



Common Land Unit

Roads

plss_a_il

Tract Boundary

Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Tract Cropland Total: 161.80 acres

2023 Program Year Map Created July 28, 2022

> Farm **5821** Tract 10853

> > IL001_T10853





Common Land Unit

Tract Boundary

1 plss a il

Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Tract Cropland Total: 202.77 acres

2023 Program Year
Map Created July 28, 2022

Farm **5821**

Tract 4301

IL001_T4301







1 plss a_il

Roads
CRP
Tract Boundary

2023 Program Year
Map Created July 28, 2022

Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Tract Cropland Total: 88.31 acres

Farm **2359** Tract **2153**

IL001_T2153

CRP-1 U.S. DEPARTMENT OF AGRICULTURE					Page 1 of 1 1. ST. & CO. CODE & ADMIN. LOCATION 2. SIGN-UP				
(07-06-20) Cor	ı.c	1. 8		2. SIGN-UP NUMBER					
			17	57					
COMPENSATION					CONTRACT NUMB	4. ACRES FOR			
CONSERVATION RESERVE PROGRAM CONTRACT				Γ	11578		ENROLLMENT		
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)					TA 07 1111 15 55	58.80			
ADAMS COUNTY FARM SERVIC		6. 1	RACT NUMBER	7. CONTRACT PERIO					
338 S 36TH ST			2153	FROM: (MM-DD-YYYY)					
QUINCY, IL62301-5802						10-01-2022	09-30-2032		
		8.5	IGNUP TYPE:						
EB COUNTY FOR OFFICE BU	ONIE NII 184	DED.		—— HE	LIllinois	3			
5B. COUNTY FSA OFFICE PH (Include Area Code): (217)2									
THIS CONTRACT is entered into			dit Cornoration (vol	Forms of 4 11	000%				
(i cicii cu to as the rantcipant.	i ine Parii	CIDANT ADREES TO DI	ace the decidnoted	I DARADAMA INTA	the Concernation	D	m. er.)		
der cage the conservation rian t	ieverobea i	or such acreade at	annroved by the	CCC and the	Dawlinimant Addit	4:			
comply with the terms and cond Program Contract (referred to as	ADDEIIUD	t I. by Sidilling bei	ow. The Particinant	CONDOUNCE	ac receipt of a con	costo Annon di I			
applicable contract period. The	terms and t	conditions of this d	contract are contail	nad in thic Ed	rm CDD 4 and in 6	he CDD 4 Annually			
thereto. BY SIGNING THIS CON addendum thereto; and, CRP-2,	IKACI PAI	KIIGIPANIS ACKN	OWLEDGE RECEIL	PT OF THE F	OLLOWING FORMS	S: CRP-1; CRP-1 Append	dix and any		
9A. Rental Rate Per Acre	\$ 213.			f ODD	1.00				
				on of CRP	P Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 12,5	77.00	A. Tract No.	B. Field N	o. C. Practic	e No. D. Acres	E. Total Estimated Cost-Share		
9C. First Year Payment	\$		2153	0001	CP1	30.30	\$ 2,121.00		
(Item 9C is applicable only when	the first ve	ar pavment is	2153	0002	CP1	15.00	\$ 1,050.00		
prorated.)	,	payo 10	2153	0003	CP1	12.50			
11 DARTICIDANTS //s	a va 46 a v	46				13.50	\$ 945.00		
11. PARTICIPANTS (If m	ore man				,				
A(1) PARTICIPANTS NAME AND ADDRESS (Include Zip Code) LOWELL SCHALSHOF TRUST //O BETTY KASPARIE		(2) SHARE	(3) SIGNATURE (B) SIGNATURE (By)		ATIONSHIP OF THE	(5) DATE		
		100.00%			INDIVIDUAL	SIGNING IN THE	(MM-DD-YYYY)		
500 MAAS RD ULINCY, IL62305-0436	0 MAAS RD				KEPKESEN				
B(1) PARTICIPANT'S NAME AN	ID.	(2) SHARE	(3) SIGNATURE (Bv)		(4) TITLE/DELATIONOLUS OS TUT				
ADDRESS (Include Zip Code)		(3) SIGNATURE (. Dy)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE		(5) DATE			
%				REPRESENTATIVE CAPACITY		(MM-DD-YYYY)			
		76							
C(1) PARTICIPANT'S NAME AN	ID	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE (5) DATE				
ADDRESS (Include Zip Code)					INDIVIDUAL	(MM-DD-YYYY)			
					REPRESENTATIVE CARACITY				

