

Roger
02/18/2003

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: April 21, 2003

Water right number: 29-7324

MONTE YOST
PO BOX 171
BANCROFT ID 83217
Telephone Number: (208) 648-7704

SHAUNA YOST
PO BOX 171
BANCROFT ID 83217
Telephone Number: (208) 648-7704

RECEIVED
APR 17 2003
Department of Water Resources
Eastern Region

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 3-10-03

SIGNATURE: Monte Yost

Please print your name: MONTE YOST

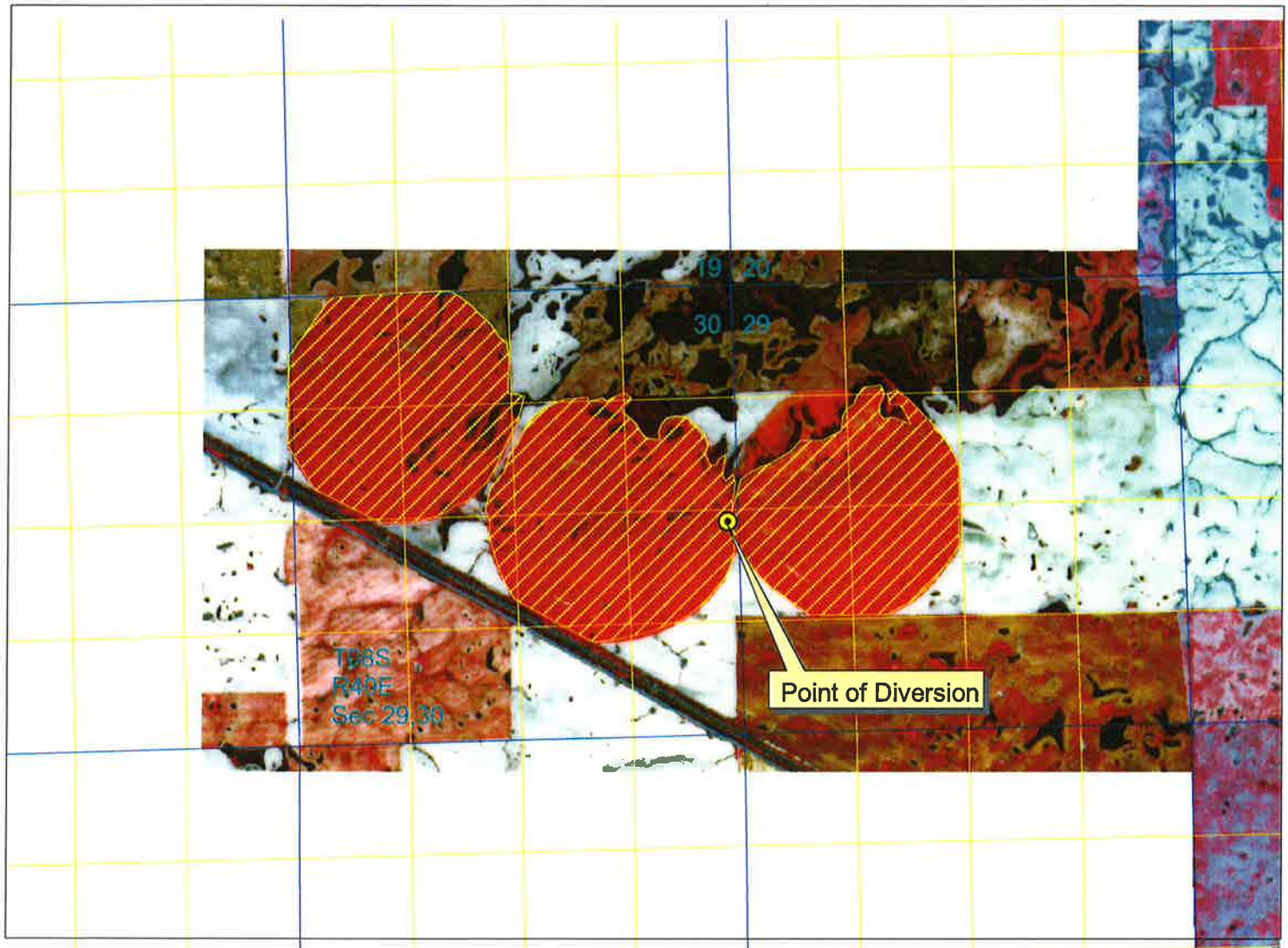
IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

PROFILED

SCANNED
APR 28 2003



State of Idaho
Department of Water Resources
Eastern Region
Claim No.: 29-7324



0.4 0 0.4 0.8 Miles

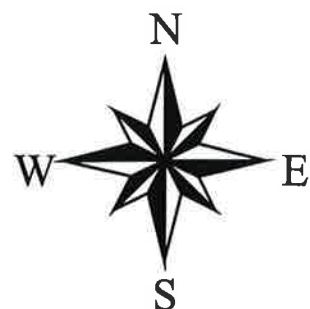
Irrigated Acres = 404

- Well.shp
-  Place of use.shp
-  Sections
-  QQ

PROFILED

SCANNED

APR 26 2005



IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 29-7324 V1

WATER RIGHT NUMBER: 29-7324 V1

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	MONTE YOST PO BOX 171 BANCROFT, ID 83217 (208)648-7704
Current Owner	SHAUNA YOST PO BOX 171 BANCROFT, ID 83217 (208)648-7704
Original Owner	MILTON L GILBERT PO BOX 28 BANCROFT, ID 83217

Priority Date: 06/03/1976

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	4/15 to 10/15	8.080 CFS	1,212.00 AF
	<u>Total Diversion:</u>	8.080 CFS	1,212.00 AF

Location of Point(s) of Diversion

GROUND WATER	NE1/4NE1/4SE1/4	Sec. 30, Twp 08S, Rge 40E, B.M.
CARIBOU County		

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
08S	40E	29							32.0	32.0	32.0	32.0							128.0
08S	40E	30			36.0	32.0	32.0	32.0	32.0	35.0	4.0				33.0	35.0	3.0	2.0	276.0
								L 1	L 2										

Total Acres: 404

Conditions of Approval:

1. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

Remarks:

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 29-7324 V1

1. Purpose of Use THE USE OF WATER FOR IRRIGATION UNDER THIS RIGHT MAY BEGIN AS EARLY AS APRIL 1 AND MAY CONTINUE TO AS LATE AS OCTOBER 31, PROVIDED OTHER ELEMENTS OF THE RIGHT ARE NOT EXCEEDED. THE USE OF WATER BEFORE APRIL 15 AND AFTER OCTOBER 15 UNDER THIS REMARK IS SUBORDINATE TO ALL WATER RIGHTS HAVING NO SUBORDINATED EARLY OR LATE IRRIGATION USE AND A PRIORITY DATE EARLIER THAN THE DATE A PARTIAL DECREE IS ENTERED FOR THIS RIGHT.

