

Operator Name and Address

MCINTYRE FARMS LLC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 171.20

Farmland: 240.00

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	End Date
3458	1	ALFAL		FG	I	I	A	171.20		Yes			10/10/2007	

Producer MCINTYRE FARMS LLC

Share 100.00

RMA Unit

Signature Date 07/28/2008

Tract 3458 Summary

Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Qty	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Qty	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Qty
ALFAL		FG	I	171.20										

Photo Number/Legal Description: YJ12A 7-8-17-18 2 3

Cropland: 171.20

Reported on Cropland: 171.20

Difference: 0.00

Reported on Non-Cropland: 0.00

NOTE: The authority for collecting the following information is Pub.L 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

			Crop/ Commodity	Variety/ Type	Share				Crop/ Commodity	Variety/ Type	Share				Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS LLC			ALFAL		100.00												

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity				Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
	ALFAL		FG	I	A	171.20												

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 171.20

Farmland: 240.00

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	End Date
3458	1	ALFAL		FG	I	I	A	171.20		Yes			10/10/2007	

Producer MCINTYRE FARMS INC

Share 100.00

RMA Unit

Signature Date 06/29/2009

Tract 3458 Summary

Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Qty	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Qty	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Qty
ALFAL		FG	I	171.20										
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3														
Cropland: 171.20				Reported on Cropland: 171.20				Difference: 0.00				Reported on Non-Cropland: 0.00		

NOTE: The authority for collecting the following information is Pub.L 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

							Crop/ Commodity	Variety/ Type	Share								Crop/ Commodity	Variety/ Type	Share								Crop/ Commodity	Variety/ Type	Share																
MCINTYRE FARMS INC									100.00																																				
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity			Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity			Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity																		
	ALFAL		FG	I	A	171.20																																							

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 170.90

Farmland: 204.20

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	End Date	
3458	1	ALFAL		FG	I	I	A	41.70		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
2		ALFAL		FG	I	I	A	62.70		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
3		ALFAL		FG	I	I	A	3.90		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
4		ALFAL		FG	I	I	A	5.30		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
5		ALFAL		FG	I	I	A	45.80		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
6		ALFAL		FG	I	I	A	7.60		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
7		ALFAL		FG	I	I	A	4.10		Yes			10/10/2007		
Producer MCINTYRE FARMS INC				Share 100.00		RMA Unit						Signature Date 06/07/2010			
Tract 3458 Summary															
<u>Cr/Co</u>	<u>Var/Type</u>	<u>Int Use</u>	<u>Irr Pr</u>	<u>Rpt Qty</u>		<u>Cr/Co</u>	<u>Var/Type</u>	<u>Int Use</u>	<u>Irr Pr</u>	<u>Rpt Qty</u>	<u>Cr/Co</u>	<u>Var/Type</u>	<u>Int Use</u>	<u>Irr Pr</u>	<u>Rpt Qty</u>
ALFAL		FG	I	171.10											
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3															
Cropland: 170.90				Reported on Cropland: 171.10				Difference: 0.20				Reported on Non-Cropland: 0.00			

Operator Name and Address

MCINTYRE FARMS INC
10478 RIVERSIDE RD
CALDWELL, ID 83607-9724

Original: _____
Revision: _____
Cropland: 170.90
Farmland: 204.20

NOTE: The authority for collecting the following information is Pub.L 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

			Crop/ Commodity	Variety/ Type	Share				Crop/ Commodity	Variety/ Type	Share				Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS INC			ALFAL		100.00												
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity		Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	
	ALFAL		FG	I	A	171.10											

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date	
3458	1	ALFAL		FG		I	I	A	41.70		Yes		N	10/01/2010			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
2		ALFAL		FG		I	I	A	62.70		Yes		N	10/01/2010			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
3		ALFAL		FG		I	I	A	3.90		Yes		N	10/01/2010			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
4		CORN	YEL	GR		I	I	A	5.30		Yes		N	05/15/2011			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
5		CORN	YEL	GR		I	I	A	45.80		Yes		N	05/15/2011			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
6		CORN	YEL	GR		I	I	A	7.60		Yes		N	05/15/2011			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
7		CORN	YEL	GR		I	I	A	4.10		Yes		N	05/15/2011			
Producer MCINTYRE FARMS INC					Share 100.00		RMA Unit						NAP Unit 2476		Signature Date 06/02/2011		
Tract 3458 Summary																	
PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
CORN	YEL	GR	I	A	62.80	ALFAL		FG	I	A	108.30						
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3																	
Cropland: 171.90					Reported on Cropland: 171.10					Difference: -0.80			Reported on Non-Cropland: 0.00				

Note: All cropland has not been reported.

