

**Policyholder Information**  
 MERRITT ERICKSON  
 c/o M & H ERICKSON RANCH  
 3916 COUNTY ROAD MM  
 ORLAND, CA 95963  
 Phone: (530)330-1871 Tax ID: xxx-xx-5612  
 Entity Type: S  
 SBI: HEIDLERICKSON xxx-xx-1641

**Agency/Agent Information**  
 WESTERN CROP INSURANCE AGENCY  
 PO BOX 728  
 RED BLUFF, CA 96080  
 Phone: (530)527-7580  
 Code: 04058

APH Computation for  
 Crop Year: 2010  
 State: 06-CALIFORNIA  
 County: 021-GLENN  
 Print Date: 12/09/2009  
 CSR: NAU\_CA

Unit #	Crop	Practice	County	FSA #	Section(s)	Yr	Production	Acres	Yield	YA Yield
00100	ALMND-APH	021-GLENN								
00100	ALMND-APH	021-GLENN								
00100	ALMND-APH	021-GLENN								

Farm Name	Share Name	Land Other County	Yes	No	Processor # / Name and/or # of Trees or Vines
HOME					

Yr	Production	Acres	Yield	YA Yield	Yr	Production	Acres	Yield	YA Yield	Yr	Production	Acres	Yield	YA Yield
00	145873.	133.7	1091.0A											
01	160066.	133.7	1197.0A											
02	206009.	133.7	1541.0A											
03	192302.	133.7	1438.0A											
04	192612.	133.7	1441.0A											
05	208725.	133.7	1561.0A											
06	168826.	133.7	1263.0A											
07	190362.	126.7	1502.0A											
08	221716.	133.7	1658.0A											
09	175150.	133.7	1310.0A											
Yield Total		1,400.0			Yield Total					Yield Total				
T Yield	Prior Yld	Yld Floor	Approved Yld		T Yield	Prior Yld	Yld Floor	Approved Yld		T Yield	Prior Yld	Yld Floor	Approved Yld	
1020.0	1409.0	0.0	1400.0											

I certify that to the best of my knowledge and belief all of the information on this form is correct. I also understand that failure to report completely and accurately may result in sanctions under my policy, including but not limited to avoidance of the policy, and in criminal or civil penalties (18 U.S.C. & 1006 and 1014; 7 U.S.C. & 1506; 31 U.S.C. & 3372, & 3730 and any other applicable federal statutes). I submit this report as required for the above identified MPC or alternate policy and certify that to the best of my knowledge and belief the information is correct and includes my entire interest in all acreage of the reported crops planted in the county(ies) and that of all sharecroppers, if any, in any crops insured under my policy.

Insured Signature \_\_\_\_\_ Date \_\_\_\_\_ Agent Signature \_\_\_\_\_ Code \_\_\_\_\_ (Version DA180702)

SEE REVERSE SIDE OF FORM FOR COMPLIANCE STATEMENTS AND THE STATEMENT REQUIRED BY THE PRIVACY ACT OF 1974