Comments:Dates and Other Information:

Decreed Date:
 Enlargement Use Priority Date:
 Enlargement Statute Priority Date:
 Defendant:
 Plaintiff:
 Civil Case Number:
 Judicial District:
 Notice of Error Flag: NONE RECEIVED
 State or Federal: S
 Owner Name Connector:
 Water District Number:
 Generic Max Rate Per Acre:
 Generic Max Volume Per Acre:
 Swan Falls Trust or Nontrust:
 Swan Falls Dismissed:
 DLE Act Number:
 Carey Act Number:
 Mitigation Plan: False

Element Reviewed/Verified Dates:

<u>Element</u>	<u>Last Reviewed Date</u>	<u>Reviewer</u>	<u>Last Verified Date</u>	<u>Verifier</u>	<u>Status</u>
Contacts	10/15/2002 4:10:36 PM	rwarner			Active
Priority Date	10/15/2002 4:11:35 PM	rwarner			Active
POD	10/15/2002 4:35:37 PM	rwarner			Active
Source	10/15/2002 4:36:09 PM	rwarner			Active
POU	10/15/2002 4:39:27 PM	rwarner			Active
Use	10/15/2002 4:39:55 PM	rwarner			Active
Season	10/15/2002 4:40:47 PM	rwarner			Active
Quantity	10/15/2002 4:41:21 PM	rwarner			Active
Summary			10/15/2002	rwarner	Active

Verification Log:

<u>Element</u>	<u>Date Time Stamp</u>	<u>Reviewer</u>	<u>Log text</u>
----------------	------------------------	-----------------	-----------------

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 29-7324 V1

Priority Date	10/15/2002 4:11:36 PM	rwarner	(No) 1. Should this water use have been included in a later court decree of the water rights from this source? (Yes) 4. Is the basis of claim decree or license? (Yes) 5. Does the decree or license have a Priority Date? (Yes) 6. Did the Claimant claim the decreed or licensed Priority Date ? (Yes) 15. Is the basis of claim coded correctly? (No) 16. Is a Priority Date remark and/or condition required?
Contacts	10/15/2002 4:10:36 PM	rwarner	(No) 1. Do you want to schedule an appointment? Comment for 1: desktop review
POD	10/15/2002 4:35:23 PM	rwarner	Edited point location
POD	10/15/2002 4:35:37 PM	rwarner	(Yes) 1. Is the basis of this claim a Decree or License? (Yes) 4. Does the Decree or License have a POD? (Yes) 5. Can the claimed POD be verified using the water right file? (No) 10. Is a POD remark and/or condition required?
Source	10/15/2002 4:36:09 PM	rwarner	(Yes) 1. Is the basis of claim Decree or License? (Yes) 4. Does the Decree or License have a source? (Yes) 5. Can the claimed source be verified using the water right file? (No) 11. Is a Source remark and/or condition required?
POU	10/15/2002 4:37:33 PM	rwarner	Edited shape boundary
POU	10/15/2002 4:39:28 PM	rwarner	(Yes) 1. Is the basis of this claim a Decree or License? (Yes) 2a. Is the POU required? (Yes) 5. Does the Decree or License have a POU? (Yes) 6. Can the claimed POU be verified using the water right file? (No) 14. Is a POU remark and/or condition required?
Use	10/15/2002 4:39:56 PM	rwarner	(Yes) 1. Is the basis of this claim a Decree or License? (Yes) 4. Does the Decree or License have a Purpose of Use? (Yes) 5. Can the claimed Purpose of Use be verified using the water right file? (No) 13. Is a Purpose of Use remark and/or condition required?

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 29-7324 V1

Season	10/15/2002 4:40:48 PM	rwarner	(Yes) 1. Is the basis of claim Decree or License? (Yes) 4. Does the Decree or License have a Period of Use? (Yes) 5. Can the claimed Period of Use be verified using the water right file? (Yes) 14. Is irrigation claimed as a Purpose of Use? (Yes) 16. Is the Period of Use on the decree, license or transfer shorter on either the start date or end date than allowable under current IDWR standards? (No) 17. Was the Period of Use shortened by a Transfer to a standard Period of Use that is shorter than the current standard Period of Use? (No) 18. Is a Period of Use remark and/or condition required?
Quantity	10/15/2002 4:41:22 PM	rwarner	(Yes) 1. Is the basis of this claim a Decree or License? (Yes) 4. Does the Decree or License have a diversion rate and/or volume? (Yes) 5. Can the claimed diversion rate and/or volume be verified using the water right file? (Yes) 8. Does the parent right have an annual diversion volume limit? (Yes) 10. Is a irrigation a purpose of use? (No) 12. Is a Quantity remark or condition required? Description for Question 10 - license exam
Summary	10/15/2002 4:43:10 PM	rwarner	(Yes) 1. Is the basis of this claim a Decree, License, Permit, Application or Posted Notice? (No) 2. Does any evidence indicate a five year period of continuous nonuse occurred that could result in recommending forfeiture or partial forfeiture? (No) 5. Is an additional remark and/or condition required? (Yes) 6. Would you like to view the recommended right? (No) 7. Is this a split or combined right? (No) 8. Do you have documents you would like to attach or link to the file? (Yes) 9. Would you like to set the verification date?

