

KANSAS

COFFEY

Form: FSA-156EZ

See Page 2 for non-discriminatory Statements.



United States Department of Agriculture
Farm Service Agency

FARM: 8242

Prepared : 4/13/26 8:50 AM CST

Crop Year: 2026

Abbreviated 156 Farm Record

Operator Name :
 CRP Contract Number(s) : 11664A, 11722A
 ReconID : 20-031-2024-76
 Transferred From : None
 ARCPLC G/F Eligibility : Eligible

Farm Land Data

Farmland	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane	Farm Status	Number Of Tracts
157.83	106.80	106.80	0.00	0.00	0.00	0.00	0.0	Active	1
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped		CRP	MPL	DCP Ag. Rel. Activity	SOD	
0.00	0.00	99.36	5.20		7.44	0.00	0.00	0.00	

Crop Election Choice

ARC Individual	ARC County	Price Loss Coverage
None	WHEAT, CORN, SORGH, SOYBN, BARLY	None

DCP Crop Data

Crop Name	Base Acres	CCC-505 CRP Reduction Acres	PLC Yield	HIP
Wheat	23.60	0.00	32	
Corn	15.50	0.00	80	0
Grain Sorghum	11.20	0.00	59	
Soybeans	33.00	0.00	29	0
Barley	0.10	0.00	43	
TOTAL	83.40	0.00		

NOTES

Empty box for notes.

Tract Number : 306

Description : 22 16 SE1/4 1-22-16
 FSA Physical Location : KANSAS/COFFEY
 ANSI Physical Location : KANSAS/COFFEY
 BIA Unit Range Number :
 CRP Contract Number(s) : 11664A, 11722A
 HEL Status : NHEL: No agricultural commodity planted on undetermined fields
 Wetland Status : Wetland determinations not complete
 WL Violations : None
 Owners : JOHN MICHAEL FREE
 Other Producers : DOMINION INVESTMENT PROPERTIES LLC
 Recon ID : None

Abbreviated 156 Farm Record

Tract Land Data

Tract 306 Continued ...

Farm Land	Cropland	DCP Cropland	WBP	EWP	WRP	GRP	Sugarcane
157.83	106.80	106.80	0.00	0.00	0.00	0.00	0.0
State Conservation	Other Conservation	Effective DCP Cropland	Double Cropped	CRP	MPL	DCP Ag. Rel Activity	SOD
0.00	0.00	99.36	5.20	7.44	0.00	0.00	0.00

DCP Crop Data

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Barley	0.10	0.00	43
TOTAL	83.40	0.00	

NOTES

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To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) 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.



USDA United States Department of Agriculture
 Farm Service Agency
Coffey County, KS



2026 Crop Year

Farm: 8242
Tract: 306

- | | |
|--|--------------------------|
| HWHT/HW= WHEAT HRW GR | BRO FG= GRASS SMO FG |
| SWHT/SW= WHEAT SRW GR | BRO LS= GRASS SMO LS |
| C= CORN YEL GR | BRO GZ= GRASS SMO GZ |
| MILO/M= SORGHUM GR | FTA/FES FG= GRASS FTA FG |
| SOY/B/SB= SOYBEANS COM GR | FTA/FES LS= GRASS FTA LS |
| DC SOY/B/SB= SOYBEANS COM GR, 2ND C | NAT FG= GRASS NAG FG |
| OATS/O= OATS SPR GR | NAT LS= GRASS NAG LS |
| FORAGE SORGHUM/SORG F= FORAGE SORGHUM CAN FG | NAT GZ= GRASS NAG GZ |
| CC/CEG= COVRC CEG CO | ALF= ALFALFA FG |
| CC/BOB= COVRC MIX CO | CLOV= CLOVER, RED FG |
| CC/LUM= COVRC LUM CO | |
| **ALL FIELDS NI, UNLESS NOTED | |

Disclaimer: Wetland identifiers do not represent the size, shape or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact wetland boundaries and determinations, or contact NRCS.

Wht: _____

Corn: _____

Milo: _____

Beans: _____

DC Beans: _____

January 29, 2026

CRP-1 U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & ADMIN. LOCATION 20 031	2. SIGN-UP NUMBER 63
	3. CONTRACT NUMBER 11722A	4. ACRES FOR ENROLLMENT 3.72
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) COFFEY COUNTY FARM SERVICE AGENCY 313 CROSS ST, STE 1 BURLINGTON, KS66839-1190	6. TRACT NUMBER 306	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2025 09-30-2035
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (620) 364-2313	8. SIGNUP TYPE: SAFE - KS Habitat for Upland Game Birds SAFE	

INSTRUCTIONS: RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant".) The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the 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 receipt of a copy of the Appendix/Appendices for the applicable contract period. 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 PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.

9A. Rental Rate Per Acre	\$ 59.00	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 219.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	306	0006	CP38E-2	3.72	\$ 475.00
<i>(Item 9C is applicable only when the first year payment is prorated.)</i>						

11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)

A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) DOMINION INVESTMENT PROPERTIES LLC PO BOX 70 DUNCANVILLE, AL35456-0070	(2) SHARE 100.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code) JOHN MICHAEL FREE 11399 DOMINION DR DUNCANVILLE, AL35456-3031	(2) SHARE 0.00 %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE %	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)

12. CCC USE ONLY	A. SIGNATURE OF CCC REPRESENTATIVE	B. DATE (MM-DD-YYYY)
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NOTE: Privacy Act Statement: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), the American Relief Act, 2025 (Pub. L. 118-158), Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Pub. L. 119-37), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this 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). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1).

Non-Discrimination Statement: 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, 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.

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CRP-1 U.S. DEPARTMENT OF AGRICULTURE (01-23-26) Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT	1. ST. & CO. CODE & ADMIN. LOCATION 20 031	2. SIGN-UP NUMBER 61
	3. CONTRACT NUMBER 11664A	4. ACRES FOR ENROLLMENT 3.72
5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code) COFFEY COUNTY FARM SERVICE AGENCY 313 CROSS ST, STE 1 BURLINGTON, KS66839-1190	6. TRACT NUMBER 306	7. CONTRACT PERIOD FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) 10-01-2024 09-30-2039
5B. COUNTY FSA OFFICE PHONE NUMBER (Include Area Code): (620) 364-2313	8. SIGNUP TYPE: SAFE - KS Habitat for Upland Game Birds SAFE	

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9A. Rental Rate Per Acre	\$ 111.23	10. Identification of CRP Land (See Page 2 for additional space)				
9B. Annual Contract Payment	\$ 414.00	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
9C. First Year Payment	\$	306	0010	CP38E-25	2.25	\$ 287.00
(Item 9C is applicable only when the first year payment is prorated.)		306	0011	CP38E-25	1.47	\$ 188.00

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DOMINION INVESTMENT PROPERTIES LLC PO BOX 70 DUNCANVILLE, AL35456-0070	100.00 %			
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JOHN MICHAEL FREE 11399 DOMINION DR DUNCANVILLE, AL35456-3031	0.00 %			
C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)	(2) SHARE	(3) SIGNATURE (By)	(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY	(5) DATE (MM-DD-YYYY)
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