

Schedule of Items

| Item Description | VIN Number/ Equipment ID | Dispatch Center | Rates |
|-------------------------------|-----------------------------|--------------------|-----------------------|
| Water Tender (Support) Type 2 | 1XPALAOX8SD389379 | OR-COC | |
| | | | Daily Rate \$1426/Day |
| Water Tender (Support) Type 2 | 1WUBDCCGXJN127486 | OR-COC | |
| | | | Daily Rate \$1400/Day |

Vendor Information

Company Name: TENDERFOOT EQUIPMENT SERVICES

DUNS: 017147443

Company Address:

93778 LEBHMANN LANE

LAKEVIEW, Oregon, 97630

Mailing Address: same as above

Primary Contact:

Name: JOHN WARD

Email: TANDMB05@YAHOO.COM

Daytime Phone: 5419472086

Cell Phone: 5414800473

Evening Phone: 5419472086

Fax: 5419472086

Secondary Contact: none

Discount Terms:

none

Small Business Status

Small Business: Y

HUBZone: N

Service-Disabled Veteran-Owned Small Business: Y

8(a): N

LSA Flag: Y

Supporting Documentation

Has Workers Compensation Insurance: Y

Workers Comp. Insurance Expiration Date: 10/01/2010

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 #* **YEAA693** State* **OR** (Where the license was issued)

VIN Number* **1XPALAOX8SD389379** Equipment ID* **95**

Make* **PETERBILT** Model* **TYPE II**

Year* **1995** DOT Inspection Issue Date* **02/09/2010** Insurance Policy Expiration Date* **07/31/2010**

2. Equipment Location

City* **LA PINE** State* **OR** Zip Code* **97739** -

Dispatch Center* **OR-COC** 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* \$ **1426**

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



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 #* **YEAA212** State* **OR** (Where the license was issued)

VIN Number* **1WUBDCCGXJN127486** Equipment ID* **88**

Make* **WHITE / VOLVO** Model* **TYPE II**

Year* **Older** DOT Inspection Issue Date* **02/03/2010** Insurance Policy Expiration Date* **07/31/2010**

2. Equipment Location

City* **LA PINE** State* **OR** Zip Code* **97739** -

Dispatch Center* **OR-COC** 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* \$ **1400**

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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