Operator Name and Address

MCINTYRE FARMS INC
10478 RIVERSIDE RD
CALDWELL, ID 83607-9724

Original: _____
Revision: _____
Cropland: 171.90
Farmland: 204.20

NOTE: The authority for collecting the following information is Pub.L 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

							Crop/ Commodity	Variety/ Type	Share								Crop/ Commodity	Variety/ Type	Share								Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS INC							ALFAL		100.00								CORN	YEL	100.00										
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity							Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity								
	CORN	YEL	GR	I	A	62.80									ALFAL		FG	I	A	108.30									

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
3458	1	BEANS	DRK	SD		I	I	A	41.30		Yes		N	05/30/2012	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 05/31/2012	
2		CORN	YEL	FG		I	I	A	62.70		Yes		N	05/26/2012	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 05/31/2012	
3		BEANS	DRK	SD		I	I	A	3.90		Yes		N	05/30/2012	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 05/31/2012	
17		TRICL		SD		I	I	A	63.60		Yes		N	10/15/2011	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 05/31/2012	

Tract 3458 Summary

PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01 CORN	YEL	FG	I	A	62.70	01 TRICL		SD	I	A	63.60	01 BEANS	DRK	SD	I	A	45.20
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3																	
Cropland: 171.50					Reported on Cropland: 171.50					Difference: 0.00				Reported on Non-Cropland: 0.00			

NOTE: The authority for collecting the following information is Pub.L 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

MCINTYRE FARMS INC																
		Crop/ Commodity	Variety/ Type	Share			Crop/ Commodity	Variety/ Type	Share			Crop/ Commodity	Variety/ Type	Share		
		BEANS	DRK	100.00			TRICL		100.00			CORN	YEL	100.00		
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	
	OFAV			I	A	45.20		01	BEANS	DRK	SD	I	A	45.20		
01	CORN	YEL	FG	I	A	62.70		01	TRICL		SD	I	A	63.60		

OPERATOR'S CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops and land uses listed herein are true and correct, and that all required crops and land uses have been reported for the farm as applicable. The signing of this form gives FSA representatives authorization to enter and inspect crops and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
3458	1	ALFAL		FG		I	I	A	41.31		Yes		N	04/01/2014	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 07/10/2014	
2		ALFAL		FG		I	I	A	62.70		Yes		N	04/01/2014	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 07/10/2014	
3		ALFAL		FG		I	I	A	3.88		Yes		N	04/01/2014	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 07/10/2014	
17		ALFAL		FG		I	I	A	63.63		Yes		N	10/15/2011	01	2025
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit					NAP Unit 2476		Signature Date 11/15/2013	

Tract 3458 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	ALFAL		FG	I	A	171.52														
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3																				
Cropland: 171.52						Reported on Cropland: 171.52						Difference: 0.00				Reported on Non-Cropland: 0.00				

NOTE: The authority for collecting the following information is Pub.L 107-76. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The data will be used to determine eligibility for assistance. Furnishing the data is voluntary, however, without it assistance cannot be provided. The data may be furnished to any agency responsible for enforcing the provisions of the Act.

			Crop/ Commodity	Variety/ Type	Share				Crop/ Commodity	Variety/ Type	Share				Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS INC			ALFAL		100.00												

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity				Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	ALFAL		FG	I	A	171.52												

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 171.52

Farmland: 244.74

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
3458	17	ALFAL		FG		I	C	N	I	A	63.63		Yes		N	10/15/2011	01	2025

Producer MCINTYRE FARMS INC

Share 100.00

RMA Unit

NAP Unit 2476

Signature Date

Tract 3458 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	ALFAL		FG	I	A	63.63														
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3																				
Cropland: 171.52			Reported on Cropland: 63.63			Difference: -107.89			Reported on Non-Cropland: 0.00											

Note: All cropland has not been reported.

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 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

				Crop/ Commodity	Variety/ Type	Share					Crop/ Commodity	Variety/ Type	Share				
MCINTYRE FARMS INC				ALFAL		100.00											

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
01	ALFAL		FG	I	A	63.63									

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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, audiotope, 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.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

Farm Number: 3698

FARM AND TRACT DETAIL LISTING

DATE: 11/02/2023

PAGE: 1

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 171.52

Farmland: 244.74

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
3458	1	ALFAL		FG		I	C	N	I	A	41.31		Yes		N	04/01/2014	01	2019
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit						NAP Unit 2476		Signature Date 10/28/2015		
2		ALFAL		FG		I	C	N	I	A	62.70		Yes		N	04/01/2014	01	2019
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit						NAP Unit 2476		Signature Date 10/28/2015		
3		ALFAL		FG		I	C	N	I	A	3.88		Yes		N	04/01/2014	01	2019
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit						NAP Unit 2476		Signature Date 10/28/2015		
17		WHEAT	SWW	GR		I	C	N	I	A	63.63		Yes		N	10/12/2015	01	
Producer MCINTYRE FARMS INC					Share 100.00			RMA Unit						NAP Unit 2476		Signature Date 10/28/2015		

