

Iowa
Floyd

U.S. Department of Agriculture
Farm Service Agency

Prepared: 11/10/20 9:14 AM
Crop Year: 2020

Report ID: FSA-156EZ

Abbreviated 156 Farm Record

Page: 1 of 2

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

Operator Name: JR HOWE FARMS INC
Farm Identifier: 2885 6387 6388 6389
Recon Number: 2009 - 2

Farms Associated with Operator:
669, 723, 1343, 5668, 6387, 6959, 7504, 7505, 8064

ARC/PLC G//F Eligibility: Eligible

CRP Contract Number(s): 11226

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP	Farm Status	Number of Tracts
245.4	208.69	208.69	0.0	0.0	0.0	0.0	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FPW	Native Sod				
0.0	0.0	208.69	0.0	1.38	0.0				

ARC/PLC						
PLC	ARC-CO	ARC-IC	PLC-Default	ARC-CO-Default	ARC-IC-Default	
CORN	SOYBN	NONE	NONE	NONE	NONE	

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	104.4	148	0.00
SOYBEANS	104.29	46	0.00
Total Base Acres:	208.69		

Tract Number: 10943 Description 19 & 20-96-18 Rock Grove
FSA Physical Location : Floyd, IA ANSI Physical Location: Floyd, IA
BIA Range Unit Number:
HEL Status: NHEL: no agricultural commodity planted on undetermined fields
Wetland Status: Tract contains a wetland or farmed wetland
WL Violations: None

Farmland	Cropland	DCP Cropland	WBP	WRP	EWP	CRP Cropland	GRP
245.4	208.69	208.69	0.0	0.0	0.0	0.0	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	MPL/FPW	Native Sod		
0.0	0.0	208.69	0.0	1.38	0.0		

Crop	Base Acreage	PLC Yield	CCC-505 CRP Reduction
CORN	104.4	148	0.00
SOYBEANS	104.29	46	0.00
Total Base Acres:	208.69		

Owners: HUGH R WHITESELL LIVING TRUST

MARY ANN WHITESELL TRUST

Iowa

U.S. Department of Agriculture

FARM: 6388

Floyd

Farm Service Agency

Prepared: 11/10/20 9:14 AM

Report ID: FSA-156EZ

Abbreviated 156 Farm Record

Crop Year: 2020

Page: 2 of 2

DISCLAIMER: This is data extracted from the web farm database. Because of potential messaging failures in MIDAS, this data is not guaranteed to be an accurate and complete representation of data contained in the MIDAS system, which is the system of record for Farm Records.

Other Producers: None

CCC-902 (3/28/2014)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	Program Year 2015
FARM OPERATING PLAN FOR PAYMENT ELIGIBILITY 2009 and Subsequent Program Years		
For "actively engaged in farming" and other payment eligibility and limitation determinations.		

This form is to be completed by, or on behalf of, the individual or legal entity identified in Part A that is seeking benefits from the Farm Service Agency (FSA) under one or more programs that are subject to the regulations at 7 CFR Part 1400. This form collects farming and other information about the individual or legal entity that receives program benefits **directly** using the tax identification number identified in Part A. This form also collects information about the members of legal entities. Payment eligibility is based upon the contribution level of certain inputs to a farming operation such as land, capital, equipment, labor, and management. The information on this form will be used by FSA to determine payment eligibility and limitation of payments by direct attribution.

Part A - General Farming Operation Information

Producer's Name HUGH R WHITESELL LIVING TRUST	Tax ID Number and ID Type (last 4 digits) 7805 S <i>Hughes ID</i>	Business Type Trust-Revocable
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Is the Farming operation seeking benefits for any program requiring an "actively engaged in farming" determination? No

Was the farming operation formed within the past 24 months?

When was the farming operation formed? (Month, Day, Year)
/ /

Has a copy of the trust agreement been provided?

