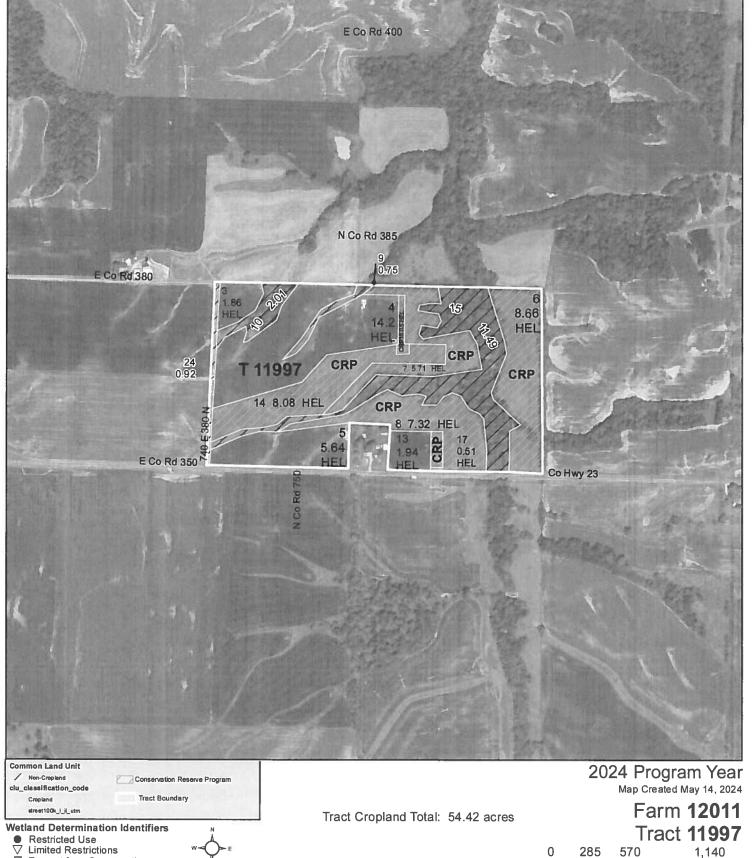
**Exempt from Conservation** 





Compliance Provisions
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).

CRP-1 (01-08-24)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO. CODE &	ADMIN. LOCATION 067	Page 1 of 1  2. SIGN-UP NUMBER 48
	RVATION RESERVE PROGRAM CONTRACT	3. CONTRACT NUMB	ER 270B	4. ACRES FOR ENROLLMENT 8.58
	SA OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	
HANCOCK COUN 102 BUCHANAN CARTHAGE, IL		11997	FROM: (MM-DD-YYYY) 11-01-2016	TO: (MM-DD-YYYY) 09-30-2027
	FSA OFFICE PHONE NUMBER a Code): (217)357-2188 x2	8. SIGNUP TYPE: HEL Illinois	3	
THIS CONTRAC (referred to as "	T is entered into between the Commodity Credit Corporation (referre the Participant".) The Participant agrees to place the designated ac	ed to as "CCC") and the und reage into the Conservation	ersigned owners, operato Reserve Program ("CRP")	rs, or tenants or other use set by

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 acknowledges receipt of Form CRP-1 and in the CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 179.27	10. Identification of CRP Land (See Page 2 for additional space)				
	\$1,538.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	11997	14	CP4D	8.08	\$ 5,050.00
(Item 9C is applicable only when the first year payment is prorated.)		11997	18	CP4D	0.50	\$ 313.00
p. 0. 0.02./						

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

		3,		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOE R SULLIVAN 8170 SCHUY RUSH PARK RD RUSHVILLE, IL62681-4790	(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) JOSEPH SULLIVAN GRANTOR TRUST 8170 SCHUY RUSH PARK RD RUSHVILLE, IL62681-4790	(2) SHARE	(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)	(2) SHARE	(3) SÍGNATURE (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)
7.31.2024

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 Commodition Commodity Credit Commodity Credit Commodity Credit Commodity Credit Commodity Credit Cr