PROBLEM

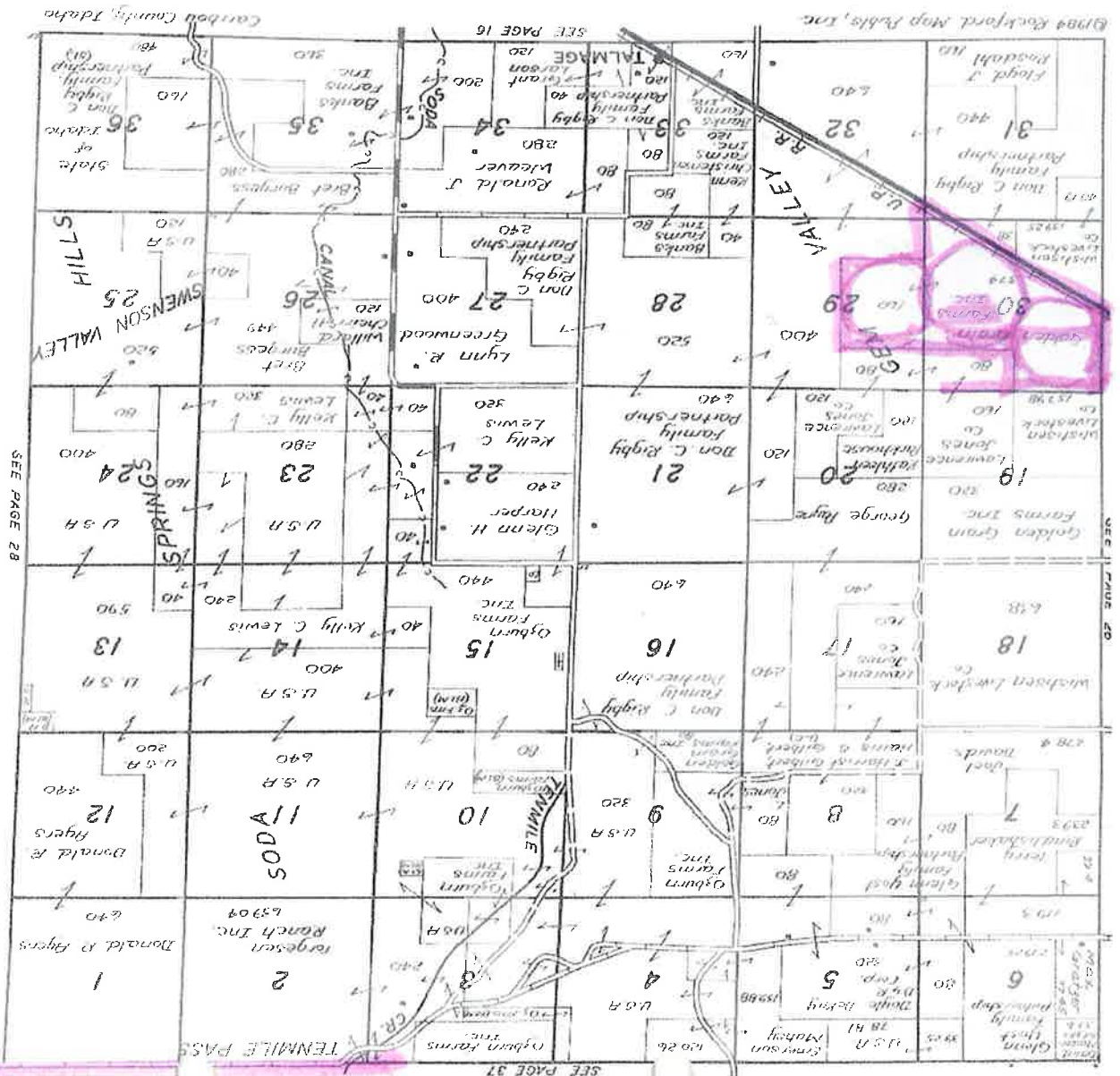
- Originally put into GDP in 1987.
per month yet 3/20/02.

Monte Yost

Would like to have the 12.5 retained so I don't lose them. Thank you.

The water right license shows 404 acres--leaving a difference of 12.5 that is in the corners.

My FSA records show that I have 126.1 + 138.8 + 126.6 acres on these three pivots.



T.8S R.40E



Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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 hereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; and if applicable, CRP-15 and CRP-1 Continuation.

10. OFFER FOR PERMISSION TO ALLEY CROP

In order to participate in CRP under CP19, Alley Cropping, I/we submit an offer of \$ _____ per acre reduction, from the amount specified in item 11A, in the annual rental payments for permission to produce agricultural commodities on eligible acres in accordance with the provisions for alley cropping set out in the applicable regulations. I/we understand that for each year of the CRP contract the annual rental payment will be reduced by the amount agreed to above, which reduction must be a reduction of at least 50 percent in the annual rental payment.

1A. Rental Rate Per Acre	\$ 35.00	12. Identification of CRP Land				
B. Annual Contract Payment	\$ 1589.00	A. Tract No.	B. Field No.	C. Practice	D. Acres	E. Total C/S
C. First Year Payment	\$	405	7	CP1	13.4	\$402.00
(Item 11C applicable only to continuous signup when the first year payment is prorated.)			9	CP1	32.0	\$960.00

13. OWNERS, OPERATORS, AND TENANTS

. OPERATOR NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
GOLDEN GRAIN FARMS		82 0411983	
PO BOX 171		SIGNATURE	
LANCROFT ID 83217		100 %	DATE 11-17-97
. OWNER NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
IONIE YOST		519 66 7530	
05 GILBERT LANE		SIGNATURE	
LANCROFT ID 83217		0 %	DATE 11-17-97
. NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
HAUNA YOST		518 70 8042	
05 GILBERT LANE		SIGNATURE	
LANCROFT ID 83217		0 %	DATE 11-17-97
i. CCC USE ONLY - Payments according to the shares are approved.		SIGNATURE OF CCC REPRESENTATIVE	
		DATE	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended, and regulations promulgated at 7 CFR PART 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714a; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0560-0125), STOP 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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

NO C/S - was

APR 20 1998

CONSERVATION RESERVE PROGRAM CONTRACT

COUNTY OFFICE ADDRESS AND PHONE NO. (area code)

Caribou county FSA Office
159 E 2nd South #1
Soda Springs ID 83276 (2080 547-4396)

1. ST. & CO. CODE & C/D 1	2. SIGN-UP NUMBER 16
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT
5. FARM NUMBER 1603	6. TRACT NUMBER(S) 4035
8. OFFER (Select one) STANDARD ENVIRONMENTAL PRIORITY	9. CONTRACT PERIOD FROM (M/D/Y) TO (M/D/Y) 10-1-98 9-20-2008

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "owner", "operator", and "tenant", respectively) on the farm identified above. The undersigned person or persons may hereafter collectively be referred to as "the Participant." The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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; and if applicable, CRP-15 and CRP-1 Continuation.

10. OFFER FOR PERMISSION TO ALLEY CROP

order to participate in CRP under CP19, Alley Cropping, I/we submit an offer of \$ _____ per acre reduction, from the amount specified in item 11A, in the annual rental payments for permission to produce agricultural commodities on eligible acres in accordance with the provisions for alley cropping set out in the applicable regulations. I/we understand that for each year of the CRP contract the annual rental payment will be reduced by the amount agreed to above, which reduction must be a reduction of at least 50 percent in the annual rental payment.

A. Rental Rate Per Acre	\$	12. Identification of CRP Land				
B. Annual Contract Payment	\$	A. Tract No.	B. Field No.	C. Practice	D. Acres	E. Total C/S
C. First Year Payment	\$			See page 1		
(Item 11C applicable only to continuous signup when the first year payment is prorated.)						

