

POWER OF ATTORNEY

Privacy Act of 1974 Compliance Information: Solicitation of information contained herein is authorized by Executive Order 10450, and/or Section 231 of the Crime Control Act of 1990 (42 U.S.C. 13041), and may be used as a basis for suitability determinations. Disclosure of the information by you is voluntary. Information may be transferred as a routine use to appropriate federal, state or local agencies when relevant to the issuance of a license, grant, or approval for participation in a conservation program. Failure to provide information requested on this form may result in the government's inability to determine your suitability for the program you are applying.

KNOW ALL MEN AND WOMEN BY THESE PRESENT: That I/We Norval Rex Awalt and Christy Lou Awalt, Husband & Wife

Do hereby make, constitute, and appoint,
Robert Jones - Robert Jones Realty, Inc.

My/Our true and lawful Attorney-in-Fact, with full right, power, and authority for me/us, and in my/our name, place, and stead:

To conduct any and all negotiations and sign any and all documentation associated with participation in any conservation program checked below that is administered by the United States Department of Agriculture Natural Resources Conservation Service (NRCS) on real estate owned or operated by the undersigned.

- | | |
|---|--|
| ☐ All current programs | ☐ Grasslands Reserve Program |
| ☒ All current and future programs | ☐ Wetlands Reserve Program |
| ☐ Agricultural Management Assistance | ☐ Wildlife Habitat Incentives Program |
| ☐ Conservation Security Program | ☐ Other _____ |
| ☐ Farm and Ranch Lands Protection Program | |
| ☐ Environmental Quality Incentives Program | |

Also, to sign any necessary program documentation, and to collect and handle any monetary proceeds associated with said program agreements;

And also for me/we in my/our name/s and as my/our act and deed, to sign, seal, execute, deliver, and acknowledge such agreements, forms, deeds, releases, and satisfaction of mortgage, judgements, and other debts, and such other instruments of whatsoever kind and nature as may be necessary or proper in the premises;

Giving and granting unto said Attorney-in Fact the full power and authority to do and perform each and every act, deed and thing whatsoever required and necessary to be done in and about the foregoing, as fully as the undersigned might or could do if personally present and acting. All power and authority granted herein shall not be affected by my/our disability, incapacity, or adjudged incompetence.

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This Power of Attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon NRCS; or (2) death of the undersigned grantor. This Power of Attorney shall not be effective until properly executed and served to an NRCS representative.

Signed this SIXTEETH day of MARCH, 20 06.

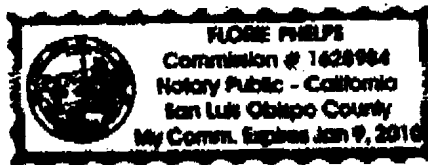
[Signature] [Signature]
Signature of Grantor(s)

State of California

County of San Luis Obispo ss.

On this 16 day of MARCH, 20 06, before me, the undersigned, a Notary Public in and for said State personally appeared NORVAL REX AWALT AND CHRISTY LOU AWALT, known or proved to me to be the person(s) described in and who executed the foregoing instrument, and acknowledged that, THEY executed the same as THEIR free act and deed. IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal the day and year first above written.

[Signature]
Notary Public in and for said State



SEAL

Nondiscrimination Statement

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202)720-2500 (voice or TDD).

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, DC 20250-9410 or call (202)720-5964 (voice or TDD). USDA, Natural Resources Conservation Service is an equal opportunity provider and employer.

FSA-211
(07-25-02)U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint (1) Robert Jones, of (2) Robert Jones Realty, Inc.
Twin Falls (3) Twin Falls County, State of (4) Idaho, the attorney-in-fact to act for
 (5) Norval Rex and Christy Lou Awall in connection with Farm Service Agency and Commodity Credit Corporation
 program number(s) checked below. Checking any of the FSA or CCC programs does not have any impact as to the FCIC transactions
 checked below:

A. FSA and CCC PROGRAMS
(Check applicable program numbers)

- ☐ 1. All current programs.
- ☒ 2. All current and all future programs.
- ☐ 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4.
- ☐ 4. 2002 Direct and Counter-Cyclical Peanut Program.
- ☐ 5. Peanut Quota Buy-Out Program.
- ☐ 6. Noninsured Crop Disaster Assistance Program.
- ☐ 7. Tobacco programs.
- ☐ 8. Marketing Assistance Loans and Loan Deficiency Payments.
- ☐ 9. Conservation programs.
- ☐ 10. Milk Income Loss Contract Program.
- ☐ 11. Other (Specify) _____

B. Transactions for FSA and CCC Programs
(Check applicable program numbers)

- ☐ 1. All actions.
- ☐ 2. Signing applications, agreements, and contracts.
- ☐ 3. Election of bases and yields except peanut designation covered by Item B4.
- ☐ 4. Designation of peanut historical base and yield to a farm.
- ☐ 5. Making reports.
- ☐ 6. Conducting all marketing assistance loan and LDP transactions.
- ☐ 7. Other (Specify) _____

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to certain FCIC programs and crops. Checking any of the FCIC transactions does not have any impact as to the FSA or CCC transactions checked above:

C. FCIC CROPS
(Enter "All" or specify each crop and year)

1. All
2. _____
3. _____
4. _____

D. TRANSACTION NUMBERS USED BY FCIC
(Check applicable numbers)

- ☒ 1. All actions.
- ☐ 2. Making application for insurance.
- ☐ 3. Reporting crop acreage and notice of damage reports.
- ☐ 4. Making claim for indemnity.
- ☐ 5. Making contract changes.
- ☐ 6. Other (Specify) _____

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a FSA Service Center.

AUTHORIZED SIGNATURES:

6A. Signature(s) of Grantor(s) (Individual)	B. Date (MM-DD-YYYY)	C. Social Security Number
	3-16-06	572-52-3823
	3-16-06	554-62-6893
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.)	B. Title	C. Date (MM-DD-YYYY)
		D. Identification No. of Entity
8A. Witness Signature (FSA Employee Only)	B. Date (MM-DD-YYYY)	C. Official Position

9. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature (a) _____ State of (b) _____ County of (c) _____

10. This power of attorney was served to (a) _____ County FSA Office, (b) State of _____ and
 became effective this (c) _____ day of (d) _____, (e) _____

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 and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 712. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not being able to act as your attorney-in-fact. 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 714mt and 31 USC 3725, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0190. The time required to complete this information collection is estimated to average 15 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. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of San Luis Obispo } ss.

On MARCH 16, 2006 before me, FLORIE PHELPS, NOTARY PUBLIC
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared NORVAL REX AWALT AND CHRISTY LOU AWALT
Name(s) of Signer(s)

☐ personally known to me
☒ proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) ☒ are subscribed to the within instrument and acknowledged to me that ~~he/she~~ they executed the same in ~~his/her~~ their authorized capacity(ies), and that by ~~his/her~~ their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Florie Phelps
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: U.S. DEPARTMENT OF AGRICULTURE POWER OF ATTORNEY

Document Date: MARCH 16, 06 Number of Pages: 1

Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer

Signer's Name: NORVAL REX AWALT AND CHRISTY LOU AWALT

- ☒ Individual ☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

Signer Is Representing: SELVES

