

| | | | | | |
|--|--|---|---|--|--------------|
| SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NUMBER | PAGE OF PAGE |
| 2. CONTRACT NO. AG-04H1-B-10-7341 | 3. AWARD/EFFECTIVE DATE 04/28/2010 - 04/28/2013 | 4. ORDER NUMBER | 5. SOLICITATION NUMBER AG-04H1-S-10-7002 | 6. SOLICITATION ISSUE DATE 02/10/2010 14:37 PST | |
| 7. FOR SOLICITATION INFORMATION CALL: Kermadine Barton | | | b. TELEPHONE NUMBER (No collect calls) 541-471-6746 | 8. OFFER DUE DATE/ LOCAL TIME 03/04/2010 00:30 PST | |
| 9. ISSUED BY USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526 | | | 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) NAICS: 115310 SIZE STANDARD: 17.5 | | |
| 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) <input type="checkbox"/> | | 13b. RATING | |
| 15. DELIVER TO | 16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526 | 14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFP <input type="checkbox"/> IFB <input type="checkbox"/> RFP | | | |
| 17a. CONTRACTOR/OFFEROR OBERSON OIL, INC. 1260 S.W. 3rd St. CORVALLIS, Oregon, 97333 | 18a. PAYMENT WILL BE MADE BY Refer to Exhibit B | | | | |
| 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/> | | | 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 |
| | VIPR I-BPA for R6 -2010 Water Handling Agreement | | | | |
| <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 04/28/2010 . 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 /s/ MATT KLYM | | | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton | | |
| 30b. NAME AND TITLE OF SIGNER (Type or print) MATT KLYM - | 30c. DATE SIGNED 04/28/2010 | 31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton | 31c. DATE SIGNED 04/28/2010 | | |

Schedule of Items

| Item Description | VIN Number/ Equipment ID | Dispatch Center | Rates |
|-------------------------------|-----------------------------|--------------------|-----------------------|
| Water Tender (Support) Type 2 | 164131S | OR-BIC | Daily Rate \$1195/Day |

Vendor Information

Company Name: OBERSON OIL, INC.
DUNS: 030793103
Company Address:
1260 S.W. 3rd St.
CORVALLIS, Oregon, 97333

Mailing Address:
P.O. BOX A
CORVALLIS, Oregon, 97339

Primary Contact:
Name: MATT KLYM
Email: matt@obersonoil.com
Daytime Phone: 5417534131
Cell Phone: 5415015761
Evening Phone: 5415015761
Fax: 5417524619

Secondary Contact:
Name: MARK OBERSON
Email: mark@obersonoil.com
Daytime Phone: 5417534131
Cell Phone: 5419797575
Evening Phone: 5419797575
Fax: 5417524619

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: 09/30/2010
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y



Solicitation Year: 2010
Resource Category
Water Tender (Support), Type 2

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 #* **5R72469** State* **CA** (Where the license was issued)

VIN Number* **164131S** Equipment ID* **78**

Make* **KENWORTH** Model* **LG**

Year* **Older** DOT Inspection Issue Date* **02/19/2010** Insurance Policy Expiration Date* **08/23/2010**

2. Equipment Location

City* **CORVALLIS** State* **OR** Zip Code* **97333** -

Dispatch Center* **OR-EIC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **3500-3999** gallons hauled (water) All-Wheel Drive* **No**

Spray Bar Configuration* **Pressure Front and Rear** Suspension* **Vocational Duty**

4. Rates

Daily Rate* \$ **1195.00**

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