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.

A. SIGNATURE OF CCC REPRESENTATIVE

12. CCC USE ONLY

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.

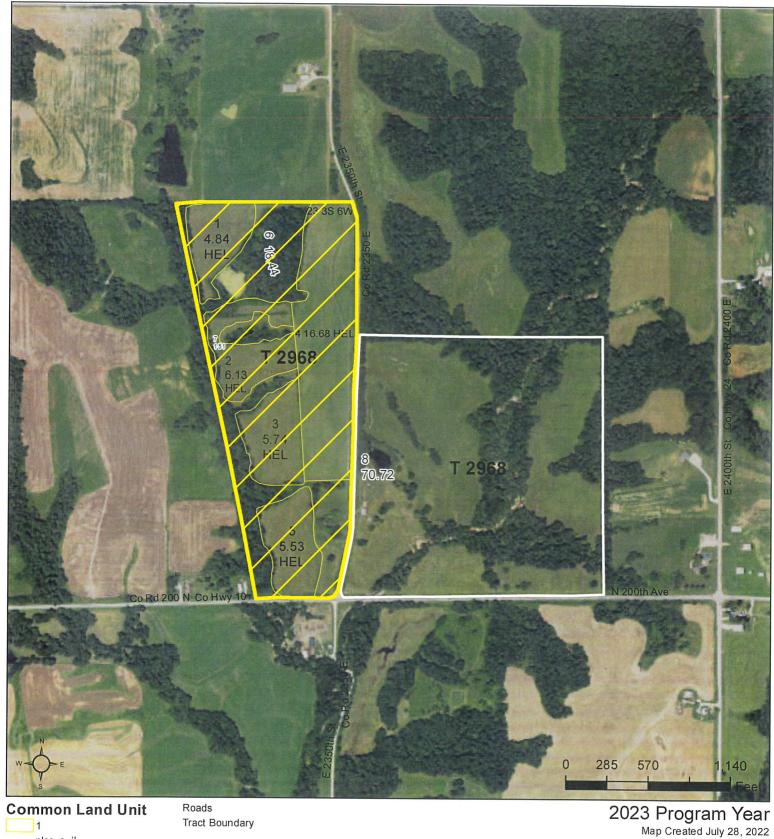
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national 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 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.

