

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                             |                                                    |
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| <b>CRP-1</b><br>(07-06-20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation                       |                                                    |
| <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 1. ST. & CO. CODE & ADMIN. LOCATION<br>20 093                                               |                                                    |
| 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)<br>KEARNY COUNTY FARM SERVICE AGENCY<br>212 WEST SANTA FE TRL BLVD<br>LAKIN, KS 67860-9447                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 2. SIGN-UP NUMBER<br>205 ✓                                                                  |                                                    |
| 5B. COUNTY FSA OFFICE PHONE NUMBER<br>(Include Area Code): (620) 355-7911 x16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 3. CONTRACT NUMBER<br><b>11595</b>                                                          |                                                    |
| 5C. COUNTY FSA OFFICE FAX NUMBER<br>(Include Area Code): (620) 355-7911 x16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 4. ACRES FOR ENROLLMENT<br>151.00 ✓                                                         |                                                    |
| 6. TRACT NUMBER<br>6973 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 7. CONTRACT PERIOD<br>FROM: (MM-DD-YYYY) <b>10-01-23</b><br>TO: (MM-DD-YYYY) <b>9-30-38</b> |                                                    |
| 8. SIGNUP TYPE:<br>Grasslands                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                             |                                                    |
| 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 \$ 18.00 ✓                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 10. Identification of CRP Land (See Page 2 for additional space)                            |                                                    |
| 9B. Annual Contract Payment \$ 2,718.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | A. Tract No.<br>6973                                                                        | B. Field No.<br>0001                               |
| 9C. First Year Payment \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | C. Practice No.<br>CP88                                                                     | D. Acres<br>122.53                                 |
| (Item 9C is applicable only when the first year payment is prorated.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | E. Total Estimated Cost-Share<br>\$ 0.00                                                    | F. Acres<br>7.24                                   |
| (Item 9C is applicable only when the first year payment is prorated.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | G. Acres<br>7.97                                                                            | H. Total Estimated Cost-Share<br>\$ 0.00           |
| <b>11. PARTICIPANTS</b> (If more than three individuals are signing, see Page 3.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                             |                                                    |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)<br>PETER A B WIDENER JR<br>568 BEAVER CREEK RD<br>SHERIDAN, WY 82801-8622                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | (2) SHARE<br>50.00 %                                                                        | (3) SIGNATURE (By)<br><i>Robert J Price</i><br>POA |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)<br>LUCY WIDENER<br>568 BEAVER CREEK RD<br>SHERIDAN, WY 82801-8622                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | (2) SHARE<br>50.00 %                                                                        | (3) SIGNATURE (By)<br><i>Robert J Price</i><br>POA |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | (2) SHARE<br>%                                                                              | (3) SIGNATURE (By)                                 |
| (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (5) DATE (MM-DD-YYYY)                                                                       |                                                    |
| (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (5) DATE (MM-DD-YYYY)                                                                       |                                                    |
| (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | (5) DATE (MM-DD-YYYY)                                                                       |                                                    |
| 12. CCC USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | A. SIGNATURE OF CCC REPRESENTATIVE<br><i>Markus Ang</i>                                     |                                                    |
| B. DATE (MM-DD-YYYY)<br>09-21-2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | C. 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 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.

**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](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](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.

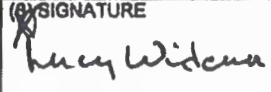
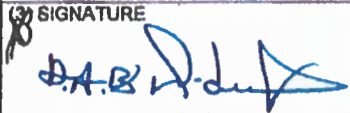
This form is available electronically.

