



## OPERATOR'S STATEMENT

Date \_\_\_\_\_

I, \_\_\_\_\_, certify that I have a cash lease  
(Operator's Name)

agreement with \_\_\_\_\_ for FSA Farm  
(Landowner's Name)

Number \_\_\_\_\_, located at \_\_\_\_\_  
(Section, Township and County)

for crop years \_\_\_\_\_ and that the landowner is  
assuming no risk from ANY crop grown on the farm.

\_\_\_\_\_  
Operator's Signature

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