Part B - Capital Information Note: Do not include capital contributed by **members** of general partnerships or joint ventures.
(applicable for all business types)

Does the producer provide capital to this farming operation?

Part C - Land Information (applicable for all business types)

Does the producer contribute land to the farming operation?

Part D - Custom Services (applicable for all business types)

Will custom services, such as harvesting, spraying, fertilization, tillage, seeding, etc., be utilized for this farming operation?

Part E - Equipment Information Note: Do not include equipment contributed by **members** of general partnerships or joint ventures.
(applicable for all business types)

Does the producer provide equipment to this farming operation?

Part F - Labor Information (applicable for all business types)

Does the producer provide labor to this farming operation?

Part G - Management Information (applicable for all business types)

Does the producer provide management to this farming operation?

Part J - Remarks

CRP only

Part K - Certification (applicable for individuals and entities)

I certify that all the information entered on this document and any supporting documentation is true and correct. I understand furnishing incorrect information will result in forfeiture of payments and may result in the assessment of a penalty. I will timely provide written notification to the Farm Service Agency Committees of any changes in this farming operation. By signing this form, I acknowledge that:

- all supporting documentation has been submitted as required
- I have read and understand all definitions and requirements
- all information contained on this form will be considered in effect continuously unless changes or revisions are submitted.
- it is my responsibility to timely notify FSA in writing of any changes in the farming, ranching or forestry operation, or financial status that may affect these representations.
- evidence such as tax records, certified public accountant's certification, or other documentation may be required to validate these representations and that I will take all necessary actions to provide such materials to FSA if requested.

Signature of Producer (by) <i>Hugh R. Whitesell</i>	Title/Relationship of the Individual Signing in Representative Capacity Trustee	Date (MM-DD-YYYY) 12/1/14
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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 1400, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (Pub. L. 99-198 - as amended), the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to identify the farm operating plan data needed to determine eligibility for program benefits.

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 for program benefits.

This information collection is exempted from the Paperwork Reduction Act as specified in the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246, Title 1, Subtitle F, Administration) and the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

AD-1026
(10-30-14)

U.S. DEPARTMENT OF AGRICULTURE
FarmServiceAgency

**HIGHLY ERODIBLE LAND CONSERVATION (HELIC) AND
WETLAND CONSERVATION (WC) CERTIFICATION**

Read attached AD-1026 Appendix before completing form.

PART A – BASIC INFORMATION

1. Name of Producer Hugh Whitesell Living Trust	2. Tax Identification Number (Last 4 digits) 7805	3. Crop Year 2015
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4. Names of affiliated persons with farming interests. Enter "None," if applicable.

Hugh Whitesell

Affiliated persons with farming interests must also file an AD-1026. See Item 7 in the Appendix for a definition of an affiliated person.

5. Check one of these boxes if the statement applies; otherwise continue to Part B.

A. The producer in Part A does not have interest in land devoted to agriculture. Examples include bee keepers who place their hives on another person's land, producers of crops grown in greenhouses, and producers of aquaculture AND these producers do not own/lease any agricultural land themselves. **Note:** Do not check this box if the producer shares in a crop.

B. The producer in Part A meets all three of the following:

- does not participate in any USDA program that is subject to HELC and WC compliance except Federal Crop Insurance.
- only has interest in land devoted to agriculture which is exclusively used for perennial crops, except sugarcane, and
- has not converted a wetland after February 7, 2014.

Perennial crops include, but are not limited to, tree fruit, tree nuts, grapes, olives, native pasture and perennial forage. A producer that produces alfalfa should contact the Natural Resources Conservation Service at the nearest USDA Service Center to determine whether such production qualifies as production of a perennial crop.

Note: If either box is checked, and the producer in Part A does not participate in Farm Service Agency (FSA) or Natural Resources Conservation Service (NRCS) programs, the full tax identification number of the producer must be provided, but establishment of detailed farm records with FSA is not required. Go to Part D and sign and date.