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| <b>CRP-1</b><br>(10-22-15)<br><br><b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation<br><br><b>CONSERVATION RESERVE PROGRAM CONTRACT</b> | <b>1. ST. &amp; CO CODE &amp; ADMIN. LOCATION</b><br><br>20 093                                                                | <b>2. SIGN-UP NUMBER</b><br><br>40                                                        |
|                                                                                                                                                             | <b>3. CONTRACT NUMBER</b><br>1091C                                                                                             | <b>4. ACRES FOR ENROLLMENT</b><br>122.53                                                  |
| <b>7A. COUNTY OFFICE ADDRESS (Include Zip Code)</b><br>KEARNY COUNTY FARM SERVICE AGENCY<br>212 WEST SANTA FE TRL BLVD<br>LAKIN, KS 67860-9447              | <b>5. FARM NUMBER</b><br>3467                                                                                                  | <b>6. TRACT NUMBER(S)</b><br>6972                                                         |
| <b>7B. TELEPHONE NUMBER (Include Area Code):</b> (620) 355-7911 x16                                                                                         | <b>8. OFFER (Select one)</b><br>GENERAL <input type="checkbox"/><br>ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/> | <b>9. CONTRACT PERIOD</b><br>FROM: (MM-DD-YYYY) 10-01-2011<br>TO: (MM-DD-YYYY) 09-30-2026 |

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.

|                                                                                           |                                                                         |                     |                        |                 |                                      |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------|------------------------|-----------------|--------------------------------------|
| <b>10A. Rental Rate Per Acre</b> \$ 125.00                                                | <b>11. Identification of CRP Land (See Page 2 for additional space)</b> |                     |                        |                 |                                      |
| <b>10B. Annual Contract Payment</b> \$ 15,316                                             | <b>A. Tract No.</b>                                                     | <b>B. Field No.</b> | <b>C. Practice No.</b> | <b>D. Acres</b> | <b>E. Total Estimated Cost-Share</b> |
| <b>10C. First Year Payment</b> \$                                                         | 6972                                                                    | 1                   | CP2                    | 122.53          | \$ 7,352                             |
| (Item 10C applicable only to continuous sign-up when the first year payment is prorated.) |                                                                         |                     |                        |                 |                                      |

|                                                                                                                                  |                                |                                                                                                              |                                        |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>                                                |                                |                                                                                                              |                                        |
| <b>A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b><br>LUCY WIDENER<br>568 BEAVER CREEK RD<br>SHERIDAN, WY 82801-8622         | <b>(2) SHARE</b><br><br>50.00% | <b>(3) SIGNATURE</b><br> | <b>(4) DATE (MM-DD-YYYY)</b><br>5/7/19 |
| <b>B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b><br>PETER A B WIDENER JR<br>568 BEAVER CREEK RD<br>SHERIDAN, WY 82801-8622 | <b>(2) SHARE</b><br><br>50.00% | <b>(3) SIGNATURE</b><br> | <b>(4) DATE (MM-DD-YYYY)</b><br>5/7/19 |
| <b>C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b>                                                                           | <b>(2) SHARE</b><br><br>%      | <b>(3) SIGNATURE</b>                                                                                         | <b>(4) DATE (MM-DD-YYYY)</b>           |

|                        |                                                                                                                                   |                                          |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>3. CCC USE ONLY</b> | <b>A. SIGNATURE OF CCC REPRESENTATIVE</b><br> | <b>B. DATE (MM-DD-YYYY)</b><br>5/13/2019 |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|

**NOTE** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552 as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (16 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, sex, disability, age, 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 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.esr.usda.gov/complaint\\_filing\\_cust.html](http://www.esr.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. 20260-9410, by fax (202) 690-7442 or email [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.



Original - County Office Copy



Owner's Copy



Operator's Copy

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5/13/19

This form is available electronically.

