

September 20, 2018

Janet Nottingham
550 Hillside Dr
Douglas, KS 67039-9645

Dear Participant:

Please find enclosed the Conservation Reserve Program (CRP) successor contract #10024B and attachments requiring your signature. This is due to a change in Ownership.

This contract requires your signature to be returned within 60 days from the date of this letter to become an eligible CRP Contract. However, so that 2018 payments can be issued correctly and not delayed please have this contract returned by September 26, 2018. By signing this CRP Successor Contract, you agree and understand the following:

- You will be responsible for complying with landlord and tenant provisions.

If this contract is not returned within 60 days, then the contract will be terminated with all monies received, interest and penalties being due that have been received on this contract back to the beginning contract date.

I will send you a copy of the contract after it is approved.

If you have any questions concerning these forms, please don't hesitate to call or stop by the office.

Sincerely,

/s/ Saige Nabozny
Program Technician

Enclosures: CRP-1 Contract
CPO

CRP-1 U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 20 009	2. SIGN-UP NUMBER 38
	3. CONTRACT NUMBER 10024B	4. ACRES FOR ENROLLMENT 7.43

7A. COUNTY OFFICE ADDRESS (Include Zip Code) BARTON COUNTY FARM SERVICE AGENCY 926 PATTON ROAD GREAT BEND, KS 67530-3105	5. FARM NUMBER 6071	6. TRACT NUMBER(S) 7764
	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-01-2009 TO: (MM-DD-YYYY) 09-30-2024

7B. TELEPHONE NUMBER (Include Area Code): (620) 792-5329

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 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; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 44.69	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 332	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	7764	0003	CP38E-2	7.43	\$ 483
<i>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</i>						

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): JANET E NOTTINGHAM 550 HILLSIDE DR DOUGLASS, KS 67039-9645	(2) SHARE 100.00%	(3) SIGNATURE X Janet E. Nottingham	(4) DATE (MM-DD-YYYY) X 09/23/18
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
-------------------------	------------------------------------	----------------------

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 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.

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 bases 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, audiotape, 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.

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

PARTICIPANT: Janet Nottingham
 COUNTY AND STATE: Barton, KS
 PROGRAM AND CONTRACT NUMBER: 2010-10024
 SUBACCOUNT: B
 LANDS/ACRES OR LEGAL DESCRIPTION: 6077-769
 WATERSHED: APR 28 7:48
 EXPIRATION DATE: 02-30-2024
 TRM: Tract(s):

Total Cost-Share or Payment by Year												Total Contract Payment	
Year													
Amount(\$)													

NOTES: A. All items numbers on form NRCs-CPA-1155 must be carried out as part of this contract to prevent violation.
 B. When established, the conservation practices identified by the numbered items must be maintained by the participant at no cost to the government.
 C. All cost share rates are based on average cost (AC) with the following exceptions:
 AA = Actual cost not to exceed average cost; FR = Flat Rate; NC = Non cost-shared; AM = Actual cost not to exceed a specified maximum; PR = Payment rates.
 D. By signing, the participant acknowledges receipt of this conservation plan including this form NRCs-CPA-1155 and agrees to comply with the terms and conditions here of.

Certification of Participants:

Signature	Date	Signature	Date	Signature	Date
Janet E. Nottingham	09/23/18				

Qualities of Reviewing Officials:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PUBLIC BURDEN STATEMENT
 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 MB control number for this information collection is 0578-0013. The time required to complete this information collection is estimated to average 45/0.75 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.

PRIVACY ACT
 The above statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a). Furnishing this information is voluntary; however failure to furnish correct, complete information will result in the withholding or withdrawal of such technical or financial assistance. The information may be furnished to other USDA agencies, the Internal Revenue Service, the Department of Justice, or other state or federal law enforcement agencies, or response to orders of a court, magistrate, or administrative tribunal.

USDA NON-DISCRIMINATION STATEMENT
 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, rental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a 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) 720-6582 (TDD). SDA is an equal opportunity provider and employer."



Farm and
Foreign Agricultural
Services

Farm
Service
Agency

Barton County FSA Office
1520 Kansas Ave.
Great Bend, KS 67530-4003
Ph 620-792-5329 FAX 8557686964

September 7, 2017

Berniece K Funk Estate
% Janet Nottingham
550 Hillside Dr
Douglass, KS 67039-9645

Dear CRP Participant:

Please find enclosed *your copy* of the Conservation Reserve Program (CRP) successor contract #10024A which reflects the ownership change effective for the 2017 crop year.

The Barton County FSA Committee approved this contract on September 7, 2017.

Please feel free to call me with any questions you may have concerning the CRP program.

