

This form is available electronically.

CRP-1 (03-26-04) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CONSERVATION RESERVE PROGRAM CONTRACT <small>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection 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.</small>	1. ST. & CO. CODE & ADMIN. LOCATION 17203	2. SIGN-UP NUMBER 32
	3. CONTRACT NUMBER 166A 785	4. ACRES FOR ENROLLMENT 23.1
7. COUNTY OFFICE ADDRESS (Include Zip Code): WOODFORD COUNTY FARM SERVICE AGENCY 939 W CENTER ST EUREKA, IL 61530-9505	5. FARM NUMBER 0002424	6. TRACT NUMBER(S) 0009638
TELEPHONE NUMBER (Include Area Code): (309)467-2308 x2	8. OFFER (Select one) GENERAL <input type="checkbox"/> ENVIRONMENTAL PRIORITY <input checked="" type="checkbox"/>	9. CONTRACT PERIOD FROM: (MM-DD-YYYY) 10-01-2007 TO: (MM-DD-YYYY) 09-30-2017

THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant"). 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 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 or CRP-2C, if applicable; and, if applicable, CRP-15.

10A. Rental Rate Per Acre	\$ 120.43	11. Identification of CRP Land				
B. Annual Contract Payment	\$2782	A. Tract No.	B. Field No.	C. Practice No.	D. Acres	E. Total Estimated Cost-Share
C. First Year Payment		0009638		CP10	22.1	\$0.00
(Item 10C applicable only to continuous signup when the first year payment is prorated.)		0009638		CP11	1.0	\$0.00

12. PARTICIPANTS	
A(1). PARTICIPANTS NAME AND ADDRESS (Zip Code): Lake Santa FE Mgt CO C/o George Schlink Metamora, IL 61548_7716	(2) SHARE 100.00%
	(3) SOCIAL SECURITY NUMBER: *****8134
	(4) SIGNATURE <i>[Signature]</i> <small>(If more than three individuals are signing, continue on attachment.)</small>
	DATE (MM-DD-YYYY) 5/29/08
B(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):	(2) SHARE %
	(3) SOCIAL SECURITY NUMBER:
	(4) SIGNATURE
	DATE (MM-DD-YYYY)
	<small>(If more than three individuals are signing, continue on attachment.)</small>
C(1). PARTICIPANTS NAME AND ADDRESS (Zip Code):	(2) SHARE %
	(3) SOCIAL SECURITY NUMBER:
	(4) SIGNATURE
	DATE (MM-DD-YYYY)
	<small>(If more than three individuals are signing, continue on attachment.)</small>
13. CCC USE ONLY - Payments according to the shares are approved	
	A. SIGNATURE OF CCC REPRESENTATIVE <i>[Signature]</i>
	B. DATE (MM-DD-YYYY) 6-2-08

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 the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171) and regulations promulgated at 7 CFR Part 1410 and the Internal Revenue code (26 USC 6109). The information requested is necessary for CCC to consider and process the offer to enter into a Conservation Reserve Program contract, to assist in determining eligibility and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in determination of ineligibility for certain program benefits and other financial assistance administered by USDA agency. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law Enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

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Original - County Office Copy

Owner's Copy

Operator's Copy

CRP-1 K (03-22-06)		U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	
STATEMENT OF CONTRACT COMPLIANCE AND ACKNOWLEDGMENT OF SUCH CONTINUED COMPLIANCE AS A REQUIREMENT FOR RE-ENROLLMENT AND FOR BENEFITS UNDER RE-ENROLLMENT		1A. State Code 17	1B. County Code 203
		2. Old Contract Number 166A 785	3. Old Contract Expiration Date (MM-DD-YYYY) 09-30-2007
4. Farm Number 0002424	5. New Contract Number	6. Sign Up Number 32	

7. COMPLIANCE TERMS

The purpose of this Statement of Compliance (Statement) is, for persons interested in re-enrolling land in the Conservation Reserve Program (CRP), to help verify that such persons remain in full compliance at all times with the terms and conditions of their current contracts. Such compliance is a necessary condition for those participants who, upon expiration of their current contracts, wish to re-enroll their land into the CRP under a new contract and wish to receive payments under such new contracts.

By signing this Statement, the undersigned CRP participant acknowledges that:

I wish to re-enroll into the CRP the land currently enrolled in my current CRP contract identified in Item 2, above, which is scheduled to expire on the date identified in Item 3 above.

I represent that I currently am in full compliance with the contract identified in Item 2 and have at all times been in compliance with that contract.

I acknowledge that a condition of re-enrolling my land into a new CRP contract includes full and continued compliance with all the terms and conditions of my CRP contract identified in Item 2, above.

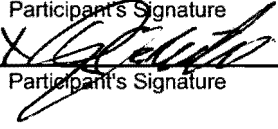
I acknowledge that CCC reserves the right to deny re-enrollment into the CRP of the land currently enrolled in my CRP contract identified in Item 2, above, if I fail to remain at all times in full compliance with all the terms and conditions of that contract.

I acknowledge that the new contract number for my re-enrolled land will be determined by CCC after approval of a new contract number will be entered into Item 5, above, after such approval.

I further acknowledge that CCC reserves the right to void the new contract to be identified in Item 5 above, should I fail at any time to remain in full compliance with the terms and conditions of the contract identified in Item 2 above.

I hereby acknowledge that the conditions and acknowledgments provided in this Statement will be considered part of my new contract, which will be identified in Item 5, above.

It is so agreed and understood.

Participant's Name (Printed) Lake Santa FE Mgt CO	Participant's Signature 	Date (MM-DD-YYYY) 5-29-2008
Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)
Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)
Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)

8A. County FSA Office Name and Address (Including ZIP Code) WOODFORD COUNTY FARM SERVICE AGENCY 939 W CENTER ST EUREKA, IL 61530-9505	8B. County FSA Office Telephone Number (Including Area Code): (309)467-2308 x2
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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 7 CFR Part 1410. 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. Failure to furnish the requested information will result in loss of benefits. 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, 641, 651, 1001, 15 USC 714m, and 31 USC 3729, 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 0560-0125. The time required to complete this information collection is estimated to average 5 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.