13. OWNERS, OPERATORS, AND TENANTS

OPERATOR NAME AND ADDRESS		SOCIAL SECURITY NUMBER	SIGNATURE	DATE
MILTON GILBERT 121 S 1 E LANCROFT ID 83217	0 %	529 10 1148	<i>Milton Gilbert</i>	11/26/97
OWNER NAME AND ADDRESS		SOCIAL SECURITY NUMBER	SIGNATURE	DATE
JYRA GILBERT 121 S 1 E LANCROFT ID 83217	0 %	518 07 5261	<i>Jyra C Gilbert</i>	
NAME AND ADDRESS		SOCIAL SECURITY NUMBER	SIGNATURE	DATE
LYLE GILBERT 56 W RIALTO LOUIS CA 93612	0 %	518 42 7798	<i>Lytle C. Gilbert</i>	11/20/97
CCC USE ONLY - Payments according to the shares are approved.		SIGNATURE OF CCC REPRESENTATIVE		

The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended, and regulations promulgated at 7 CFR PART 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 288, 287, 371, 651, 1001; 15 USC 714n; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0560-0125), STOP 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

is program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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

SCANNED

APR 28 2003

CONSERVATION RESERVE PROGRAM CONTRACT

7. COUNTY OFFICE ADDRESS AND PHONE NO. (area code)

Caribou county FSA Office
159 E 2nd South #1
Soda Springs ID 83276 (2080 547-4396)

1. CONTRACT NUMBER	16
4. ACRES FOR ENROLLMENT	
5. FARM NUMBER	1603
6. TRACT NUMBER(S)	405
8. OFFER (Select one)	
STANDARD	☐
ENVIRONMENTAL PRIORITY	☒
9. CONTRACT PERIOD	
FROM (M/D/Y)	10-1-98
TO (M/D/Y)	9-20-2000

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "Owner", "Operator", and "Tenant", respectively) on the farm identified above. The undersigned person or persons may hereafter collectively be referred to as "The Participant." The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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; and if applicable, CRP-15 and CRP-1 Continuation.

10. OFFER FOR PERMISSION TO ALLEY CROP

In order to participate in CRP under CP19, Alley Cropping, I/we submit an offer of \$ _____ per acre reduction, from the amount specified in item 11A, in the annual rental payments for permission to produce agricultural commodities on eligible acres in accordance with the provisions for alley cropping set out in the applicable regulations. I/we understand that for each year of the CRP contract the annual rental payment will be reduced by the amount agreed to above, which reduction must be a reduction of at least 50 percent in the annual rental payment.

A. Rental Rate Per Acre	\$	12. Identification of CRP Land				
B. Annual Contract Payment	\$	A. Tract No.	B. Field No.	C. Practice	D. Acres	E. Total C/S
C. First Year Payment	\$	405		See page 1		
(Item 11C applicable only to continuous signup when the first year payment is prorated.)						

13. OWNERS, OPERATORS, AND TENANTS

OPERATOR NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
RAIG GILBERT		518 48 2431	
3117 BENT CREEK RD		SIGNATURE	DATE
WOODWARD OK 73801	0 %	Craig Gilbert	11-18-97
OWNER NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
ROBERTA GILBERT		514 54 1739	
3117 BENT CREEK RD		SIGNATURE	DATE
WOODWARD OK 73801	0 %	Roberta Gilbert	11-18-97
NAME AND ADDRESS		SOCIAL SECURITY NUMBER	
	%	SIGNATURE	DATE
CCC USE ONLY - Payments according to the shares are approved.	SIGNATURE OF CCC REPRESENTATIVE		DATE

FE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended, and regulations promulgated at 7 CFR PART 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0560-0125), STOP 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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

SCANNED

APR 20 2000

CRP-2
(08-29-97)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. TRACT NUMBER
405
2. PROGRAM YEAR
1998 1999
3. SIGN UP NUMBER: 16

CONSERVATION RESERVE PROGRAM WORKSHEET

(See reverse for Privacy Act and Public Burden Statements.)

4A. FARM NO. 1603	4B. NAME AND ADDRESS OF APPLICANT Golden Grain PO Box 171 Bancroft, IL 60017	4C. CROPLAND 17880	5A. STATE & COUNTY CODE ADMIN. LOCATION 16 029	5B. STATE & COUNTY CODE PHYSICAL LOCATION
4D. COUNTY OFFICE ADDRESS AND PHONE NO. (area code) Caribou County FSA Office 159 # 2nd South #1 Soda Springs, ID 83276 (208) 547-4396			6. CONTRACT NO.	7. ACRES FOR ENROLLMENT 45.4
10A. ACRES UNDER CRP-1 EXPIRED SEPT. 30, 1997	10B. CRP-1 NUMBER(S) EXPIRED SEPT. 30, 1997 (Include Suffix)	11A. ACRES UNDER ACTIVE CRP-1	11B. ACTIVE CRP-1 NUMBER(S) (Include Suffix)	12. OFFER TYPE (Select one) STANDARD ☒ ENVIRONMENTAL PRIORITY ☐
8. TOTAL COST-SHARE \$ 1362		9. RENTAL RATE PER ACRE OFFERED \$ 35.00		

13. TOTAL ALLOTMENT AND QUOTA N/A	14. REDUCTION FACTOR N/A	15. PEANUT REDUCTION ACRES N/A	16. TOTAL TOBACCO REDUCTION ACRES N/A
--------------------------------------	-----------------------------	-----------------------------------	--

17. PRACTICES

A. PRACTICES	B. ACRES	C. TOTAL C/S	D. LENGTH	A. PRACTICES	B. ACRES	C. TOTAL C/S	D. LENGTH	A. PRACTICES	B. ACRES	C. TOTAL C/S	D. LENGTH
CP-1	45.4	1362	10								
AD-1	21.1		10								

18. LAND ELIGIBILITY CATEGORY BY ACRES (Enter the amount eligible for each criteria)

HEL (E) 8 or Greater	National CPA	State CPA - Water Quality	State CPA - Wildlife	45.4
State CPA - Air Quality	Cropped Wetland Wetland Acres	Cropped Wetland Associated Acres	Water Bank Program Acres	
Noncropped Wetland Associated Acres	Scout Erosion	Continuous SIGN UP Wetland Protection Acres	Continuous SIGN UP Other Acres	

19. Soil Loss Tolerance	20. Erosion Index Water	21. Erosion Index Wind
-------------------------	-------------------------	------------------------

22. National Ranking Factors (for standard offers only)						23. NT Subtractor (for standard offers only)					
N1	N2	N3	N4	N5	N6	N1a	N1b	N1c	N1d	N1e	N1f