PART B - HELC/WC COMPLIANCE QUESTIONS

Indicate YES or NO to each question.

If you are unsure of whether a HEL determination, wetland determination, or NRCS evaluation has been completed, contact your local USDA Service Center.

YES	NO
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6. During the crop year entered in Part A or the term of a requested USDA loan, did or will the producer in Part A plant or produce an agricultural commodity (including sugarcane) on land for which an HEL determination has not been made?

	✓
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7. Has anyone performed (since December 23, 1985), or will anyone perform any activities to:

A. Create new drainage systems, conduct land leveling, filling, dredging, land clearing, or excavation that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____

	✓
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B. Improve or modify an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____

	✓
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C. Maintain an existing drainage system that has NOT been evaluated by NRCS? If "YES", indicate the year(s): _____
Note: Maintenance is the repair, rehabilitation, or replacement of the capacity of existing drainage systems to allow for the continued use of wetlands currently in agricultural production and the continued management of other areas as they were used before December 23, 1985. This allows a person to reconstruct or maintain the capacity of the original system or install a replacement system that is more durable or will realize lower maintenance or costs.

	✓
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Note: If "YES" is checked for Item 7A or 7B, then Part C must be completed to authorize NRCS to make an HELC/WC and/or certified wetland determination on the identified land. If "YES" is checked for Item 7C, NRCS does not have to conduct a certified wetland determination.

8. Check one or both boxes, if applicable; otherwise, continue to Part C or D.

A. Check this box only if the producer in Part A has FCIC reinsured crop insurance and filing this form represents the first time the producer in Part A, including any affiliated person, has been subject to HELC and WC provisions.

B. Check this box if either of the following applies to the producer and crop year entered in Part A:

- Is a tenant on a farm that is/will not be in compliance with HELC and WC provisions because the landlord refuses to allow compliance, but all other farms not associated with that landlord are in compliance. (AD-1026B, Tenant Exemption Request, must be completed).
- Is a landlord of a farm that is/will not be in compliance with HELC and WC provisions because of a violation by the tenant on that farm, but all other farms not associated with that tenant are in compliance. (AD-1026C, Landlord or Landowner Exemption Request, must be completed).

PART C – ADDITIONAL INFORMATION

9. If "YES" was checked in Item 6 or 7, provide the following information for the land to which the answer applies:

A. Farm and/or tract/field number: _____
If unknown, contact the Farm Service Agency at the nearest USDA Service Center.

B. Activity: _____

C. Current land use (specify crops): _____

D. County: _____

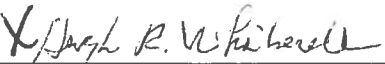
PART D – CERTIFICATION OF COMPLIANCE

I have received and read the AD-1026 Appendix and understand and agree to the terms and conditions therein on all land in which I (or the producer in Part A if different) and any affiliated person have or will have an interest. I understand that eligibility for certain USDA program benefits is contingent upon this certification of compliance with HELC and WC provisions and I am responsible for any non-compliance. I understand and agree that this certification of compliance is considered continuous and will remain in effect unless revoked or a violation is determined. I further understand and agree that:

- all applicable payments must be refunded if a determination of ineligibility is made for a violation of HELC or WC provisions.
- NRCS may verify whether a HELC violation or WC has occurred.
- a revised Form AD-1026 must be filed if there are any operation changes or activities that may affect compliance with the HELC and WC provisions. I understand that failure to revise Form AD-1026 for such changes may result in ineligibility for certain USDA program benefits or other consequences
- affiliated persons are also subject to compliance with HELC and WC provisions and their failure to comply or file Form AD-1026 will result in loss of eligibility for applicable benefits to any individuals or entities with whom they are considered affiliated.

Producer's Certification:

I hereby certify that the information on this form is true and correct to the best of my knowledge.

