

2 Sept '03

To:

W Roger Warner
(208)

525- 7161

From:

L J Morrison (cell) 813-767-2074
"Doc"

- Transferring water from "North jam" to "South jam".
- Thatch, ID
- CRP info you requested -

[Signature]

For answers that Jed may not be available to answer,
Contact Mary Jo Morrison (801) 485-9113



FRANKLIN COUNTY FSA OFFICE
98 East 800 North
Preston, ID 83263
Phone (208) 852-0482
Fax (208) 852-0802

TO: L.J. Morrison

FROM: FSA

SUBJECT: _____

REMARKS: If you have questions give us a call

pages sent including cover 5

CRP-1
(02-21-88)

U.S. DEPARTMENT OF AGRICULTURE
Agricultural Stabilization and Conservation Service
Commodity Credit Corporation

1. ST. & CO. CODE & C/D
2. CONTRACT NO.
3. FARM NO.

CONSERVATION RESERVE PROGRAM CONTRACT

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): The authority for requesting the information to be supplied on this form is the Food Security Act of 1985, P.L. 99-198, and the regulations promulgated thereunder (7 CFR Part 704) and the Internal Revenue Code (26 USC 6103). 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. The information may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court, magistrate, or administrative tribunal. Furnishing of the Social Security Number (SSN) is mandatory. Furnishing all other information is voluntary; however, failure to furnish the correct, complete information requested will result in rejection of the offer to enter into the contract.

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners and operators (referred to as "Owner" and "Operator", respectively) on the farm identified above (referred to as "Farm") for the fields and acres (referred to as "designated acreage") identified in Items 8-17 below and on the CRP-1A Addendum, as applicable. The Owner and Operator agree to place the designated acreage into the Conservation Reserve Program ("CRP") for a period of 10 crop years from the date the Contract is executed by the CCC. The Owner and Operator also agree to implement on such designated acreage the Conservation Plan developed for such designated acreage and approved by the applicable local conservation district based upon the conservation practices identified in Items 10 and 15 below and in Items 4 and 9 on the CRP-1A Addendum or such other conservation practices as are identified in the Conservation Plan and agreed to by the Owner and Operator. The Owner and Operator and CCC agree to comply with the terms and conditions contained in this Contract and contained in the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, each Owner and Operator acknowledges that a copy of the Appendix has been provided to the Owner and Operator and that the Owner and Operator has signed the last page of such Appendix which will be kept on file in the County Agricultural Stabilization and Conservation Service (ASCS) Office. By signing below, the Owner and Operator also agree to allow CCC a period of 30 days from the close of the applicable sign-up period to accept this Contract and agree to pay liquidated damages in an amount specified in the Appendix if the Owner and Operator do not allow CCC such 30-day period in which to execute this Contract.

4. OWNERS AND OPERATORS

A. OPERATOR NAME AND ADDRESS

Willis Wright
284 E. 820 N.

SHARE

SSN

519-42-9887-8

SIGNATURE

DATE

100 %

Willis Wright

3-9-87

B. OWNER NAME AND ADDRESS

Randy Panter
Thatcher Idaho 83053

SHARE

SSN

519-64-7681-5

SIGNATURE

DATE

— %

Randy Panter

2-9-87

C. NAME AND ADDRESS

SHARE

SSN

519-08-2956

SIGNATURE

DATE

%

Adelle Wright

2-9-87

D. NAME AND ADDRESS

SHARE

SSN

SIGNATURE

DATE

%

5. ACRES FOR CRP

533.9 Acres

6. RENTAL RATE PER ACRE

\$ 842.50

7. CONTRACT PERIOD

FROM TO

1987 1996

TRACT NO.	FIELD NO.	PRACTICE NO.	ACRES	RATE OF COST-SHARES	TRACT NO.	FIELD NO.	PRACTICE NO.	ACRES	RATE OF COST-SHARES
17215	(A) 3	CP1	(13.5)	✓	17215	(F) 6	CP1	113.7	✓
425C	(B) 5	CP1	(6.6)	✓	425C	(G) 2 part	CP1	9.6	✓
	(C) 2 part	CP1	(36.3)	✓	17212	(A) 1	CP1	36.6	✓
	(D) 1	CP1	(58.5)	✓	377C	(A) 2	CP1	39.0	✓
	(E) 4	CP1	(3)	✓		(C) 3	CP1	5.3	✓