24. State Ranking Factors (for standard offers only) (if applicable)						25. HUA Number		26. Restored Wetland Acres	
S1	S2	S3	S4	S5	S6				

27. Soil Map Data and Maximum Payment Rate Calculations

A. Soil Survey ID No.	B. Map Unit Symbol	C. Acres	D. Soil Rental Rate	E. Total Rent
(1) Primary		X	\$ 35.00	\$ 875.00
(2) Secondary		X	\$ 32.00	\$ 489.60
(3) Tertiary		X	\$ 29.00	\$ 147.90
(4) TOTALS				\$ 1512.50
28. Weighted Average Soil Rental Rate (Col. E total divided by Col. C total)		29. Incentive (if applicable) (Item 28 X applicable incentive percentage)		30. MAINTENANCE RATE
\$ 33.31		+		\$ 5.00
				31. MAXIMUM PAYMENT RATE (Per Acre)
				\$ 38.31

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

APR 28 2000

32. NAMES OF OTHER PRODUCERS					ID Number		38. Crop Land Use Summary												
Golden West Mountain West Meadow Creek Prairie Creek Sun Luna							1/ IR = Irrigated NI = Nonirrigated 2/ I = Initial Crop DC = Double Crop SC = Subsequent Crop F = Failed Acreage PP = Prevented Planted APPF = After PP or F A = Abandoned												
							33. Tract No.	34. Field No.	35. Crop or Land Use	36. Practice 1/	37. Crop Status 2/	A. Offered Acres	B. Eligible Acres	C. 1997	D. 1996	E. 1995	F. 1994	G. 1993	
							T405	7				13.4			Belu	B.O.			
								9				32.0			Belu	Belu			
		~~14.5~~			~~21.1~~														
39. TOTALS					→ 454														

40. APPLICANT'S CERTIFICATION:

By signing below, I certify to all of the following: (1) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; (2) All the Environmental Benefits Index (EBI) factors and subfactors, except for the cost factor have been explained to me; (3) I have been informed that planting an approved mixture of covers that benefit wildlife, enhancing the existing cover to provide a mixture that benefits wildlife, if applicable, offering less than the calculated maximum payment rate, and/or declining cost-share assistance may enhance acceptability of the offer; (4) I understand there is no guarantee that the offer will be accepted; (5) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (6) The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

APPLICANT'S SIGNATURE

DATE

Golden Grain Farms, Inc. by [Signature]

10-21-97

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0560-0125), Stop 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

APR 26 2000

CONSERVATION RESERVE PROGRAM CONTRACT

COUNTY OFFICE ADDRESS AND PHONE NO. (area code)
Caribou county FSA Office
159 E 2nd South #1
Soda Springs ID 83276 (2080 547-4396

1. ST. & CO. CODE & C/D 16	2. SIGN-UP NUMBER 16
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT 31.1
5. FARM NUMBER 1603	6. TRACT NUMBER(S) 405
8. OFFER (Select one) STANDARD ENVIRONMENTAL PRIORITY	9. CONTRACT PERIOD FROM (MM/DD) TO (MM/DD) 10-1-98 9-20-2008

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant," "Operator", and "Tenant", respectively) on the farm identified above. The undersigned person or persons may hereafter collectively be referred to as "the Participant." The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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; and if applicable, CRP-15 and CRP-1 Continuation.

10. OFFER FOR PERMISSION TO ALLEY CROP

order to participate in CRP under CP19, Alley Cropping, I/we submit an offer of \$ _____ per acre reduction, from the amount specified in item 11A, in the annual rental payments for permission to produce agricultural commodities on eligible acres in accordance with the provisions for alley cropping set out in the applicable regulations. I/we understand that for each year of the CRP contract the annual rental payment will be reduced by the amount agreed to above, which reduction must be a reduction of at least 50 percent in the annual rental payment.

A. Rental Rate Per Acre	\$ 33.00	12. Identification of CRP Land				
B. Annual Contract Payment	\$ 1,026.30	A. Tract No.	B. Field No.	C. Practice	D. Acres	E. Total C/S
C. First Year Payment	\$	405	1	CP10	5.4	0
(item 11C applicable only to continuous signup when the first year payment is prorated.)			4	CP10	5.1	0
			5	CP10	1.2	0

13. OWNERS, OPERATORS, AND TENANTS

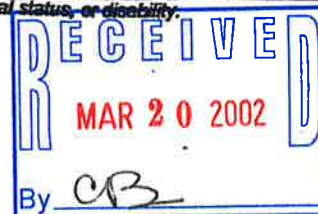
OPERATOR NAME AND ADDRESS GOLDEN GRAIN FARMS PO BOX 171 SANCROFT ID 83217	100%	SOCIAL SECURITY NUMBER 82 0411983 SIGNATURE Monte Yost 11-17-97
OWNER NAME AND ADDRESS MONTE YOST 105 GILBERT LANE SANCROFT ID 83217	0%	SOCIAL SECURITY NUMBER 519 66 7530 SIGNATURE Monte Yost 11-12-97
NAME AND ADDRESS SHAUNA YOST 105 GILBERT LANE SANCROFT ID 83217	0%	SOCIAL SECURITY NUMBER 518 70 8042 SIGNATURE Shauna Yost 11-12-97
CCC USE ONLY - Payments according to the shares are approved.	SIGNATURE OF CCC REPRESENTATIVE DATE	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 98-198), as amended, and regulations promulgated at 7 CFR PART 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714a; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIR/IA, (OMB No. 0560-0125), STOP 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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



3/20/02 per Monte yost.
This was originally put in 1987.

CONSERVATION RESERVE PROGRAM CONTRACT

7. COUNTY OFFICE ADDRESS AND PHONE NO. (area code)
Caribou county FSA Office
159 E 2nd South #1
Soda Springs ID 83276 (2080 547-4396

1. ST. & CO. CODE & C/D 16	2. SIGN-UP NUMBER 16
3. CONT. NUM.	4. ACRES FOR ENROLLMENT 31.1
5. FARM NUMBER 1603	6. TRACT NUMBER(S) 405
8. OFFER (Select one) STANDARD ENVIRONMENTAL PRIORITY	9. CONTRACT PERIOD FROM (M/D/Y) 10-1-98 TO (M/D/Y) 9-20-2008

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "Participant", "Operator", and "Tenant", respectively) on the farm identified above. The undersigned person or persons may hereafter collectively be referred to as "the Participant." The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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 hereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; CRP-2; and if applicable, CRP-15 and CRP-1 Continuation.

