CRP-1 U.S. DEPARTMENT OF AGRICULTURI	=	1 ST & C	O. CODE & ADMI	N LOCATION	2. SIGN-UP
(07-06-20) Commodity Credit Corporation	=	1. 31. 40		NUMBER	
(or so 20)			20 163	41	
		3. CONTR	ACT NUMBER		4. ACRES FOR
CONSERVATION RESERVE PROGRAM		10026B	ENROLLMENT 50.12		
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)		6. TRACT	NUMBER 7. C	ONTRACT PERIOD)
ROOKS COUNTY FARM SERVICE AGENCY		100	141 FRC	M: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
617 S CEDAR		10.	141	10-01-2011	09-30-2026
STOCKTON, KS67669-2245					
		8. SIGNUF			
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (785) 425-6302		Genera	ğΤ		
THIS CONTRACT is entered into between the Commodity Cred	dit Corporation (refe	red to ac "CCC"	and the undersian	and authors apparate	ro or tononto
CCC for the stipulated contract period from the date the Contract period from the date the Contract period for such acreage at comply with the terms and conditions contained in this Contr. Program Contract (referred to as "Appendix"). By signing bel applicable contract period. The terms and conditions of this thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKN addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C.	nd approved by the C act, including the Ap ow, the Participant a contract are containe IOWLEDGE RECEIP	CCC and the Partic opendix to this Co acknowledges rec ed in this Form CF	cipant. Additional ntract, entitled Appeint of a copy of the RP-1 and in the CR	ly, the Participant ar pendix to CRP-1, Co ne Appendix/Append P-1 Appendix and a	nd CCC agree to nservation Reserve lices for the ny addendum
9A. Rental Rate Per Acre \$ 52.57		n of CRP Land	(See Page 2 for	additional space)	
9B. Annual Contract Payment \$ 2,634.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment \$	10141	2	CP25	17.40	\$ 0.00
(Item 9C is applicable only when the first year payment is	10141	3	CP25	11.81	\$ 0.00
prorated.)	10141	13	CP25	20.91	\$ 0.00
11. PARTICIPANTS (If more than three individual	als are signing, s	ee Page 3.)		-	
A(1) PARTICIPANT'S NAME AND (2) SHARE	(3) SIGNATURE (E	By) (4	TITLE/RELATIO	NSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) KATHRYN ELAINE MCCALL TRUST			INDIVIDUAL SIG		(MM-DD-YYYY)
SHANE T MCCALL TRUSTEE 812 E KANSAS AVE 50.00 %	1	10	REPRESENTAT		V44
SMITH CENTER, KS66967-2306	X	mul.	Truste		X01-03-2
B(1) PARTICIPANT'S NAME AND CONTROL	(3) SIGNATURE (E	3y) (4) TITLE/RELATIO		(5) DATE
ADDRESS (Include Zip Code) JONI M BELLERIVE FR 19 2022	,		INDIVIDUAL SIG		(MM-DD-YYYY)
721 N CEDAR ST 8.34 %/	to in P	200 Jania la	REPRESENTAT	IVE CAPACITY	17-DA-M
STOCKTON, KS67669-1311	JEW TILL	JULY THUSE	TITLE (DEL ATIO	VALUE OF THE	100 1- 71
C(1) PARTICIPANT'S NAROONS County PSA	(3) SIGNATURE (E	By) \ (4) TITLE/RELATIO INDIVIDUAL SIG		(5) DATE (MM-DD-YYYY)
SHANE MCCALL		0/	REPRESENTAT		(101101-100-11111)
812 E KANSAS AVE 8.34 % SMITH CENTER, KS66967-2306	X hur	mel	TEL TEOLITA	IVE OALAOITI	X01-03-202
12. CCC USE ONLY A. SIGNATURE OF CCC REI	PRESENTATIVE				B. DATE
12. JOS GOL GIVE	THE SELVING				(MM-DD-YYYY)
1201UJ 13000	chawer				02-110-2022
NOTE: The following statement is made in accordance with the Privi					on identified on this form
NOTE: The following statement is made in accordance with the Priving is the Commodity Credit Corporation Charter Act (15 U.S.C.					

E: The following statement is made in accoldance 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 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 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.

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.

