

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. <b>AG-04H1-B-10-7172</b>	3. AWARD/EFFECTIVE DATE <b>04/20/2010 - 04/20/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010</b> <b>08:37 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>			b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	8. OFFER DUE DATE/ LOCAL TIME <b>02/25/2010</b> <b>18:30 US/Pacific</b>	
9. ISSUED BY <b>USDA Forest Service</b> <b>Pacific Northwest Region (R-6)</b> <b>Kermadine Barton</b> <b>Grants Pass Interagency Office</b> <b>2164 NE Spalding Ave.</b> <b>Grants Pass, Oregon, 97526</b>			10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: _____ % FOR: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) <b>NAICS: 115310</b> <b>SIZE STANDARD: 17.5</b>		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS <b>0</b>	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO			16. ADMINISTERED BY <b>Kermadine Barton</b> <b>Grants Pass Interagency Office</b> <b>2164 NE Spalding Ave.</b> <b>Grants Pass, Oregon, 97526</b>		
17a. CONTRACTOR/OFFEROR <b>Glacierpeak wildfire inc.</b> <b>3528 174th pl. s.w.</b> <b>Lynnwood, Washington, 98037</b>  TELEPHONE NO. <b>2068175612</b>			18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM		
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>  <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>				
25. ACCOUNTING AND APPROPRIATION DATA			26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-5 ARE ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-6 IS ATTACHED. ADDENDA			<input checked="" type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED		
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED			<input checked="" type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED <b>04/20/2010</b> . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:		
30a. SIGNATURE OF OFFEROR/CONTRACTOR <b>/s/ erik borgen</b>			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Kermadine Barton</b>		
30b. NAME AND TITLE OF SIGNER (Type or print) <b>erik borgen -</b>	30c. DATE SIGNED <b>04/20/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/20/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Engine Type 6	1fdax57p55ec70847	WA-CWC	Daily Rate	\$1830/Day
Engine Type 6	1fdax57p25ec70837	WA-CWC	Daily Rate	\$1830/Day
Engine Type 6	1fdax57p93ed83889	WA-CWC	Daily Rate	\$1815/Day
Engine Type 6	1fdax57p65ec70873	WA-CWC	Daily Rate	\$1830/Day

**Vendor Information**

Company Name: Glacierpeak wildfire inc.  
DUNS: 129260852  
Company Address:  
3526 174th pl. s.w.  
Lynnwood, Washington, 98037

Mailing Address: same as above

**Primary Contact:**

Name: erik borgen  
Email: glacierpeakwildfire@hotmail.com  
Daytime Phone: 2068175612  
Cell Phone: 2068175612  
Evening Phone: 2068175612  
Fax: 4257421639

**Secondary Contact:**

Name: Michael Hanson  
Email: hansonranch@gmail.com  
Daytime Phone: 5096701752  
Cell Phone: 5096701752  
Evening Phone: 5096701752  
Fax: 4257421639

**Discount Terms:**

0

**Small Business Status**

Small Business: Y  
HUBZone: N  
Service-Disabled Veteran-Owned Small Business: N  
8(a): N  
LSA Flag: N

**Supporting Documentation**

Has Workers Compensation Insurance: Y  
Workers Comp. Insurance Expiration Date: 04/17/2011  
Has sufficient employees: Y  
Is registered in CCR: Y  
Has completed ORCA: Y



**Solicitation Year: 2010**  
**Resource Category**  
**Engine, Type 6**

*Please complete the required fields, which are indicated by an asterisk (\*) and highlighted in yellow.*

*For Agreement Phase Only:*

Withdraw this resource       Replace this VIN Number  
*From this drop-down list, select the VIN Number that you wish to withdraw or select the VIN Number that you wish to replace with the new VIN Number that you provide on this form.*

**1. Equipment Description**

License #\* **a22522x**      State\* **WA** (Where the license was issued)

VIN Number\* **1fdax57p25ec70837**      Equipment ID\* **01**

Make\* **ford**      Model\* **f550 superduty xl**

Year\* **2005**      DOT Inspection Issue Date\* **01/20/2010**      Insurance Policy Expiration Date\* **02/15/2011**

**2. Equipment Location**

City\* **Wenatchee**      State\* **WA**      Zip Code\* **98801** -

Dispatch Center\* **WA-CWC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **301-399** gallons hauled (water)      Pump Performance\* **Excellent (150 psi or more)**

All-Wheel Drive\* **Yes**      CAFS\*  Yes  No      Foam Proportioner System\* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate\* \$ **1830.00**

Do you have enough employees for a double shift?  Yes  No

**5. Contact Information**

*Complete this section ONLY if the contact information is different than what is listed on the Vendor Company Information form.*

First Name       Last Name

Daytime Phone ( ) -       Cell Phone ( ) -       Evening Phone ( ) -       FAX ( ) -

E-mail Address

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First Name       Last Name

Daytime Phone ( ) -       Cell Phone ( ) -       Evening Phone ( ) -       FAX ( ) -

E-mail Address



**Solicitation Year: 2010**

**Resource Category**

**Engine, Type 6**

Please complete the required fields, which are indicated by an asterisk (\*) and highlighted in yellow.

