

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER		PAGE OF PAGE	
2. CONTRACT NO. <b>AG-04H1-B-10-7308</b>		3. AWARD/EFFECTIVE DATE <b>04/26/2010 - 04/26/2013</b>		4. ORDER NUMBER		5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	
6. SOLICITATION ISSUE DATE <b>02/10/2010 14:37 PST</b>		7. FOR SOLICITATION INFORMATION CALL: a. NAME <b>Kermadine Barton</b>				b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>	
8. OFFER DUE DATE/ LOCAL TIME <b>03/04/2010 00:30 PST</b>		9. ISSUED BY <b>USDA Forest Service Pacific Northwest Region (R-6) Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. 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) NAICS: <b>115310</b> SIZE STANDARD: <b>17.5</b>			
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 <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFO <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR <b>Rebecca Lake Engines POB 252 Nespelem, Washington, 99155-0252</b>		18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</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	
TELEPHONE NO. <b>5096332815</b>							
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>				23. UNIT PRICE	
						24. AMOUNT	
		<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>04/26/2010</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/ Donald Nicholson</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>Donald Nicholson -</b>		30c. DATE SIGNED <b>04/26/2010</b>		31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/26/2010</b>	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 6	1FTWW33P01EA74863	WA-NEC	Daily Rate \$2200/Day
Engine Type 6	3B7MF33W8VM553162	WA-NEC	Daily Rate \$1950/Day

Vendor Information

Company Name: Rebecca Lake Engines

DUNS: 796879364

Company Address:

POB 252

Nespelem, Washington, 99155-0252

Mailing Address: same as above

Primary Contact:

Name: D. Dexter Nicholson

Email: wildlandfiregod@yahoo.com

Daytime Phone: 5096332815

Cell Phone: null

Evening Phone: 5096332815

Fax: 5096332815

Secondary Contact: none

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: Y

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: 07/15/2010

Has sufficient employees: N

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 #  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 #\* **A14820S** State\* **WA** (Where the license was issued)  
VIN Number\* **1FTWW33F81EA74863** Equipment ID\* **02**  
Make\* **Ford** Model\* **F 350**  
Year\* **2001** DOT Inspection Issue Date\* **01/23/2010** Insurance Policy Expiration Date\* **07/15/2010**

### 2. Equipment Location

City\* **Nespelem** State\* **WA** Zip Code\* **99155** - **0252**  
Dispatch Center\* **WA-NEC** Latitude Longitude  
*Latitude and Longitude are for future use.*

### 3. Equipment Attributes

Capacity\* **150-225** gallons hauled (water) Pump Performance\* **Good (125 psi to 149 psi)**  
All-Wheel Drive\* **Yes** CAFS\*  Yes  No Foam Proportioner System\* **Manually Regulated Proportioner**

### 4. Rates

Daily Rate\* \$ **2200**

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