10A. Producer's Signature (By) 	10B. Title/Relationship (If Signing in Representative Capacity) <i>trustee</i>	10C. Date (MM-DD-YYYY) <i>12/1/14</i>
FOR FSA USE ONLY (for referral to NRCS) Sign and date if NRCS determination is needed.	11A. Signature of FSA Representative	11B. Date (MM-DD-YYYY)

IMPORTANT: If you are unsure about the applicability of HELC and WC provisions to your land, contact your local USDA Service Center for details concerning the location of any highly erodible land or wetland and any restrictions applying to your land according to NRCS determinations before planting an agricultural commodity or performing any drainage or manipulation. Failure to certify and properly revise your compliance certification when applicable may: (1) affect your eligibility for USDA program benefits, including whether you qualify for reinstatement of benefits through the Good Faith process; and (2) result in other consequences.

RECEIVED
DEC 01 2014
FLOYD CO. FSA
CHARLES CITY, IOWA

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 12, the Food Security Act of 1985 (Pub. L. 99-198), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to certify compliance with HELC and WC provisions and to determine producer eligibility to participate in and receive benefits under programs administered by USDA agencies. 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) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of producer ineligibility to participate in and receive benefits under programs administered by USDA agencies.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title II, Subtitle G, Funding and Administration). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM AD-1026 TO YOUR COUNTY FARM SERVICE AGENCY (FSA) OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.



- Legend**
- Non-Cropland
 - Cropland
 - CRP
 - Tract Boundary
 - Iowa PLSS
 - Iowa Roads

- Wetland Determination Identifiers**
- Restricted Use
 - ▼ Limited Restrictions
 - Exempt from Conservation Compliance Provisions

Tract Cropland Total: 208.69 acres

2020 Program Year

Map Created April 28, 2020

Farm 6388
Tract 10943

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).

USDA is an equal opportunity provider, employer, and lender.

CRP-1
(07-23-10)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection estimated to average 4 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.

7. COUNTY OFFICE ADDRESS (Include Zip Code):

FLOYD COUNTY FARM SERVICE AGENCY
611 BECK ST
CHARLES CITY, IA 50616-3722

TELEPHONE NUMBER (Include Area Code): (641)228-4055

1. ST. & CO. CODE & ADMIN. LOCATION 19067	2. SIGN-UP NUMBER 47 CREP
3. CONTRACT NUMBER 11226 CREP	4. ACRES FOR ENROLLMENT 1.38
5. FARM NUMBER 0006388	6. TRACT NUMBER(S) 0010943
8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 01/01/2015 TO: (MM-DD-YYYY) 09/30/2029

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be 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 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 that a copy of the Appendix for the applicable sign-up period has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant withdraws prior to CCC acceptance or rejection.

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 PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1, CRP-1 Appendix and any addendum thereto, CRP-2 or CRP-2C, if applicable; and, if applicable, CRP-15.

10A. Rental Rate Per Acre	\$394.50 <i>X New</i>	11. Identification of CRP Land (See Page 2 for additional space)				
	Manually Calculated	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
B. Annual Contract Payment	\$544	0010943	0006	CP23	0.88	\$2414.00 FSA
C. First Year Payment	\$407	0010943	0008	CP23	0.38	\$1042.00 FSA
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0010943	0009	CP23	0.12	\$329.00 FSA