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Rooks County FSA

	11. PARTIC	PANTS (CONTINUED FR	OM PAGE 1)	rage 2 of 2
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CURTIS MCCALL	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
16405 NW 41ST AVE	8.33 %		REPRESENTATIVE CAPACITY	
RIDGEFIELD, WA98642-5933		see attached		
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOELLE ALSHEIMER	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
716 S 1ST ST STOCKTON, KS67669-1906	8.33 %	Doeler olshe, nu	REFRESENTATIVE CAPACITY	× 1-3-2
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
PATRICIA E DUNLAP 719 MAIN ST	8.33 %		REPRESENTATIVE CAPACITY	
STOCKTON, KS67669-1935	(0) 0114 55	see attached		
G(1) PARTICIPANT'S NAME AND ADDRESS (include Zip Code) SHAWN P MCCALL 6491 WELSH RD	(2) SHARE 8.33 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
NASHPORT, OH43830-9512		see attached	a)	
H(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)
(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)
	70			
J(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)
	%	,	THE RESERVATIVE SALASITI	
K(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 REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
L(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(E) DATE
ADDRESS (Include Zip Code)	%	(a) SIGNATURE (By)	INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
M(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
,,	%		REPRESENTATIVE CAPACITY	(Min SS-1111)
N(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 REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
O(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
, Contego (mende zip code)	%		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
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Rooks County FSA

Date Printed: 12/28/2021

		CIPANTS (CONTINUED FR	OM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CURTIS MCCALL	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
16405 NW 41ST AVE	8.33 %		REPRESENTATIVE CAPACITY	
RIDGEFIELD, WA98642-5933		see attached		
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOELLE ALSHEIMER	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
716 S 1ST ST	8.33 %	1.6	REPRESENTATIVE CAPACITY	
STOCKTON, KS67669-1906		Xfolle clake, in		× 1-3-6
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) PATRICIA E DUNLAP	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
719 MAIN ST STOCKTON, KS67669-1935	8.33 %	XBiring bung	REPRESENTATIVE CAPACITY	X2-1422
G(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code) GHAWN P MCCALL	(2) 32	(6) 61611111 (11)	INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
5491 WELSH RD	8.33 %		REPRESENTATIVE CAPACITY	
NASHPORT, OH43830-9512		see attached		
H(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)
	,			
I(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 REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
J(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 REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
	%		NEFRESENTATIVE CAFACITY	
K(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 REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
L(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
7.02.1.000 (moldae 2.p 0000)	%		REPRESENTATIVE CAPACITY	(WWW-DD-TTTT)
M(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	(2) 01 11 11 2	(a) Granti Graz (by)	INDIVIDUAL SIGNING IN THE	(MM-DD-YYYY)
	%		REPRESENTATIVE CAPACITY	
N(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)	0/		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
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O(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 REPRESENTATIVE CAPACITY	(MM-DD-YYYY)
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CKF-1 (07-00-20)				Page 2 of 2
	11. PARTIO	CIPANTS (CONTINUED	FROM PAGE 1)	
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CURTIS MCCALL 16405 NW 41ST AVE RIDGEFIELD, WA98642-5933	(2) SHARE 8.33 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOELLE ALSHEIMER 716 S 1ST ST STOCKTON, KS67669-1906	(2) SHARE 8.33 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) PATRICIA E DUNLAP 719 MAIN ST STOCKTON, KS67669-1935	(2) SHARE 8.33 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
G(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) SHAWN P MCCALL 6491 WELSH RD NASHPORT, OH43830-9512	(2) SHARE 8.33 %	(3) SIGNATURE (BY)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY) X01-08-202
H(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)
I(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)
J(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)
K(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)
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M(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)
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	11. PARTIC	CIPANTS (CONTINUED	FROM PAGE 1)	1 age 2 of 2
D(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) CURTIS MCCALL	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
16405 NW 41ST AVE RIDGEFIELD, WA98642-5933	8.33 %	X 25 m/s/	REPRESENTATIVE CAPACITY	01-10-2022
E(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOELLE ALSHEIMER 716 S 1ST ST STOCKTON, KS67669-1906	(2) SHARE 8.33 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
F(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) PATRICIA E DUNLAP 719 MAIN ST STOCKTON, KS67669-1935	(2) SHARE 8.33 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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L(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)
M(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)
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