B. DATE (MM-DD-YYYY)





Common Land Unit

plss_a_il

Roads Tract Boundary

Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Farm 3849

Tract 2968

Tract Cropland Total: 38.92 acres

IL001_T2968





Common Land Unit

1 plss_a_il

Roads CRP

Tract Boundary

2023 Program Year
Map Created July 28, 2022

Map Created July 28, 2022 Farm **2359**

Wetland Determination Identifiers

Restricted Use

Limited Restrictions

Exempt from Conservation Compliance Provisions

Tract Cropland Total: 125.12 acres

Tract **2970**IL001_T2970

						Page 1 of 2		
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-06-20) Commodity Credit Corporation				ST. & CO. CODE &	2. SIGN-UP			
				17	NUMBER 45			
				CONTRACT NUMB	≣R	4. ACRES FOR		
CONSERVATION RESERV	E PROGRAM	I CONTRACT		10	103	ENROLLMENT		
EA COUNTY FOR OFFICE ADDRESS (58.20		
5A. COUNTY FSA OFFICE ADDRESS (Inc. ADAMS COUNTY FARM SERVICE AGENCY	luae Zip Coae)		6. 7	RACT NUMBER	7. CONTRACT PERIOD			
338 S 36TH ST				2970	FROM: (MM-DD-YYYY) 10-01-2013	TO: (MM-DD-YYYY)		
QUINCY, IL62301-5802					10-01-2013	09-30-2023		
			8. 5	8. SIGNUP TYPE:				
5B. COUNTY FSA OFFICE PHONE NUME	OCD.			neral				
(Include Area Code): (217)224-9307 x	:2							
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 \$130.6	on of CRP	Land (See Page	2 for additional space)					
9B. Annual Contract Payment \$7,605	A. Tract No.	B. Field N	lo. C. Practice	e No. D. Acres	E. Total Estimated Cost-Share			
9C. First Year Payment \$		2970	0001	CP1	1.70	\$ 102.00		
(Item 9C is applicable only when the first yea	ar payment is	2970	0002	CP1	33.60	\$ 2,016.00		
prorated.)		2970	0003	CP1	0.90	\$ 54.00		
11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)								
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)			(4) TITLE/RELATIONSHIP OF THE			
ADDRESS (Include Zip Code)					SIGNING IN THE	(MM-DD-YYYY)		
C/O BETTY KASPARIE 1500 MAAS RD OUINCY. 11.62305-0436	100.00%			REPRESEN	TATIVE CAPACITY			
B(1) PARTICIPANT'S NAME AND	(O) CHADE	(0) 01011471105 ('D \					
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)		
%						(IVIIVI-DD-1111)		
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (Ву)	(4) TITLE/RELATIONSHIP OF THE		(5) DATE		
ADDRESS (Include Zip Code) %					SIGNING IN THE	(MM-DD-YYYY)		
				REPRESENTATIVE CAPACITY				

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A. SIGNATURE OF CCC REPRESENTATIVE

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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.

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B. DATE

(MM-DD-YYYY)

CONTINUATION OF ITEM 10 - Identification of CRP Land

CONTINUATION OF ITEM 10 – Identification of CRP Land								
A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S				
2970	0006	CP1	6.60	\$ 396.00				
2970	0007	CP1	3.60	\$ 216.00				
2970	0008	CP1	1.20	\$ 72.00				
2970	0013	CP1	1.70	\$ 102.00				
2970	0014	CP1	8.90	\$ 534.00				
		,						
			-	1				

						Page 1 of 2		
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-06-20) Commodity Credit Corporation				7. & CO. CODE & 17	2. SIGN-UP NUMBER 37			
CONSERVATION RESERVE PROGRAM CONTRACT				3. CONTRACT NUMBER 2064		4. ACRES FOR ENROLLMENT 11.00		
5A. COUNTY FSA OFFICE ADDRESS (Inc		6. TR	ACT NUMBER)				
ADAMS COUNTY FARM SERVICE AGENCY 338 S 36TH ST QUINCY, IL62301-5802			2970	FROM: (MM-DD-YYYY) 10-01-2009	TO: (MM-DD-YYYY) 09-30-2024			
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (217)224-9307 x2				8. SIGNUP TYPE: - Continuous				
CCC for the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions contained Program Contract (referred to as "Appendix applicable contract period. The terms and a	or such acreage an nined in this Contra "). By signing bell conditions of this of RTICIPANTS ACKN	nd approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	CCC and the land the	Participant. Addit s Contract, entitle s receipt of a copy m CPP-1 and in the	tionally, the Participant and ed Appendix to CRP-1, Co y of the Appendix/Append to CRP 1 Appendix and a	nd CCC agree to onservation Reserve dices for the		
9A. Rental Rate Per Acre \$ 192.57 10. Identification of CRP Land (See Page 2 for additional space)								
9B. Annual Contract Payment \$ 2,11	A. Tract No.	B. Field No			E. Total Estimated Cost-Share			
9C. First Year Payment \$		2970	4	CP21	1.10	\$ 0.00		
(Item 9C is applicable only when the first year	ar payment is	2970	5	CP21	1 3.23	\$ 0.00		
prorated.)	2970	10	CP21	1.74	\$ 0.00			
11. PARTICIPANTS (If more than)				
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) 4 LOWELL SCHMALSHOF TRUST 1/O BETTY KASPARIE 1500 MAAS RO DUINCY, IL62305-0436	(2) SHARE	(3) SIGNATURE ((Ву)	INDIVIDUAL	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY (5) DATE (MM-DD-Y			
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)			Ву)	(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) (4) (4) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE (MM-DD-YYYY)		