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|
| <b>CRP-1</b><br>(10-22-15)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation |                                | <b>1. ST. &amp; CO CODE &amp; ADMIN LOCATION</b><br><br>20 093                                                                 |                                                  | <b>2. SIGN-UP NUMBER</b><br><br>40                                                        |                                          |                                      |
| <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                       |                                | <b>3. CONTRACT NUMBER</b><br>1090C                                                                                             |                                                  | <b>4. ACRES FOR ENROLLMENT</b><br>119.74                                                  |                                          |                                      |
| <b>7A. COUNTY OFFICE ADDRESS (Include Zip Code)</b><br>KEARNY COUNTY FARM SERVICE AGENCY<br>212 WEST SANTA FE TRL BLVD<br>LAKIN, KS 67860-9447                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                       |                                | <b>5. FARM NUMBER</b><br>3467                                                                                                  |                                                  | <b>6. TRACT NUMBER(S)</b><br>6971                                                         |                                          |                                      |
| <b>7B. TELEPHONE NUMBER (Include Area Code):</b> (620) 355-7911 x16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                       |                                | <b>8. OFFER (Select one)</b><br>GENERAL <input type="checkbox"/><br>ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/> |                                                  | <b>9. CONTRACT PERIOD</b><br>FROM: (MM-DD-YYYY) 10-01-2011<br>TO: (MM-DD-YYYY) 09-30-2026 |                                          |                                      |
| <small>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; CRP-2G.</small>                                                                                  |  |                                                                       |                                |                                                                                                                                |                                                  |                                                                                           |                                          |                                      |
| <b>10A. Rental Rate Per Acre</b> \$ 125.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                       |                                | <b>11. Identification of CRP Land (See Page 2 for additional space)</b>                                                        |                                                  |                                                                                           |                                          |                                      |
| <b>10B. Annual Contract Payment</b> \$ 14,968                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                       |                                | <b>A. Tract No.</b>                                                                                                            | <b>B. Field No.</b>                              | <b>C. Practice No.</b>                                                                    | <b>D. Acres</b>                          | <b>E. Total Estimated Cost-Share</b> |
| <b>10C. First Year Payment</b> \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                       |                                | 6971                                                                                                                           | 1                                                | CP2                                                                                       | 119.74                                   | \$ 7,178                             |
| <small>(Item 10C applicable only to continuous signup when the first year payment is prorated.)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                       |                                |                                                                                                                                |                                                  |                                                                                           |                                          |                                      |
| <b>12. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                       |                                |                                                                                                                                |                                                  |                                                                                           |                                          |                                      |
| <b>A(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b><br>LUCY WIDENER<br>568 BEAVER CREEK RD<br>SHERIDAN, WY 82801-8622                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                       | <b>(2) SHARE</b><br><br>50.00% |                                                                                                                                | <b>(3) SIGNATURE</b><br><i>Lucy Widener</i>      |                                                                                           | <b>(4) DATE (MM-DD-YYYY)</b><br>5/7/19   |                                      |
| <b>B(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b><br>PETER A B WIDENER JR<br>568 BEAVER CREEK RD<br>SHERIDAN, WY 82801-8622                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                       | <b>(2) SHARE</b><br><br>50.00% |                                                                                                                                | <b>(3) SIGNATURE</b><br><i>P.A.B. Widener Jr</i> |                                                                                           | <b>(4) DATE (MM-DD-YYYY)</b><br>5/7/19   |                                      |
| <b>C(1) PARTICIPANT'S NAME AND ADDRESS (Zip Code):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                       | <b>(2) SHARE</b><br><br>%      |                                                                                                                                | <b>(3) SIGNATURE</b>                             |                                                                                           | <b>(4) DATE (MM-DD-YYYY)</b>             |                                      |
| <b>13. CCC USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>A. SIGNATURE OF CCC REPRESENTATIVE</b><br><i>Mark S. Loudy</i>     |                                |                                                                                                                                |                                                  |                                                                                           | <b>B. DATE (MM-DD-YYYY)</b><br>5/13/2019 |                                      |
| <b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 662a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1410, the Commodity Credit Corporation Charter Act (16 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.<br><br>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. |  |                                                                       |                                |                                                                                                                                |                                                  |                                                                                           |                                          |                                      |

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5/13/19  
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#2  
#3