12. PARTICIPANTS

A. PARTICIPANT'S NAME AND ADDRESS (Zip Code): HUGH R WHITESELL LIVING TRUST 30 PONDEROSA CT NORA SPRINGS, IA 50458-8619	(2) SHARE 100.00% <i>X HWR</i>	(3) SOCIAL SECURITY NUMBER: Hugh Whitesell Living Trust by (4) SIGNATURE <i>X Hugh R Whitesell</i> Trustee DATE (MM-DD-YYYY) 12-6-14 <small>(If more than three individuals are signing, continue on attachment.)</small>
B. PARTICIPANT'S NAME AND ADDRESS (Zip Code): MARY ANN WHITESELL TRUST 30 PONDEROSA CT NORA SPRINGS, IA 50458-8619	(2) SHARE 0.00% <i>X MWA</i>	(3) SOCIAL SECURITY NUMBER: Mary Ann Whitesell Trust by (4) SIGNATURE <i>X Hugh R Whitesell</i> POA for Jennifer Ceccarelli DATE (MM-DD-YYYY) 12-6-14 <small>(If more than three individuals are signing, continue on attachment.)</small>
C. PARTICIPANT'S NAME AND ADDRESS (Zip Code): N/A	(2) SHARE %	(3) SOCIAL SECURITY NUMBER: successor trustee (4) SIGNATURE DATE (MM-DD-YYYY) <small>(If more than three individuals are signing, continue on attachment.)</small>

13. CCC USE ONLY - Payments according to the shares are approved.	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>	B. DATE (MM-DD-YYYY) 12/24/14
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1996, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Original - County Office Copy Owner's Copy Operator's Copy

DEC 09 2014

Operator Name and Address
 JR HOWE FARMS INC
 1826 ZINNIA AVE
 ROCKFORD, IA 50468-8168

REPORT OF COMMODITIES FARM SUMMARY

Original: DCL
 Revision: _____
 Cropland: 208.69
 Farmland: 245.40

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 producer's 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.

	Crop/ Commodity	Variety/ Type	Share		Crop/ Commodity	Variety/ Type	Share
HUGH R WHITESELL LIVING TRUST	CRP	023	100.00				
JR HOWE FARMS INC	SOYBN	COM	100.00	CORN	YEL	100.00	

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	SOYBN	COM	GR	N	A	73.06	
01	CRP	023		N	A	1.38	

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
---------------------------	------

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, audiotope, 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.

JR HOWE FARMS INC
 1826 ZINNIA AVE
 ROCKFORD, IA 50468-8168

REPORT OF COMMODITIES

FARM AND TRACT DETAIL LISTING

Original: DCL
 Revision: _____
 Cropland: 208.69
 Farmland: 245.40

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
10943	1	SOYBN	COM	GR		N	C	N	I	A	17.05		Yes		N	4/25/2020	01	
Producer JR HOWE FARMS INC					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3923	Signature Date 06/15/2020		
	2	SOYBN	COM	GR		N	C	N	I	A	56.01		Yes		N	4/25/2020	01	
Producer JR HOWE FARMS INC					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3923	Signature Date 06/15/2020		
	3	CORN	YEL	GR		N	C	N	I	A	64.27		Yes		N	4/23/2020	01	
Producer JR HOWE FARMS INC					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3923	Signature Date 06/15/2020		
	5	CORN	YEL	GR		N	C	N	I	A	71.36		Yes		N	4/23/2020	01	
Producer JR HOWE FARMS INC					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3923	Signature Date 06/15/2020		
	6	CRP	023			N	C	N	I	A	0.88		No		N		01	2029
Producer HUGH R WHITESELL LIVING TRUST					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3459	Signature Date 06/26/2020		
	8	CRP	023			N	C	N	I	A	0.38		No		N		01	2029
Producer HUGH R WHITESELL LIVING TRUST					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3459	Signature Date 06/26/2020		
	9	CRP	023			N	C	N	I	A	0.12		No		N		01	2029
Producer HUGH R WHITESELL LIVING TRUST					Share	100.00	FSA Physical Location Floyd, Iowa								NAP Unit 3459	Signature Date 06/26/2020		

Tract 10943 Summary

PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty		
01	CRP			A	1.38	01	SOYBN	COM	GR	N	A	73.06	01	CORN	YEL	GR	N	A	135.63

Photo Number/Legal Description: 19 & 20-96-18 Rock Grove

Cropland: 208.69

Reported on Cropland: 208.69

Difference: 0.00

Reported on Non-Cropland: 1.38