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B. DATE

(MM-DD-YYYY)

CONTINUATION OF ITEM 10 – Identification of CRP Land

A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated C/S
2970	11	CP21	3.09	\$ 0.00
2970	15	CP21	1.27	\$ 0.00
2970	22	CP21	0.57	\$ 0.00

						Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTURE				. & CO. CODE &	2. SIGN-UP	
(07-06-20) Commodity Credit Corporation				17	NUMBER 55	
CONSERVATION RESERV	/E DDOCDAL	/ CONTRACT	3. CC	ONTRACT NUMBI	4. ACRES FOR	
		// CONTRACT		11	ENROLLMENT 42.90	
5A. COUNTY FSA OFFICE ADDRESS (In ADAMS COUNTY FARM SERVICE AGENCY	, ,		6. TR	TRACT NUMBER 7. CONTRACT PERIOD)
338 S 36TH ST				2970	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
QUINCY, IL62301-5802			2270	10-01-2021	09-30-2031	
			8. SI	ONUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUM (Include Area Code): (217)224-9307			HEL	Illinois	*	
acreage the Conservation Plan developed is comply with the terms and conditions cont Program Contract (referred to as "Appendia applicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PALA addendum thereto; and, CRP-2, CRP-2C, C. 9A. Rental Rate Per Acre \$ 222.	arned in this Contro c"). By signing bel conditions of this o RTICIPANTS ACKN RP-2G, or CRP-2C3	act, including the A low, the Participant contract are contail IOWLEDGE RECEII 80, as applicable.	Appendix to thit acknowledges ned in this For PT OF THE FO	s Contract, entitle s receipt of a copy m CRP-1 and in th LLOWING FORMS	d Appendix to CRP-1, Co of the Appendix/Append e CRP-1 Appendix and a CRP-1; CRP-1 Appendix	nservation Reserve dices for the
	on of CRP La	and (See Page :	2 for additional space)			
9B. Annual Contract Payment \$ 9,55	0.00	A. Tract No.	B. Field No	. C. Practice	No. D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$		2970	0009	CP1	12.90	\$ 903.00
(Item 9C is applicable only when the first ye	ar payment is	2970	0012	CP1	6.90	\$ 483.00
prorated.)	2970	0016	CP1	23.10	\$ 1,617.00	
11. PARTICIPANTS (If more than)		
A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE		(5) DATE
LOWELL SCHMALSHOF TRUST				INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(MM-DD-YYYY)
500 MAAS RD UINCY, IL62305-0436	100.00%			KEPKESEN	TATIVE CAPACITY	
B(1) PARTICIPANT'S NAME AND (2) SHARE		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE		(5) DATE
ADDRESS (Include Zip Code)				INDIVIDUAL SIGNING IN THE		(MM-DD-YYYY)
%				REPRESENTATIVE CAPACITY		
C(1) PARTICIPANT'S NAME AND (2) SHARE		(3) SIGNATURE (Ву)	(4) TITLE/RELATIONSHIP OF THE		(5) DATE
ADDRESS (Include Zip Code)	%			INDIVIDUAL	(MM-DD-YYYY)	
				REPRESEN		

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