CRP-1 U.S. DEPARTMENT	T 05 105 111					Page 1 of 1
(05-05-25) Commodity Credit Corporation			1. 8	1. ST. & CO. CODE & ADMIN. LOCATION		
			20 119			2. SIGN-UP NUMBER 64
CONSERVATION RESER	VE		3. 0	ONTRACT NUMB	ER	4. ACRES FOR
5A. COUNTY FSA OFFICE ADDRESS (I	Ala V	offer				ENROLLMENT
MEADE COUNTY FARM SERVICE AGENC	inci	1.00	6. T	RACT NUMBER	7. CONTRACT PERIO	
PO BOX 40	1			22	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
MEADE, KS 67864-0040					10-01-2025	09-30-2040
			8. S	IGNUP TYPE:		
5B. COUNTY FSA OFFICE PHONE NUMB (Include Area Code): (620) 873-2291			-Ger	neral		
INSTRUCTIONS: RETURN THIS COMPL	ETED FORM TO	YOUR COUNTY FS	A OFFICE.			
THIS CONTRACT is entered into between (referred to as "the Participant".) The Part CCC for the stipulated contract period from acreage the Conservation Plan developed comply with the terms and conditions comprogram Contract (referred to as "Appendiapplicable contract period. The terms and thereto. BY SIGNING THIS CONTRACT PA addendum thereto; and, CRP-2, CRP-2C, C	m the date the Confor such acreage a tained in this Contix"). By signing be conditions of this	ntract is executed by and approved by the tract, including the A elow, the Participant contract are contain	the CCC. The CCC and the Appendix to the acknowledge	the Conservation is Participant also a Participant. Addit is Contract, entitle is receipt of a copy	Reserve Program ("CRP igrees to implement on s ionally, the Participant a d Appendix to CRP-1, C of the Appendix/Appen	") or other use set by such designated and CCC agree to conservation Reserve dices for the
9A. Rental Rate Per Acre \$ 39.0	10. Identificati	on of CRP L	f CRP Land (See Page 2 for additional space)			
9B. Annual Contract Payment \$8,006.00		A Tract No.	B. Field No			E. Total Estimated Cost-Share
9C. First Year Payment \$		22	0001	CP25	205.28	\$ 22,560.00
(Item 9C is applicable only when the first year payment is prorated.)						Q 22,300.00
11 PARTICIPANTS (If more than	there is in the in					
11. PARTICIPANTS (If more than A(1) PARTICIPANT'S NAME AND	(2) SHARE					
ADDRESS (Include Zin Cada)	(2) SHARE	(3) SIGNATURE (	•	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE		(5) DATE
COTT ALAN BERGHAUS 8915 W 99TH TER	33.34 %	e-Signed by SCOTT For, if applic	BERGHAUS REPRESEN		TATIVE CAPACITY	(MM-DD-YYYY)
ENEXA, KS 66220-8323		On 2025-06-03 15	:34:28 CDT			06-03-2025
ADDRESS (Include Zip Code)	PARTICIPANT'S NAME AND ADDRESS (Include Zin Code) (2) SHARE (3)		(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE	
807 PIPESTONE LN	33.33 %			INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(MM-DD-YYYY)
HARLOTTE, NC 28269-0887	33,33 %			THE TREBERT	ATTVL CAFACITY	
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (E	Зу)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY		(5) DATE
AMELA KAY SIMMONS						(MM-DD-YYYY)
0 BOX 1075 MAIN, ES 67850-1675	33.33 %					
2. CCC USE ONLY A. SIGNATUR	RE OF CCC REP	PRESENTATIVE				B. DATE
						(MM-DD-YYYY)
OTE: Privacy Act Statement: The following stanformation identified on this form is the CAgricultural Act of 2014 (16 U.S.C. 3831 Act 2024 (Pub L. 118-22) the American determine eligibility to participate in and rederal. State. Local government agencior as described in applicable Routine Use information is voluntary. However, failure Conservation Reserve Program  Paperwork Reduction Act (PRA) States	et seq), the Agricultur Relief Act, 2025 (Pur receive benefits under es, Tribal agencies, a es identified in the Sy a to furnish the reques	ral Improvement Act of b L 118-158), and the r the Conservation Res and nongovernmental e esstem of Records Notice sted information will res	2018 (Pub. L. 1 Conservation Reerve Program entities that have e for USDA/FSA sult in a determin	(Seq.), the Food Sect. 15-334), the Further (deserve Program 7 CF The information collection acceptance across File action of ineligibility to	inty Act of 1985 (16 U S C. Continuing Appropriations ai R Part 1410. The informati- sted on this form may be dis ess to the information by ste e (Automated). Providing th participate in and receive b	3801 et seq.), the nd Other Extensions on will be used to closed to other nute or regulation and/

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at 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, Mail Stop 9410. Washington, D.C. 20250-9410, (2) fax. (202) 690-7442, or (3) email.

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