Tract 3458 Summary

PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	ALFAL	FG	I	A	107.89	01	WHEAT	SWW	GR	I	A	63.63					

Photo Number/Legal Description: YJ12A 7-8-17-18 2 3

Cropland: 171.52

Reported on Cropland: 171.52

Difference: 0.00

Reported on Non-Cropland: 0.00

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 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

				Crop/ Commodity	Variety/ Type	Share					Crop/ Commodity	Variety/ Type	Share				
MCINTYRE FARMS INC				ALFAL		100.00					WHEAT	SWW	100.00				
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity		
01	WHEAT	SWW	GR	I	A	63.63		01	ALFAL		FG	I	A	107.89			

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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, audiotope, 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.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES
FARM AND TRACT DETAIL LISTING

DATE: 08/28/2023
PAGE: 1

Operator Name and Address
MCINTYRE FARMS INC
10478 RIVERSIDE RD
CALDWELL, ID 83607-9724

Original: _____
Revision: _____
Cropland: 171.52
Farmland: 244.74

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
3458	1	ALFAL		FG		I	C	N	I	A	41.31		Yes		N	04/01/2014	01	2019
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 12/15/2016	
2		ALFAL		FG		I	C	N	I	A	62.70		Yes		N	04/01/2014	01	2019
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 12/15/2016	
3		ALFAL		FG		I	C	N	I	A	3.88		Yes		N	04/01/2014	01	2019
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 12/15/2016	
17		CORN	YEL	FG		I	C	N	I	A	63.63		Yes		N	05/01/2017	01	
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 07/11/2017	

Tract 3458 Summary

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	CORN	YEL	FG	I	A	63.63	01	ALFAL		FG	I	A	107.89							
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3																				
Cropland: 171.52						Reported on Cropland: 171.52						Difference: 0.00				Reported on Non-Cropland: 0.00				

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 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

				Crop/ Commodity	Variety/ Type	Share					Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS INC				ALFAL		100.00					CORN	YEL	100.00			
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	
01	ALFAL		FG	I	A	107.89		01	CORN	YEL	FG	I	A	63.63		

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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, audiotope, 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.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

Farm Number: 3698

FARM AND TRACT DETAIL LISTING

DATE: 08/28/2023

PAGE: 1

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 171.52

Farmland: 244.74

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date	
3458	1	ALFAL		FG		I	C	N	I	A	41.31		Yes		N	04/01/2014	01	2019	
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		
2		ALFAL		FG		I	C	N	I	A	62.70		Yes		N	04/01/2014	01	2019	
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		
3		ALFAL		FG		I	C	N	I	A	3.88		Yes		N	04/01/2014	01	2019	
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		
17A		TRNIP	OPN	SD		I	C	N	I	A	49.63		Yes		N	09/20/2017	01		
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		
17B		WHEAT	SWW	SD		I	C	N	I	A	4.60		Yes		N	10/26/2017	01		
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		
17C		WHEAT	SWW	SD		I	C	N	I	A	4.60		Yes		N	10/26/2017	01		
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		
17D		WHEAT	SWW	SD		I	C	N	I	A	4.80		Yes		N	10/26/2017	01		
Producer MCINTYRE FARMS INC					Share 100.00		FSA Physical Location Canyon, Idaho								NAP Unit 2476		Signature Date 11/14/2017		

Tract 3458 Summary

PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01 WHEAT	SWW	SD	I	A	14.00	01 ALFAL		FG	I	A	107.89	01 TRNIP	OPN	SD	I	A	49.63

Photo Number/Legal Description: YJ12A 7-8-17-18 2 3

Cropland: 171.52

Reported on Cropland: 171.52

Difference: 0.00

Reported on Non-Cropland: 0.00

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

Farm Number: 3698

FARM SUMMARY

DATE: 08/28/2023

PAGE: 2

Operator Name and Address

MCINTYRE FARMS INC
10478 RIVERSIDE RD
CALDWELL, ID 83607-9724

Original: _____

Revision: _____

Cropland: 171.52

Farmland: 244.74

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 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS INC	ALFAL		100.00	TRNIP	OPN	100.00	WHEAT	SWW	100.00			

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
	OFAV			I	A	49.63		01	WHEAT	SWW	SD	I	A	14.00	
01	ALFAL		FG	I	A	107.89		01	TRNIP	OPN	SD	I	A	49.63	

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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, audiotope, 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.

