IOWA PLYMOUTH Form: FSA-156EZ						
	S					
Tract Number	: 2146					
Description	: N2 NE4, PT N2 NW4 SEC 8 REMSEN					
FSA Physical Location ANSI Physical Location	: IOWA/PLYMOUTH : IOWA/PLYMOUTH					
BIA Unit Range Number						
HEL Status	: HEL field on tract.Conservation system being actively applied					
Wetland Status	: Tract does not contain a wetland					
WL Violations	: None					
Owners	: BZB FAMILY FARMS LLC					
Other Producers	: None					
Recon ID	: None					

Tract	Land	Data	

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
133.23	128.16	128.16	0.00	0.00	0.00	0.00	0.0

Form: FSA-156EZ



United States Department of Agriculture Farm Service Agency FARM: 10057

Prepared : 1/29/25 9:47 AM CST

Crop Year: 2025

Abbreviated 156 Farm Record

Tract	2146	Continued	
-------	------	-----------	--

State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD	
0.00	0.00	126.76	0.00	1.40	0.00	0.00	0.00	

DCP Crop Data						
Crop Name Base Acres CCC-505 CRP Reduction Acres PLC Yie						
Corn	67.65	0.00	169			
Soybeans	59.10	1.40	42			
TOTAL	126.75	1.40				

NOTES





Compliance Provisions

"Options only for certification maps & valid only if filled in"

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

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

							Page 1 of 1	
CRP-1 U.S. DEPARTMENT C	E	1. ST.	1. ST. & CO. CODE & ADMIN. LOCATION			2. SIGN-UP		
(01-08-24) Commodity Cre			19 149			NUMBER 47		
			3. CONTRACT NUMBER			4. ACRES FOR		
CONSERVATION RESERV	E PROGRAM	CONTRACT		111	144C		ENROLLMENT 1.40	
5A. COUNTY FSA OFFICE ADDRESS (Inc	lude Zip Code)		6. TRA	ACT NUMBER	7. CONTR	ACT PERIOD		
PLYMOUTH COUNTY FARM SERVICE AGEN	CY			2146		M-DD-YYYY)	TO: (MM-DD-YYYY)	
1100 12TH ST SW, SUITE B LE MARS, IA51031-3034				2110	10-0	1-2015	09-30-2025	
			0.010	8. SIGNUP TYPE:				
				inuous				
5B. COUNTY FSA OFFICE PHONE NUME (Include Area Code): (712)546-4178	BER							
(referred to as "the Participant".) The Partic CCC for the stipulated contract period from acreage the Conservation Plan developed for comply with the terms and conditions conta Program Contract (referred to as "Appendix applicable contract period. The terms and of thereto. BY SIGNING THIS CONTRACT PAR addendum thereto; and, CRP-2, CRP-2C, CR	the date the Contr or such acreage an ined in this Contra "). By signing belo conditions of this c TICIPANTS ACKN	act is executed by ad approved by the act, including the A ow, the Participant contract are contain OWLEDGE RECEIF	the CCC. The CCC and the F ppendix to this acknowledges ned in this Form	Participant also Participant. Addi Contract, entitle receipt of a cop n CRP-1 and in ti	agrees to im tionally, the ed Appendix y of the App he CRP-1 Ap	plement on su Participant an to CRP-1, Cou endix/Append pendix and ar	ICh designated d CCC agree to nservation Reserve ices for the ny addendum	
9A. Rental Rate Per Acre \$409.6	54	10. Identification	on of CRP La	nd (See Page	2 for additi	onal space)		
9B. Annual Contract Payment \$ 573.0	00	A. Tract No.	B. Field No.	C. Practic	e No.	D. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment \$		2146	3	CP82	A	1.40	\$ 176.00	
(Item 9C is applicable only when the first yea prorated.)								
11. PARTICIPANTS (If more than	three individua	ls are signing, s	see Page 3.)				
A(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(5) DATE	
ADDRESS (Include Zip Code) JJP FARMS INC C/O JEFF POTTEBAUM							(MM-DD-YYYY)	
C/O JEFF POTTEBAUM 41704 HIGHMAY 3 REMSEN, IA51050-8503	100.00%							
B(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE (5) DATE				
ADDRESS (Include Zip Code)							(MM-DD-YYYY)	
C/O EMILY ZUBAID 1590 OTTER LN NORTH LIBERTY, IA52317-8100	0.00%			REPRESEN	NIAIIVE CA	PACITY		
C(1) PARTICIPANT'S NAME AND	(2) SHARE	(3) SIGNATURE (Bv)	(4) TITLE/REL	ATIONSHIP	OF THE	(5) DATE	
ADDRESS (Include Zip Code)	() -			INDIVIDUAL SIGNING IN THE		(MM-DD-YYYY)		
			REPRESENTATIVE CAPACITY					
12. CCC USE ONLY A. SIGNATUR							B. DATE	
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE B. DATE (MM-DD-YYYY)								
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 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), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 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 of 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. The information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program. The information is 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 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.