10. OFFER FOR PERMISSION TO ALLEY CROP

In order to participate in CRP under CP19, Alley Cropping, I/we submit an offer of \$ _____ per acre reduction, from the amount specified in item 11A, in the annual rental payments for permission to produce agricultural commodities on eligible acres in accordance with the provisions for alley cropping set out in the applicable regulations. I/we understand that for each year of the CRP contract the annual rental payment will be reduced by the amount agreed to above, which reduction must be a reduction of at least 50 percent in the annual rental payment.

11A. Rental Rate Per Acre \$	12. Identification of CRP Land
B. Annual Contract Payment \$	A. Tract No. B. Field No. C. Practice D. Acres E. Total C/S
C. First Year Payment \$ (Item 11C applicable only to continuous signup when the first year payment is prorated.)	See page 1

13. OWNERS, OPERATORS, AND TENANTS

OPERATOR NAME AND ADDRESS RAIG GILBERT 117 BENT CREEK RD WOODWARD OK 73801	0 %	SOCIAL SECURITY NUMBER 518 48 2431 SIGNATURE Craig Gilbert DATE 11-18-97
OWNER NAME AND ADDRESS OBERTA GILBERT 117 BENT CREEK RD WOODWARD OK 73801	0 %	SOCIAL SECURITY NUMBER 514 54 1739 SIGNATURE Robert Gilbert DATE 11-18-97
NAME AND ADDRESS	%	SOCIAL SECURITY NUMBER SIGNATURE DATE

CCC USE ONLY - Payments according to the shares are approved.	SIGNATURE OF CCC REPRESENTATIVE	DATE
---	---------------------------------	------

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended, and regulations promulgated at 7 CFR PART 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 288, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRU, (OMB No. 0560-0125), STOP 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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

APR 26 2006

CONSERVATION RESERVE PROGRAM CONTRACT

7. COUNTY OFFICE ADDRESS AND PHONE NO. (area code)

Caribou county FSA Office
159 E 2nd South #1
Soda Springs ID 83276 (2080 547-4396)

1. ST. & CO. CODE & C/D 16	2. SIGN-UP NUMBER 16
3. CONTRACT NUMBER	4. ACRES FOR ENROLLMENT 31.1
5. FARM NUMBER 1603	6. TRACT NUMBER(S) 405
8. OFFER (Select one) STANDARD ENVIRONMENTAL PRIORITY	9. CONTRACT PERIOD FROM (M/D/Y) TO (M/D/Y) 10-1-98 9-20-200

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "Owner", "Operator", and "Tenant", respectively) on the farm identified above. The undersigned person or persons may hereafter collectively be referred to as "the Participant." The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") for the stipulated contract period from the date the Contract is executed by the CCC or other use set by 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; and if applicable, CRP-15 and CRP-1 Continuation.

10. OFFER FOR PERMISSION TO ALLEY CROP

In order to participate in CRP under CP19, Alley Cropping, I/we submit an offer of \$ _____ per acre reduction, from the amount specified in item 11A; in the annual rental payments for permission to produce agricultural commodities on eligible acres in accordance with the provisions for alley cropping set out in the applicable regulations. I/we understand that for each year of the CRP contract the annual rental payment will be reduced by the amount agreed to above, which reduction must be a reduction of at least 50 percent in the annual rental payment.

11A. Rental Rate Per Acre	\$	12. Identification of CRP Land				
B. Annual Contract Payment	\$	A. Tract No.	B. Field No.	C. Practice	D. Acres	E. Total C/S
C. First Year Payment	\$			See page 1		
(Item 11C applicable only to continuous signup when the first year payment is prorated.)						

13. OWNERS, OPERATORS, AND TENANTS

1. OPERATOR NAME AND ADDRESS MILTON GILBERT 321 S 1 E BANCROFT ID 83217	0 %	SOCIAL SECURITY NUMBER 529 10 1148 SIGNATURE Milton Gilbert DATE 11-26-97
2. OWNER NAME AND ADDRESS TYRA GILBERT 321 S 1 E BANCROFT ID 83217	0 %	SOCIAL SECURITY NUMBER 518 07 5261 SIGNATURE Tyra C. Gilbert DATE
3. NAME AND ADDRESS LYLE GILBERT 956 W RIALTO CLOVIS CA 93612	0 %	SOCIAL SECURITY NUMBER 518 42 7798 SIGNATURE Lyle C. Gilbert DATE 11/20/97
4. CCC USE ONLY - Payments according to the shares are approved.	SIGNATURE OF CCC REPRESENTATIVE DATE	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended, and regulations promulgated at 7 CFR PART 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 288, 287, 371, 651, 1001; 15 USC 714n; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0560-0125), STOP 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

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

1. CONT NO.

2. SIGNUP NO.

3. FARM NO.

1603.

4. PAGE

16

2 OF 2

[illegible]

SCAN 12

CRP-2
(08-29-97)U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency

1. TRACT NUMBER

2. PROGRAM YEAR

403

1998

CONSERVATION RESERVE PROGRAM WORKSHEET

(See reverse for Privacy Act and Public Burden Statements.)

3. SIGN UP NUMBER:

16

4A. FARM NO. 1603	4B. NAME AND ADDRESS OF APPLICANT Sue Ellen Grain PO Box 971 Baroness, CA 93017	4C. CROPLAND 1785.0	5A. STATE & COUNTY CODE ADMIN. LOCATION 16 029	5B. STATE & COUNTY CODE PHYSICAL LOCATION
4D. COUNTY OFFICE ADDRESS AND PHONE NO. (area code) Caribou County FSA Office 159 # 2nd South #1 Soda Springs, ID 83276 (208) 547-4396			6. CONTRACT NO.	7. ACRES FOR ENROLLMENT 31.1
10A. ACRES UNDER CRP-1 EXPIRED SEPT. 30, 1997 31.1	10B. CRP-1 NUMBER(S) EXPIRED SEPT. 30, 1997 (Include Suffix) 105A	11A. ACRES UNDER ACTIVE CRP-1	11B. ACTIVE CRP-1 NUMBER(S) (Include Suffix)	9. RENTAL RATE PER ACRE OFFERED \$ 33 ⁰⁰
13. TOTAL ALLOTMENT AND QUOTA N/A		14. REDUCTION FACTOR N/A		15. PEANUT REDUCTION ACRES N/A
16. TOTAL TOBACCO REDUCTION ACRES N/A		17. PRACTICES		

A. PRACTICES	B. ACRES	C. TOTAL C/S	D. LENGTH	A. PRACTICES	B. ACRES	C. TOTAL C/S	D. LENGTH	A. PRACTICES	B. ACRES	C. TOTAL C/S	D. LENGTH
CRP-10	31.1	0	10								

