05/29/2008 12:23 FAX 2027205233			2002
		Form Approved -	OMB No. 0560-0004
FSA-578 (Producer Print)	REPORT OF ACREAG	E PROGRA	M YEAR 2005
		DATE:	04-15-2005
Producer Name and Address ID	1		
DAVID .			(
NOTE: The following statements are made in accord of 1938, as amended, and the Agricultural A data will be used to determine eligibility <u>tance cannot be provided. The data may be f</u> Public reporting burden for this collection of inf for reviewing instructions, searching existing dat reviewing the collection of information. Send comm information, including suggestions for reducing th Washington, D.C. 20250; and to the Office of Manag Washington, D.C. 20503. RETURN THIS COMPLETED FOR	ct of 1949, as amended, author for assistance. Furnishing the <u>urnished to any agency respons</u> ormation is estimated to aver a sources, gathering and maini ents regarding this burden est is burden, to the Department of ement and Budget, Paperwork Re	rized the collection of the foll e data is voluntary, however, wi <u>stble for enforcing the provision</u> age 15 minutes per response, inc taining the data needed, and com timate, or any other aspect of to of Agriculture. Clearance Office	owing data. The thout it assis- <u>ns of the Acts</u> luding the time pleting and his collection of r. Ag Box 7630
	pt Reported Determined Plant nit Quantity Quantity Dat	2	RMA Opt Unit Unit
5173 1 Ni WHEAT HRW Grain I A	5.00 10-04	-2004 1.0000 DAVID	
Photo Number/Legal Description: 5173 W Cropland: 0.0 Farmland:	86.0		
C/C Type Prac IU Reported Determined WHEAT HRW N GR 5.00			
PRODUCER'S CERTIFICATION: I certify to the best o	f my knowledge and beitef that	t the acreage of crops and land	USBS liteton

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 <u>identified land</u>.

Producer's Signature		Date
		1
This program or activity will be conducted on a nondiscriminatory	basis without repard to race	. color, religion, national
origin. sex. age. marital status, or disability.	• • • • • •	

05/29/2	008 12:	23 F	AX 20	272052	33								Ø	003	
FSA-57	8 (02-	01-	91)			RE	PORT	OF COMM	ODITIES			PROGR	AM Y	EAR	200
FARM NUMBER: 3000 FA				FA	RM A	M AND TRACT DETAIL LISTING					DATE: 04-15-2005				
Operator	Name and	Addre	55	I	D							Ori	g1na1:		
				1								Rev	ision;		
	2 3. <u>.</u>			3								Cro	pland:		0.0
												Far	mland:		86.0
Tract Number	CLU/ Field	Irr Prc	C/C	Var/ Type	Int Use	Lnd Use	Rpt Unit	Reported Quantity	Determined Quantity	0/ M	C/C Stat	Prod Share	Prod ID	RMA Unit	Opt Unit
5173	1	N1	WHEAT	HRW	Grain		A	5.00			I	1.0000			
	Prac IU N GR	No	on-Irrig 5.00		gated										
Pho	to Number	/Lega	1 Descr	iption:	W2NESW;:			-							
Cro	pland:		.0	Reporte	d:	5.00	01ffer	ence:	5.00 Repo	rted D	.E.F.G.H	H.J.K,L,M,M	1.0.P.F	R:	

0 01VIDE, NORTH DAKOTA         PSA-578(02-01-91)       REPORT OF COMMODITIES       PROGRAM YEAR 200         PARM NUMBER:       3000       FARM SUMMARY       DATE: 04-15-200         Operator Name and Address       ID       Original:	05/29/2008 12:24 FAX 2027205233		2004
FARM NUMBER:       3000       FARM SUMMARY       DATE:       04-15-200         Operator Name and Address       ID       Original:	D DIVIDE, NORTH DAKOTA		
Operator Name and Address       ID       Original:	FSA-578(02-01-91)	REPORT OF COMMODITIES	PROGRAM YEAR 2005
Revision: Cropland: 0.0 Farmland: 06.0 NDTE: 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. Producer Name ID C/C Share WHEAT 1.0000 Crop Type Prac IU Reported Determined WHEAT 1.0000 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. Derator's Signature Date This program or activity will be conducted on a nondiscriminatory basis without regerd to race, color, religion, national	ARM NUMBER: 3000	FARM SUMMARY	DATE: 04-15-2005
Cropland: 0.0 Farmland: 86.0 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. Producer Name ID C/C Share WHEAT 1.0000 Crop Type Prac IU Reported Determined WHEAT 1.0000 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. Operator's Signature This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national	Operator Name and Address ID		Original:
Farmland:       86.0         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 mendated 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.         Producer Name       ID       C/C       Share WHEAT 1.0000         Crop Type Prac IU       Reported       Determined         WHEAT 1.0000       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.         Operator's Signature       ID ate         It is program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national			Revision:
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