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 <a href="http://www.ascr.usda.gov/complaint-filing\_cust.html">http://www.ascr.usda.gov/complaint-filing\_cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender,

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CRP-1	II C DEDARTING OF ACCUMENT			Page 1 of 2
(01-08-24)	U.S. DEPARTMENT OF AGRICULTURE	1. ST. & CO. CODE &	ADMIN. LOCATION	2. SIGN-UP
(01-00-24)	Commodity Credit Corporation	17	067	NUMBER 47
CONSE	NATION DECERVE PROCESS AND COMME	3. CONTRACT NUMB	ER	4. ACRES FOR
	RVATION RESERVE PROGRAM CONTRACT	11	148B	ENROLLMENT 22.20
DA. COUNTY FS	A OFFICE ADDRESS (Include Zip Code)	6. TRACT NUMBER	7. CONTRACT PERIOD	
HANCOCK COUNT	Y FARM SERVICE AGENCY			
102 BUCHANAN		11997	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
CARTHAGE, IL6:	2321-1204		10-01-2015	09-30-2025
		8. SIGNUP TYPE:		
5B. COUNTY ES	6A OFFICE PHONE NUMBER	- HEL Illinois	3	
	Code): (217)357-2188 x2			•
CCC for the stipul acreage the Cons- comply with the te	is entered into between the Commodity Credit Corporation (refer the Participant".) The Participant agrees to place the designated a lated contract period from the date the Contract is executed by the ervation Plan developed for such acreage and approved by the Corms and conditions contained in this Contract, including the Apply (referred to as "Appendix"). By signing below, the Participant as	reage into the Conservation the CCC. The Participant also a CCC and the Participant. Additional and the Participant.	Reserve Program ("CRP") agrees to implement on su tionally, the Participant an	or other use set by uch designated ad CCC agree to

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: and CRP-2 C addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

OA Pontal Pata Para Auri					
9A. Rental Rate Per Acre \$ 159.11	10. Identificat	ion of CRP Land	(See Page 2 for ac	Iditional space)	
9B. Annual Contract Payment \$ 3,532.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	11997	6	CP4D	B.66	\$ 5,413.00
(Item 9C is applicable only when the first year payment is prorated.)	11997	7	CP4D	5.71	\$ 3,569.00
44 DARTICIDANTO (II	11997	8	CP4D	7.32	\$ 4,575.00

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

A/1) PARTICIDANT'S NAME AND	(0) 0114	3 3, Lge 4./		
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) JOE R SULLIVAN			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
8170 SCHUY RUSH PARK RD	100.00%	-/ 6///	REPRESENTATIVE CAPACITY	5 5 4 /
RUSHVILLE, IL62681-4790	100.00%	1/6/2	THE SERVICE ON ACTIO	1/2/29
B(1) PARTICIPANT'S NAME AND	(6) 6) 10 5			1 7 3 0 1
ADDRESS (Institut 7) O ALL	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) JOSEPH SULLIVAN GRANTOR TRUST			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
8170 SCHUY RUSH PARK RD	0.00%	$  () \wedge   \wedge                                 $	REPRESENTATIVE CAPACITY	(
RUSHVILLE, IL62681-4790	0.00%	130/12		10224
C(1) PARTICIPANT'S NAME AND	(2) CHADE	1000000	Trustee	/_ 2.4 /
ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDITEGS (Include Zip Code)			INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
	%		REPRESENTATIVE CAPACITY	( ==)
	/ /			1
12. CCC USE ONLY A. SIGNATUR	E OF 000 BEE	PRESENTATIVE		1
I I A A A A A A A A A A A A A A A A A A	IE OF LUC REF	RESENTATIVE		D. DATE

B. DATE (MM-DD-YYYY) - 30- 4

The following statement is made in a cordance 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 Improvement 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 NOTE: Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entitles 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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## **CONTINUATION OF ITEM 10 – Identification of CRP Land**

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
11997	17	CP4D	0.51	\$ 319.00
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