

FSA - 578 (09-13-16)

# REPORT OF COMMODITIES

## FARM AND TRACT DETAIL LISTING

DATE: 05/08/2026

PAGE: 1

Farm Number: 4073

Operator Name and Address

Original: CAB  
Revision: \_\_\_\_\_  
Cropland: 0.00  
Farmland: 170.03

57717-7903

Tract Number	CLU/Field	Crop/Commodity	Var/Type	Int Use	Irr. Pr.	Org Stat	Nat. Sod	C/C Stat	Rpt Unit	Rpt Qty	Det Qty	Crop Land	Field ID	Plant Count	Planting Date	Planting Period	End Date
4351	2	GRASS	NAG	GZ	N	C	N	I N	A	170.03		No				01	CC

Producer OP - Tract 4351 Summary

Share 100.00 FSA Physical Location Butte, South Dakota

NAP Unit 2015 Signature Date 06/16/2025

PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	PP	Cr/Co	Var/Type	Int Use	Irr Pr	Rpt Unit	Rpt Qty	
01	GRASS	NAG	GZ	N	A	170.03															

Photo Number/Legal Description:

Cropland: 0.00

Reported on Cropland: 0.00

Difference: 0.00

Reported on Non-Cropland: 170.03

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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.

PP	Crop/ Commodity	Variety/ Type	Int Use	Irr Prac	Reporting Unit	Rpt/Det Failed	Rpt/Det Exp	Rpt/Det Pvt	Rpt/Det Vol	Rpt/Det NA
	GRASS	NAG			A	100.00				170.03

CERTIFICATION: I certify to the best of my knowledge and belief that the acreage of crops/commodities and land uses listed herein are true and correct and that all required crops/commodities and land uses have been reported for the farm as applicable. I certify that for any crop for which NAP coverage has been obtained that the applicable crop, type, practice, and intended use is not planted if it is not included on the Report of Commodities for this crop year. The signing of this form gives FSA representatives authorization to enter and inspect crops/commodities and land uses on the above identified land. A signature date (the date the producer signs the FSA-578) will also be captured.

Producer's Signature (By)	Title/Relationship of Individual Signing in the Representative Capacity	Date
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