

Finance Copy

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE 1 4	
2. CONTRACT NO. <b>AG-04H1-B-10-7010</b>	3. AWARD/EFFECTIVE DATE 04/12/2010 - 04/12/2013	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7001</b>	6. SOLICITATION ISSUE DATE 01/21/2010 16:47 US/Pacific		
7. FOR SOLICITATION INFORMATION CALL: <b>Leif Shjeflo</b>		b. TELEPHONE NUMBER (No collect calls) <b>541-504-7380</b>		8. OFFER DUE DATE/ LOCAL TIME 02/23/2010 18:30 US/Pacific		
9. ISSUED BY <b>USDA Forest Service</b>  <b>Leif Shjeflo</b> <b>Redmond Air Center</b> <b>1740 NE Ochoco Way</b> <b>Redmond, Oregon, 97756</b>		10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR  NAICS: <b>115310</b> SIZE STANDARD: <b>\$17.5 M</b>	<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)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING			
15. DELIVER TO CODE	16. ADMINISTERED BY <b>Leif Shjeflo</b> <b>Redmond Air Center</b> <b>1740 NE Ochoco Way</b> <b>Redmond, Oregon, 97756</b>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR CODE    FACILITY CODE  <b>Tiger Trucking Inc</b> <b>511 HWY 20 E</b> <b>Colville, Washington, 99114</b>  TELEPHONE NO. <b>5096845757</b>	18a. PAYMENT WILL BE MADE BY CODE  <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 Heavy Equipment w/Water</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 52.212-5 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>04/12/2010</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/ Mickey Mumau</b>		31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) <b>/s/ Leif Shjeflo</b>				
30b. NAME AND TITLE OF SIGNER (Type or print) <b>Mickey Mumau -</b>	30c. DATE SIGNED <b>04/12/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Leif Shjeflo</b>	31c. DATE SIGNED <b>04/12/2010</b>			

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 1	60578	WA-NEC	Daily Rate \$3150/Day

Vendor Information

Company Name: Tiger Trucking Inc  
DUNS: 844756858  
Company Address:  
511 HWY 20 E  
Colville, Washington, 99114

Mailing Address: same as above

Primary Contact:

Name: Mickey Mumau  
Email: tamaramaddox@hotmail.com  
Daytime Phone: 5096845757  
Cell Phone: 5096755757  
Evening Phone: 5096845083  
Fax: 5096849099

Secondary Contact:

Name: Tamara Maddox  
Email: tamara@tigertrucking.com  
Daytime Phone: 5096843526  
Cell Phone: 5096753526  
Evening Phone: 5096853730  
Fax: 5096849099

Discount Terms:

none

Small Business Status

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

Supporting Documentation

Has Workers Compensation Insurance: Y  
Workers Comp. Insurance Expiration Date: 12/31/2010  
Has sufficient employees: Y  
Is registered in CCR: Y  
Has completed ORCA: Y



Solicitation Year: 2010

Resource Category

**Skidgine, Type 1**

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 or Serial Number

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

### 1. Equipment Description

VIN or Serial Number\* **60578**

Make\* **MOXY**

Model\* **6225**

Year\* **Older**

Insurance Policy Expiration Date\* **04/23/2010**

### 2. Equipment Location

City\* **Colville**

State\* **WA**

Zip Code\* **99114**

Dispatch Center\* **WA-NEC**

Latitude

Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity\* **2500+** gallons hauled (water)

Monitor\* **Yes**

Foam Proportioner System\* **Automatic Regulating Proportioner**

### 4. Rates

Daily Rate\* \$ **3150.00**

Mobilization/Demobilization\* \$ **2.00** (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)\* \$ **1104.00**

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