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(09-13-16)	8 Manual											U.S	. Departme	<b>nt of Agric</b> Service Age	ulture	PAGE	
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See Page 2 for Privacy Act and Paperwork Reduction Act Statements.  1. 2. 3.					4. 7.			8.				9.		10.			
		FAF	RMLAND	CROPLAND		PROGRAM		YR.	KEY	NAMES OF OTHER PRODUC					!	OTHER FARMS	
KEY 5. OPERATOR NAME AND ADDRESS			6. OTHER FARM		MS												
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12 TRACT NO.	13. FIELD		14. R LAND USE	15. PRAC- TICE <u>1</u> /	16. CROP STATUS	1	.7. CROP	OR LAND US	E SUMMAF	RY (Maple trees	s, aπer numbe	r enter "1"; H	oney, aπer nu	mber enter "H	H")	KEY	SHARE
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land uses ha	ve been reported he applicable cr	d for the farms as op, type, practice	of my knowledge and applicable. Absent , and intended use i nodities and land us	any different s not planted	t or contrary pric I if it is not includ	or subsequent ded on the Rep	certificatio	on filed by any pr nmodities for this	oducer for a crop year. T	ny crop for whicl The signing of thi	h NAP coverage s form gives FS	e has been pur	chased, I	<u>1</u> / I = Irrigat O = Other	ed (Honey or		Nonirrigated
authorization to enter and inspect crops/comm A. CERTIFIER'S SIGNATURE			B. DATE (MM-DD-YYYY	A. CERTIFIER'S SIGNATURE (BY)				B. DATE (MM-DD-YYY	A. CE	A. CERTIFIER'S SIGNATURE (BY)			ATE IM-DD-YYYY)	2/ I = Initial P = Prevented F = Failed S = Subsequent Cr D = Double Crop R = Repeat V = Volunteer		E = Experimental IF = Initial Failed IP = Initial Prevented DF = SF = Subsequent Failed DF = Double-cropped Failed DP = Double-cropped Prevented	

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23 REMARKS/SKETCHES	

23. REMARKS/SKETCHES								

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.

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, audiotape, 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 <a href="http://www.ascr.usda.gov/complaint-filing-cust.html">http://www.ascr.usda.gov/complaint-filing-cust.html</a> 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.