18. LAND ELIGIBILITY CATEGORY BY ACRES (Enter the amount eligible for each criteria)			
HEL (E) or Greater	National CPA	State CPA - Water Quality	State CPA - Wildlife
State CPA - Air Quality	Cropped Wetland Wetland Acres	Cropped Wetland Associated Acres	Water Bank Program Acres
Noncropped Wetland Associated Acres	Scour Erosion	Continuous SIGN UP Wellhead Protection Acres	Continuous SIGN UP Other Acres

19. Soil Loss Tolerance	20. Erosion Index Water	21. Erosion Index Wind
-------------------------	-------------------------	------------------------

22. National Ranking Factors (for standard offers only)						23. NT Subfactors (for standard offers only)					
N1	N2	N3	N4	N5	N6	N1a	N1b	N1c	N1d	N1e	N1f

24. State Ranking Factors (for standard offers only) if applicable						25. HUA Number		26. Restored Wetland Acres	
S1	S2	S3	S4	S5	S6				

27. Soil Map Data and Maximum Payment Rate Calculations

A. Soil Survey ID No.	B. Map Unit Symbol	C. Acres	D. Soil Rental Rate	E. Total Rent
(1) Primary		18.7	\$ 29.00 ✓	\$ 432.10 ✓
(2) Secondary		10.8	\$ 38.00 ✓	\$ 410.40 ✓
(3) Tertiary		3.4	\$ 35.00 ✓	\$ 189.00 ✓
(4) TOTALS				\$ 1031.50
28. Weighted Average Soil Rental Rate (Col. E total divided by Col. C total)		29. Incentive (if applicable) (Item 28 X applicable incentive percentage)		30. Maintenance Rate
\$ 32.17				\$ 5.00
				31. MAXIMUM PAYMENT RATE (Per Acre)
				\$ 38.17

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability.

32. NAMES OF OTHER PRODUCERS		ID Number	1/ IR = Irrigated NI = Nonirrigated 2/ I = Initial Crop DC = Double Crop SC = Subsequent Crop F = Failed Acreage PP = Prevented Planted APPF = After PP or F A = Abandoned
33. Tract No.			
34. Field No.			
35. Crop or Land Use			

33. Tract No.	34. Field No.	35. Crop or Land Use	36. Practice 1/	37. Crop Status 2/	38. Crop Land Use Summary							
					A. Offered Acres	B. Eligible Acres	C. 199	D. 199	E. 199	F. 199	G. 199	
1105	1, 4, 5 2, 10, 12	old CRP reforested in 1982	NI	I	31.1							
	13	due to low CRP										
39. TOTALS					→ 31.1							

40. APPLICANT'S CERTIFICATION:

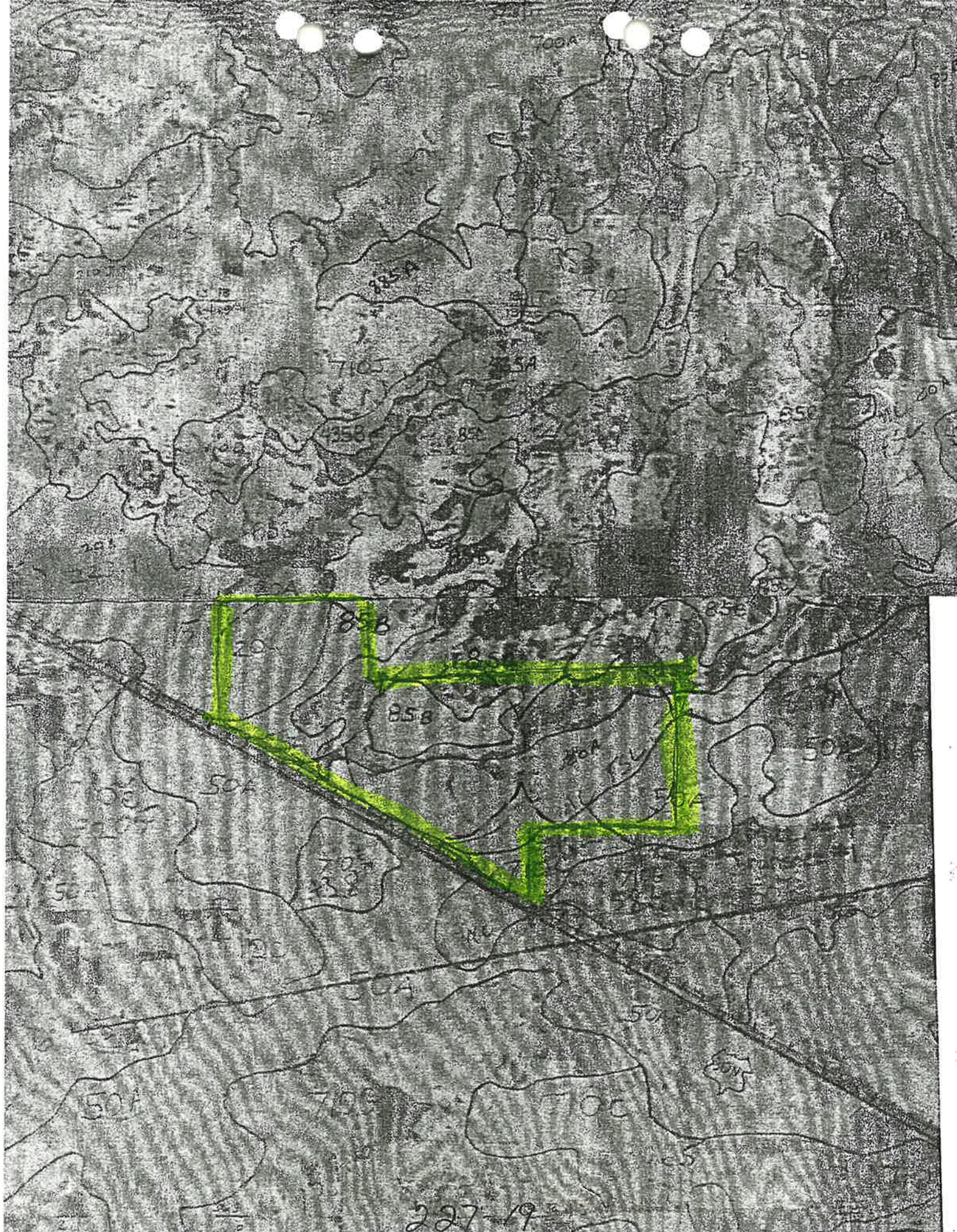
By signing below, I certify to all of the following: (1) To the best of my knowledge and belief the acreage of crops and land listed herein, if applicable, are true and correct; (2) All the Environmental Benefits Index (EBI) factors and subfactors, except for the cost factor have been explained to me; (3) I have been informed that planting an approved mixture of covers that benefit wildlife, enhancing the existing cover to provide a mixture that benefits wildlife, if applicable, offering less than the calculated maximum payment rate, and/or declining cost-share assistance may enhance acceptability of the offer; (4) I understand there is no guarantee that the offer will be accepted; (5) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the CRP; (6) The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

