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(See Last Page for Privacy Act and Paperwork Reduction Act Statements)

<b>CCC-861</b> (03-27-15)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation
<b>AGRICULTURAL RISK COVERAGE - COUNTY OPTION                  (ARC-CO) AND PRICE LOSS COVERAGE(PLC)                  CONTRACT</b>	
1. Program Year: <b>2017</b>	
2. State Code <b>19</b>	3. County Code <b>067</b>
4. Farm Number <b>5398</b>	
5A. County FSA Office Name and Address (Including Zip Code) <b>FLOYD COUNTY FARM SERVICE AGENCY                  611 BECK STREET                  CHARLES CITY, IA 50616-3799</b>	
5B. County Office Telephone Number (Including Area Code) <b>(641)228-4055</b>	5C. County Office Fax Number (Including Area Code) <b>(855)211-4017</b>

**THIS ANNUAL ARC-CO AND PLC CONTRACT** is entered into between the Commodity Credit Corporation (CCC) and the undersigned producers on the farm identified in Item 4. Upon approval, this farm and the producers on the farm are enrolled in ARC-CO and/or PLC for the program year identified above in Item 1. All producers with a share in base acres and/or a share of covered commodities planted that attribute generic base acres must sign this contract by the announced enrollment deadline of the applicable program year in order to participate and make themselves potentially eligible to receive payments for the applicable program year.

The terms and conditions of the ARC-CO and PLC contract are contained in the CCC-861 and CCC-862 Appendix and the regulations at 7 CFR Part 1412. By signing this contract producers: (1) acknowledge receipt and agree to abide by the terms of the CCC-861 and CCC-862 Appendix ; (2) agree to comply with the terms and conditions of the program and those governing payment limitation and eligibility and adjusted gross income limitation provisions; (3) agree that the terms and benefits of this program are subject to changes in law; and (4) certify that all the information contained on this form, whether or not personally entered by the producer, is true, correct, and accurate.

**NOTES:** PLC yields in item 10 are only used in the payment calculation of covered commodities that have elected PLC. Generic base acres are reflected below. If the farm has generic base acres, any producers sharing in covered commodities planted and attributing generic base acres must sign this contract or that share of attributed base acre will not be paid.

6. Commodity	7. Program Elected	8. Base Acres	9. 85% of Base Acres	10. PLC Yield	6. Commodity	7. Program Elected	8. Base Acres	9. 85% of Base Acres	10. PLC Yield
<b>CORN</b>	<b>ARC-County</b>	<b>69.3</b>	<b>58.91</b>	<b>155</b>	<b>SOYBEANS</b>	<b>ARC-County</b>	<b>69.2</b>	<b>58.82</b>	<b>47</b>
11. Generic Base Acres (if any)									

12A. Owner or Producer's Name and Address [REDACTED] [REDACTED]	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
	<b>CORN</b>	<b>50.00%</b>	<b>SOYBEANS</b>	<b>50.00%</b>
12B. Email Address				
12C. Telephone No. [REDACTED]				

15A. Refused Payment Information: <input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused	15B. Producer's Initials <hr/> 15C. Date Initialed (MM-DD-YYYY)
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16A. Producer's Signature (By)	16B. Title/Relationship of the Individual Signing in the Representative Capacity	16C. Date (MM-DD-YYYY) <b>02-24-2017</b>
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**FOR FSA USE ONLY**

17A. Signature of CCC Representative	17B. Date (MM-DD-YYYY) <b>03-09-2017</b>
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18. Remarks

19. Employee's Initials:

1. PROGRAM YEAR <b>2017</b>	2. STATE CODE <b>19</b>	3. COUNTY CODE <b>067</b>	4. FARM NUMBER <b>5398</b>	
<b>CONTINUATION OF OWNER'S OR PRODUCER'S CROP INFORMATION (From Page 1)</b>				
12A. Owner or Producer's Name and Address <b>AUDREY R MERFELD REV TRUST %CAROLYN K. ATHEY</b> [REDACTED]	13. Commodity	14. Payment Share	13. Commodity	14. Payment Share
	<b>CORN</b>	<b>50.00%</b>	<b>SOYBEANS</b>	<b>50.00%</b>
12B. Email Address [REDACTED]				
12C. Telephone No. [REDACTED]				
15A. Refused Payment Information: <input type="checkbox"/> All ARC-CO Payments are Refused <input type="checkbox"/> All PLC Payments are Refused			15B. Producer's Initials	
			15C. Date Initialed (MM-DD-YYYY)	
16A. Producer's Signature (By)	16B. Title/Relationship of the Individual Signing in the Representative Capacity		16C. Date (MM-DD-YYYY) <b>03-02-2017</b>	
<p><b>NOTE:</b> 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 1412, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Agriculture Risk Coverage Program and Price Loss Coverage 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 Agriculture Risk Coverage Program and Price Loss Coverage Program.</p> <p>This information collection is exempted from the Paperwork Reduction Act as specified in the Agricultural Act of 2014 (Pub. L. 113-79, Title I, Subtitle F, Administration).</p> <p>The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>				

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