*For Agreement Phase Only:*

Withdraw this resource       Replace this VIN Number  
 From this drop-down list, select the VIN Number that you wish to withdraw or select the VIN Number that you wish to replace with the new VIN Number that you provide on this form.

**1. Equipment Description**

License #  State  (Where the license was issued)

VIN Number  Equipment ID

Make  Model

Year  DOT Inspection Issue Date  Insurance Policy Expiration Date

**2. Equipment Location**

City  State  Zip Code  -

Dispatch Center  Latitude  Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity  gallons hauled (water) Pump Performance

All-Wheel Drive  CAFS  Yes  No Foam Proportioner System

**4. Rates**

Daily Rate  Do you have enough employees for a double shift?  Yes  No

**5. Contact Information**

Complete this section **ONLY** if the contact information is different than what is listed on the Vendor Company Information form.

First Name  Last Name

Daytime Phone  Cell Phone  Evening Phone  FAX

E-mail Address

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First Name  Last Name

Daytime Phone  Cell Phone  Evening Phone  FAX

E-mail Address



**Solicitation Year: 2010**

**Resource Category**

**Engine, Type 6**

Please complete the required fields, which are indicated by an asterisk (\*) and highlighted in yellow.

*For Agreement Phase Only:*

Withdraw this resource       Replace this VIN Number

From this drop-down list, select the VIN Number that you wish to withdraw or select the VIN Number that you wish to replace with the new VIN Number that you provide on this form.

**1. Equipment Description**

License #  State  (Where the license was issued)

VIN Number  Equipment ID

Make  Model

Year  DOT Inspection Issue Date  Insurance Policy Expiration Date

**2. Equipment Location**

City  State  Zip Code  -

Dispatch Center  Latitude  Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity  gallons hauled (water) Pump Performance

All-Wheel Drive  CAFS  Yes  No Foam Proportioner System

**4. Rates**

Daily Rate

Do you have enough employees  Yes  No for a double shift?\*

**5. Contact Information**

Complete this section *ONLY* if the contact information is different than what is listed on the Vendor Company Information form.

First Name  Last Name

Daytime Phone  Cell Phone  Evening Phone  FAX

E-mail Address

First Name  Last Name

Daytime Phone  Cell Phone  Evening Phone  FAX

E-mail Address



**Solicitation Year: 2010**

**Resource Category**

**Engine, Type 6**

Please complete the required fields, which are indicated by an asterisk (\*) and highlighted in yellow.

*For Agreement Phase Only:*

Withdraw this resource       Replace this VIN Number

From this drop-down list, select the VIN Number that you wish to withdraw or select the VIN Number that you wish to replace with the new VIN Number that you provide on this form.

**1. Equipment Description**

License #\* **a70472s**      State\* **WA** (Where the license was issued)

VIN Number\* **1fdax57p93ed83889**      Equipment ID\* **04**

Make\* **ford**      Model\* **f550 superduty**

Year\* **2003**      DOT Inspection Issue Date\* **01/20/2010**      Insurance Policy Expiration Date\* **02/15/2011**

**2. Equipment Location**

City\* **wenatchee**      State\* **WA**      Zip Code\* **98801** -

Dispatch Center\* **WA-CWC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **301-399** gallons hauled (water)      Pump Performance\* **Excellent (150 psi or more)**

All-Wheel Drive\* **Yes**      CAFS\*  Yes  No      Foam Proportioner System\* **Manually Regulated Proportioner**

**4. Rates**

Daily Rate\* \$ **1815.00**

Do you have enough employees for a double shift?  Yes  No

**5. Contact Information**

Complete this section **ONLY** if the contact information is different than what is listed on the Vendor Company Information form.

First Name       Last Name

Daytime Phone ( ) -       Cell Phone ( ) -       Evening Phone ( ) -       FAX ( ) -

E-mail Address

First Name       Last Name

Daytime Phone ( ) -       Cell Phone ( ) -       Evening Phone ( ) -       FAX ( ) -

E-mail Address