APPLICANT'S SIGNATURE	DATE

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the Food Security Act of 1985, (Pub. L. 99-198), as amended and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue Code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, (OMB No. 0560-0125), Stop 7630, Washington, D.C. 20250-7630. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

SCANNED



APR 25 2006

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 29-7324

WATER RIGHT NUMBER: 29-7324

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	MILTON L GILBERT PO BOX 28 BANCROFT, ID 83217

Priority Date: 06/03/1976

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	4/15 to 10/15	8.080 CFS	1,212.00 AF
	<u>Total Diversion:</u>	8.080 CFS	1,212.00 AF

Location of Point(s) of Diversion

GROUND WATER	NE1/4SE1/4	Sec. 30, Twp 08S, Rge 40E, B.M.
CARIBOU County		

Place of UseIRRIGATION Within CARIBOU County

T08S R40E S29	SWNW 32.0	T08S R40E S29	SENW 32.0
T08S R40E S29	NESW 32.0	T08S R40E S29	NWSW 32.0
T08S R40E S30	SWNE 36.0	T08S R40E S30	SENE 32.0
T08S R40E S30	NENW 32.0	T08S R40E S30 Lot 1	NWNW 32.0
T08S R40E S30 Lot 2	SWNW 32.0	T08S R40E S30	SENW 35.0
T08S R40E S30	NESW 4.0	T08S R40E S30	NESE 33.0
T08S R40E S30	NWSE 35.0	T08S R40E S30	SWSE 3.0
T08S R40E S30	SESE 2.0		

Total Acres: 404

Conditions of Approval:Remarks:Comments:Dates and Other Information:

IDAHO DEPARTMENT OF
RECOMMENDED WATER RIGHTS ACQ. RESOURCES
UNDER STATE LAW

DATE: NOV-12-1991
PAGE: A-64

RIGHT NUMBER	NAME & ADDRESS	PRIORITY DATE	PURPOSE OF USE	PERIOD OF USE FROM TO	MAXIMUM QUANTITY	BASIS OF CLAIM
SOURCE: GROUNDWATER						
29-07324	MILTON L. GILBERT P.O. BOX 28 BANCROFT ID 83217	06/03/1976	IRRIGATION	04-15 10-15	8.08 1212.0	CFS AFY LICENSE
					TOTAL QUANTITY:	8.08 CFS
					CONSUMPTIVE USE:	1212.0 AFY
					1010.0	AFY
POINT OF DIVERSION: T08S R40E S30 PLACE OF USE: IRRIGATION						
NESE						
T08S R40E S29 SWNW 32.0 SENW 32.0 NESW 32.0 NWSW 32.0						
S30 SWNE 36.0 SENE 32.0 NENW 32.0 (NWNW)32.0						
Lot 2 (SWNW)32.0 SENW 35.0 NESW 4.0 NESE 33.0						
NWSE 35.0 SWSE 3.0 SESE 2.0						
404.0 ACRES TOTAL						
13-07138	MARK C. HULSE 1872 TURNER RD. GRACE ID 83241	09/29/1976	DOMESTIC	01-01 12-31	.02 1.2	CFS AFY LICENSE
					TOTAL QUANTITY:	.02 CFS
					1.2	AFY
NON-IRRIGATION-USES: DOMESTIC, 1 HOME POINT OF DIVERSION: T10S R40E S03 PLACE OF USE: DOMESTIC						
SWSE						
T10S R40E S03 SWSE						

MAY 7 2001

Claim 50⁰⁰
Acres 404⁰⁰
4.54⁰⁰

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: A29-07324
Date Received: 1/24/1990
Receipt No: 8011849
Received By: EHC

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: MONTE YOST 208-648-7704
Address: P.O. BOX 171
BANCROFT, ID 83217
OR
Name: SHAUNA YOST 208-648-7704
Address: P.O. BOX 171
BANCROFT, ID 83217

A2907324

2. Date of Priority: JUN 03, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
08S	40E	30	NE	NE	SE		CARIBOU

5. Description of diverting works:
WELL, PUMP & SPRINKLERS.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
IRRIGATION	04/01	11/01	8.080		1212.00

7. Total Quantity Appropriated is:
8.080 C.F.S. (and/or) 1212.00 A.F.A.

8. Total consumptive use is 1010.0 Acre Feet Per Annum.

9. Non-irrigation uses:

A29-07324

Page 1

Date: 01/24/90

MICROFILMED
NOV 13 1992

10. Place of Use:

Township	Range	Section	1/4	of	1/4	Lot	Use	Acres
08S	40E	29	SW		NW		IRR	32.0
			SE		NW		IRR	32.0
			NE		SW		IRR	32.0
			NW		SW		IRR	32.0
							Section Acres	128.0
		30	SW		NE		IRR	36.0
			SE		NE		IRR	32.0
			NE		NW		IRR	32.0
			NW		NW		IRR	32.0
			SW		NW		IRR	32.0
			SE		NW		IRR	35.0
			NE		SW		IRR	4.0
			NE		SE		IRR	33.0
			NW		SE		IRR	35.0
			SW		SE		IRR	3.0
			SE		SE		IRR	2.0
							Section Acres	276.0
							Total Acres	404.0

11. Place of use in counties: CARIBOU

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: LICENSE

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments:

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Montoya Date: 1-24-90
Date:

State of Idaho)
County of Bonner) SS.

Subscribed and sworn (or affirmed) before me this 24 day
of Jan 19 90
Ernest Carlson
Notary Public



Residing at Shoshone Falls, ID
My Commission Expires 6-14-1994

18

17

16

10 T
POND

1-33X
5515 ROAD

5539T

5557AT

A29-07324



5547T

20
Twp 8S
Rge 40E

5505AT

1-37A
5548

19

5485AT

5468T

STEWART

G

5505T

ROAD

PACIFIC GRX

1-37E
5478

1-32

E

M

Well

29

1-31

28

30

30

29

5496T

29

5482T

BRIM48
5506

5507T

32

5562AT

5575

UNION

GRX

1-47A
5583

ROAD

1-32B5492

1-46A

5486

5525

A

#2

#1

MICROFILMED

NOV 13 1992