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

FARM AND TRACT DETAIL LISTING

DATE: 08/28/2023

PAGE: 1

Farm Number: 3698

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: GKM

Revision: _____

Cropland: 171.52

Farmland: 244.74

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date
3458	1	ALFAL		FG		I	C	N	I	A	41.31		Yes		N	04/01/2014	01	
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 10/18/2018	
2	TRNIP	OPN	SD			I	C	N	I	A	62.70		Yes		N	09/15/2018	01	
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 10/18/2018	
3	ALFAL		FG			I	C	N	I	A	3.88		Yes		N	04/01/2014	01	
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 10/18/2018	
17	TRNIP	OPN	SD			I	C	N	I	A	63.63		Yes		N	09/15/2018	01	
Producer MCINTYRE FARMS INC				Share 100.00		FSA Physical Location Canyon, Idaho										NAP Unit 2476	Signature Date 10/18/2018	

Tract 3458 Summary

PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty
01	ALFAL	FG	I	A	45.19	01	TRNIP	OPN	SD	I	A	126.33					

Photo Number/Legal Description: YJ12A 7-8-17-18 2 3

Cropland: 171.52

Reported on Cropland: 171.52

Difference: 0.00

Reported on Non-Cropland: 0.00

FSA - 578 (09-13-16)

REPORT OF COMMODITIES

Farm Number: 3698

FARM SUMMARY

DATE: 08/28/2023

PAGE: 2

Operator Name and Address

MCINTYRE FARMS INC

10478 RIVERSIDE RD

CALDWELL, ID 83607-9724

Original: GKM

Revision: _____

Cropland: 171.52

Farmland: 244.74

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 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share	Crop/ Commodity	Variety/ Type	Share
MCINTYRE FARMS INC	ALFAL		100.00	TRNIP	OPN	100.00						

Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity
	OFAY			I	A	126.33		01	ALFAL		FG	I	A	45.19	
01	TRNIP	OPN	SD	I	A	126.33									

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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, audiotope, 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.

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Act Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Official/Measured	Planting Date	Planting Period	End Date	
3458	1	MILET	COM	FG		I	C	N	I	A	41.31		Yes		N	05/30/2022	01		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 07/12/2022			
2A		MILET	COM	FG		I	C	N	I	A	46.67		Yes		N	05/30/2022	01		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 02/06/2023			
2B		GRASS	NAG	GZ		N	C	N	I	A	16.03		Yes		N		21		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 02/06/2023			
3		GRASS	NAG	GZ		N	C	N	I	A	3.88		Yes		N		21		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 02/06/2023			
10		GRASS	NAG	GZ		N	C	N	I	A	70.82		No		N		21		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 02/06/2023			
17A		GREEN	COL	SD		I	C	N	I	A	3.00		Yes		N	04/01/2022	01		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 02/06/2023			
17B		GRASS	NAG	GZ		N	C	N	I	A	60.63		Yes		N		21		
Producer MCINTYRE FARMS INC					Share 100.00	FSA Physical Location Canyon, Idaho									NAP Unit 2476	Signature Date 02/06/2023			
Tract 3458 Summary																			
PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty		
01 MILET	COM	FG	I	A	87.98	21 GRASS	NAG	GZ	N	A	151.36	01 GREEN	COL	SD	I	A	3.00		
Photo Number/Legal Description: YJ12A 7-8-17-18 2 3																			
Cropland: 171.52					Reported on Cropland: 171.52					Difference: 0.00					Reported on Non-Cropland: 70.82				

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 7 CFR Part 718, the Farm Security and Rural Investment Act of 2002 (Pub L. 107-171), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to collect producer certification of the report of acreage of crops/commodities and land use data which is needed in order to determine producer eligibility to participate in and receive benefits under FSA programs. The information collected on the form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial of the producer's request to participate in and receive benefits under FSA programs. 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 0560-0175. The time required to complete this information collection is estimated to average 30 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

MCINTYRE FARMS INC																
		Crop/ Commodity	Variety/ Type	Share			Crop/ Commodity	Variety/ Type	Share			Crop/ Commodity	Variety/ Type	Share		
		GREEN	COL	100.00			GRASS	NAG	100.00			MILET	COM	100.00		
Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	Planting Period	Crop/ Commodity	Variety/ Type	Intended Use	Irrigation Practice	Reporting Unit	Reported Quantity	Determined Quantity	
01	OFAV			I	A	3.00		21	GRASS	NAG	GZ	N	A	151.36		
	MILET	COM	FG	I	A	87.98		01	GREEN	COL	SD	I	A	3.00		

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. Absent any different or contrary prior subsequent certification filed by any producer for any crop for which NAP coverage has been purchased, I certify that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
---------------------------	---	------

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, audiotope, 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.