Sincerely,

Kristi R Badger
County Executive Director

Enclosure: CRP Contract



USDA is an Equal Opportunity Provider and Employer

This form is available electronically.

CRP-1 (10-22-15)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. ST. & CO CODE & ADJ. LOCATION 20 009	2. SIGN-UP NUMBER 38
CONSERVATION RESERVE PROGRAM CONTRACT		3. CONTRACT NUMBER 100248	4. ACRES FOR ENROLLMENT 7.43
		5. FARM NUMBER 6071	6. TRACT NUMBER(S) 7764
7A. COUNTY OFFICE ADDRESS (Include Zip Code) BARTON COUNTY FARM SERVICE AGENCY 926 PATTON ROAD GREAT BEND, KS 67530-3105		8. OFFER (Select one) GENERAL: <input type="checkbox"/> ENVIRONMENTAL PRIORITY: <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-01-2009 TO: (MM-DD-YYYY) 09-30-2024
7B. TELEPHONE NUMBER (Include Area Code): (620) 792-5329			

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 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; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre	\$ 44.69	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment	\$ 332	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment	\$	7764	0003	CP38E-2	7.43	\$ 483
(Item 10C applicable only to continuous sign-up when the first year payment is prorated.)						

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

A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): JANET E NOTTINGHAM 550 HILLSIDE DR DOUGLASS, KS 67039-9645	(2) SHARE 100.00%	(3) SIGNATURE Janet E. Nottingham	(4) DATE (MM-DD-YYYY) 09/23/18
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)

RECEIVED
AUG 24 2018

13. CCC USE ONLY

A. SIGNATURE OF CCC REPRESENTATIVE Maisha D. Vestner, acting CEP	B. DATE (MM-DD-YYYY) 9/25/18
---	---------------------------------

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 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.

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 bases 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, audiotape, 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. 20250-3416, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

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

Change to Estate

This form is available electronically.

CRP-1 (10-22-15) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO CODE & ADMIN. LOCATION 20 009	2. SIGN-UP NUMBER 38
	3. CONTRACT NUMBER 10024A	4. ACRES FOR ENROLLMENT 7.40
7A. COUNTY OFFICE ADDRESS (include Zip Code) BARTON COUNTY FARM SERVICE AGENCY 1520 KANSAS AVE GREAT BEND, KS 67530-4003	5. FARM NUMBER 6071	6. TRACT NUMBER(S) 7764
7B. TELEPHONE NUMBER (include Area Code): (620) 792-5329	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 11-01-2009 TO: (MM-DD-YYYY) 09-30-2024

COPY

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 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; CRP-2C; or CRP-2G.

10A. Rental Rate Per Acre \$ 44.69	11. Identification of CRP Land (See Page 2 for additional space)				
10B. Annual Contract Payment \$ 331	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
10C. First Year Payment \$	7764	0003	CP38E-2	7.40	\$ 481
(Item 10C applicable only to continuous signup when the first year payment is prorated.)					

12. PARTICIPANTS (if more than three individuals are signing, see Page 3)					
A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code): BERNIECE K FUNK ESTATE %JANET NOTTINGHAM 550 HILLSIDE DR DOUGLASS, KS 67039-9645	(2) SHARE 100.00%	(3) SIGNATURE Janet Nottingham, Executive	(4) DATE (MM-DD-YYYY) 09/10/17		
B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE RECEIVED SEP - 5 2017 Barton Co. FSA	(4) DATE (MM-DD-YYYY)		
C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):	(2) SHARE %	(3) SIGNATURE	(4) DATE (MM-DD-YYYY)		

13. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i> CEO	B. DATE (MM-DD-YYYY) 9/7/17
-------------------------	--	--------------------------------

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 1410, 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.), and the Agricultural Act of 2014 (Pub. L. 113-79). 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.

This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration). 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.

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 bases 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, audiotape, 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.

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



Farm
Production
and
Conservation

Farm
Service
Agency

Barton County FSA Office
926 Patton Rd.
Great Bend, KS 67530-3105
Ph 620-792-5329 FAX 8557686964

September 25, 2018

Janet Nottingham
550 Hillside Dr
Douglas, KS 67039-9645

Dear CRP Participant:

Please find enclosed your copy of the Conservation Reserve Program (CRP) successor contract #10024B which reflects updating the change in ownership.

The Barton County FSA Committee approved these contracts on September 25, 2018.

Please feel free to call me with any questions you may have concerning the CRP program.

Sincerely,

Saige Nabozny
Program Technician

Enclosure: Your copy- CRP Successor Contract



USDA is an Equal Opportunity Provider and Employer

43 acres

44.9 TAX

Legend

 2139 NW 130th

NW 130 Ave

 2139 NW 130th

Google Earth

© 2020 Google



1000 ft