18. ANNUAL PAYMENT

22,641.00

19. CCC USE ONLY - Payments according to the shares are approved

CCC REPRESENTATIVE'S SIGNATURE

Dennis B. Hall

DATE

4-2-87

Form Approved - OMB No. 0580-0125

CRP-1 (01-30-97) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & C/D 16 041 7	2. SIGN-UP NUMBER 15
	3. CONTRACT NUMBER 593	4. ACRES FOR ENROLLMENT 298.5
	5. FARM NUMBER 919 3588	6. TRACT NUMBER(S) 17215
	8. OFFER (Select one) STANDARD ☒ ENVIRONMENTAL PRIORITY ☐	9. CONTRACT PERIOD FROM (M/D/Y) 10/1/98 TO (M/D/Y) 9/30/07
7. COUNTY OFFICE ADDRESS AND PHONE NO. (area code) 208-852-0482 Franklin County FSA Office 98 E 800 N Suite #2 Preston, ID 83263		

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 \$33.32	12. Identification of CRP Land				
B. Annual Contract Payment \$9946.00	A. Tract No.	B. Field No.	C. Practice	D. Acres	E. Total C/S
C. First Year Payment \$	17215	1	CP 10	58.5	0
(Item 11C applicable only to continuous signup when the first year payment is prorated.)		2	" "	45.9	0
		3	" "	13.5	0

13. OWNERS, OPERATORS, AND TENANTS

A. OPERATOR NAME AND ADDRESS Willis Wright 286 E 870 N Logan, UT 84321		100%	SOCIAL SECURITY NUMBER 519 42 9857	SIGNATURE <i>Willis Wright</i>	DATE 3-17-97
B. OWNER NAME AND ADDRESS Adele Wright 286 E 870 N Logan, UT 84321			100%	SOCIAL SECURITY NUMBER 519 03 2956	SIGNATURE <i>Adele M. Wright</i>
C. NAME AND ADDRESS		%	SOCIAL SECURITY NUMBER	SIGNATURE	DATE

14. CCC USE ONLY - Payments according to the shares are approved.	SIGNATURE OF CCC REPRESENTATIVE <i>Gale C. Moore</i>	DATE 2-11-97
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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 period 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, 659, 1001, 18 USC 714m, and 31 USC 3728, 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. 0580-0125, STOP 7670, Washington, D.C. 20260-7630. 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

(See OLP-1 for Privacy Act Statement)

ADDITIONAL VOCABULARY

Form Approved • OMB No. 0560-0125

CRF-1 Continuation
(04-30-87)

USDA-ASCS

1. CONTR 'O.

2. SIGNUP NO.

15

3. FARM NO.

919

4. PAGE

2 OF 2

**CONTINUATION TO THE CONSERVATION RESERVE PROGRAM
(CRP) CONTRACT**

5. IDENTIFICATION OF CRP LAND

[illegible]

ORIGINAL - COUNTY OFFICE COPY

REPRODUCE LOCALLY. Include form i. or and date on all reproductions.

Form Approved - OMB No. 0560-0121

CRP-1F Addendum
(03-15-96)U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

1. ST. & CO. Code

16 041

2. Contract Number

126

3. Farm Number

919

CRP-1 MODIFICATION TO EXTEND THE EXPIRATION DATE
FOR 1 YEAR

4. TERMS TO EXTEND EXPIRATION DATE OF THE CRP-1 CONTRACT

This contract modification is entered into by the Commodity Credit Corporation (CCC) and the undersigned participant(s) of the Conservation Reserve Program (CRP) contract in item 2 above.

By signing this contract modification, the participant(s) and CCC agree to:

- extend the expiration date of the CRP contract identified in item 2 above for the period from October 1, 1996, through September 30, 1997.
- comply with the terms and conditions of the cited contract as contained in the corresponding CRP-1, CRP-1 Appendix, and any addendum thereto.
- extend the lifespan of all CRP practices established for the contract identified in item 2 above for 1 year longer than indicated on ACP-245, page 2 or for 1 year longer than was agreed to under other extension provisions.

It is so agreed and understood.

Participant Name (Printed) Willis Wright	Participant Signature <i>Willis Wright</i>	Date 4-5-96
Participant Name (Printed) Adele M Wright	Participant Signature <i>Adele M Wright</i>	Date 4-5-96
Participant Name (Printed)	Participant Signature	Date
Participant Name (Printed)	Participant Signature	Date
5. Signature of CCC Representative <i>Jeffrey C Johnson</i> <i>Dorinda Edwards</i>	Date 4/14/96 4-5-96	6. County FSA Office Name and Address Franklin County FSA Office 98 E 800 N Suite 2 Preston, ID 83263-5388 Telephone No. (area code): 208-852-0482

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1980, as amended. The authority for requesting the following information is 7 CFR Part 704. The information will be used to modify the CRP-1 contract by extending the expiration date for 1 year. Furnishing the requested information is voluntary. 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.

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