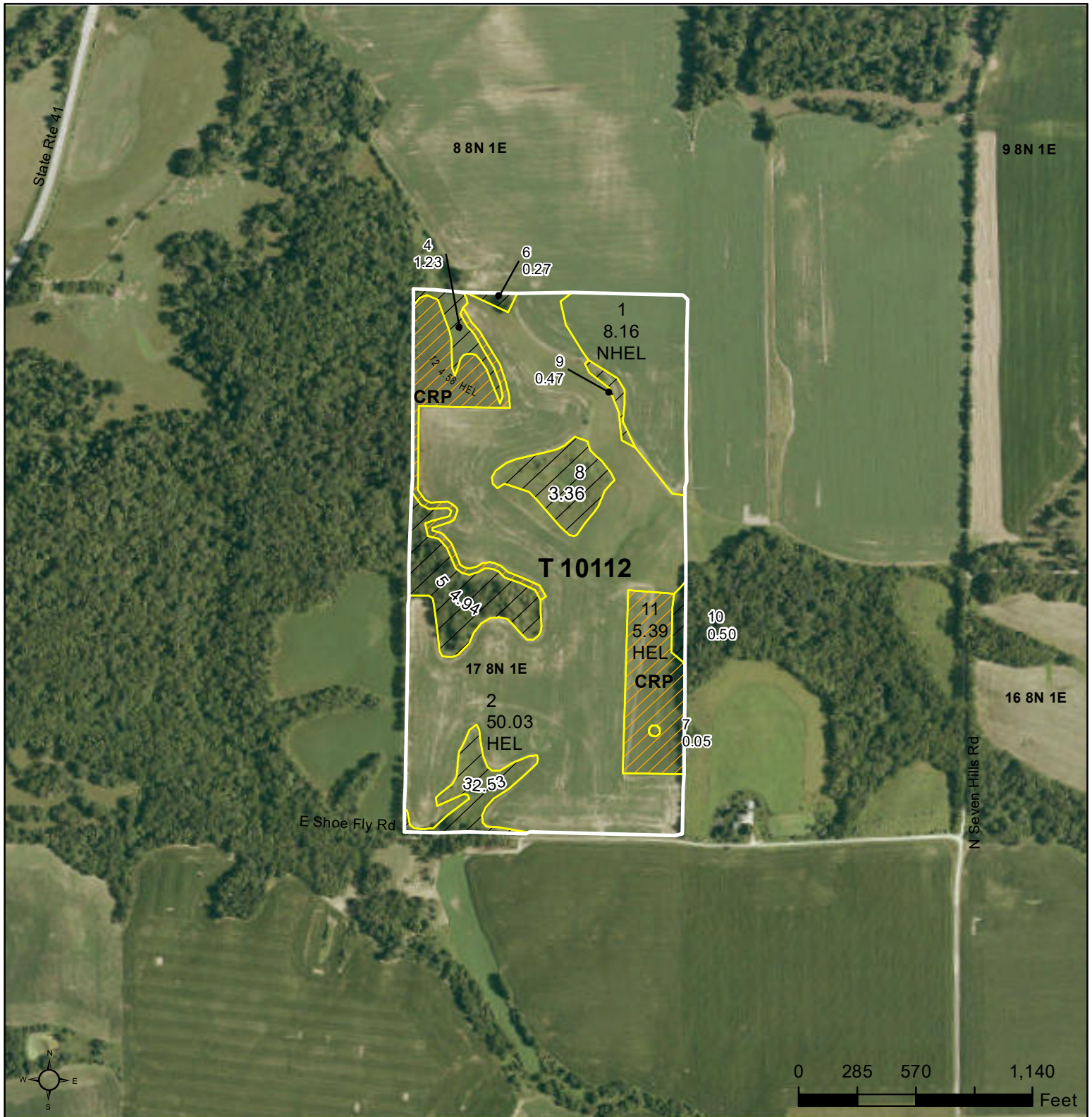
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United States  
Department of  
Agriculture

## McDonough County, Illinois



### Legend

- Tract Boundary
- Non-Cropland
- Cropland
- CRP

### Wetland Determination Identifiers

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

2024 Program Year

Map Created March 12, 2024

Farm **8289**  
Tract **10112**

Tract Cropland Total: 68.16 acres

IL109\_T10112

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<b>CRP-1</b> (07-06-20) <div style="text-align: center;"> <b>U.S. DEPARTMENT OF AGRICULTURE</b>            Commodity Credit Corporation         </div>		1. ST. & CO. CODE & ADMIN. LOCATION <div style="text-align: center;">17 109</div>		2. SIGN-UP NUMBER <div style="text-align: center;">55</div>	
<b>CONSERVATION RESERVE PROGRAM CONTRACT</b>		3. CONTRACT NUMBER <div style="text-align: center; font-size: 1.5em;">11271</div>		4. ACRES FOR ENROLLMENT <div style="text-align: center;">9.97</div>	
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) MCDONOUGH COUNTY FARM SERVICE AGENCY 1619 W JACKSON MACOMB, IL 61455-1998		6. TRACT NUMBER <div style="text-align: center;">10112</div>		7. CONTRACT PERIOD <div style="display: flex; justify-content: space-between;"> <div>FROM: (MM-DD-YYYY) 10-01-2021</div> <div>TO: (MM-DD-YYYY) 09-30-2031</div> </div>	
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (309) 833-1711 x2		8. SIGNUP TYPE: HEL Illinois.			
<p><b>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.</b></p>					
9A. Rental Rate Per Acre      \$ 295.19		10. Identification of CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment      \$ 2,943.00		A. Tract No.	B. Field No.	C. Practice No.	D. Acres
9C. First Year Payment      \$		10112	0011	CP1	5.39
(Item 9C is applicable only when the first year payment is prorated.)		10112	0012	CP1	4.58
					\$ 321.00
<b>11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>					
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) MPR FARMS PO BOX 216 BUSHNELL, IL 61422-0216		(2) SHARE <div style="text-align: center;">100.00 %</div>	(3) SIGNATURE (By) 	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY Managing Father	
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE <div style="text-align: center;">%</div>	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)		(2) SHARE <div style="text-align: center;">%</div>	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	
12. CCC USE ONLY		A. SIGNATURE OF CCC REPRESENTATIVE 			B. DATE (MM-DD-YYYY) <div style="text-align: center;">9-22-2021</div>
<p><b>NOTE:</b> 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.</p>					
<p><b>Paperwork Reduction Act (PRA) Statement:</b> 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>					

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

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MCDONOUGH COUNTY FSA

Date Printed: 07/22/2021