

<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-10-7012</b>	3. AWARD/EFFECTIVE DATE <b>04/12/2010 - 04/12/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7001</b>	6. SOLICITATION ISSUE DATE <b>01/21/2010 22:47 PST</b>	
7. FOR SOLICITATION INFORMATION CALL: 	a. NAME <b>Leif Shjeflo</b>	b. TELEPHONE NUMBER (No collect calls) <b>541-504-7380</b>		8. OFFER DUE DATE/ LOCAL TIME <b>03/13/2010 01:00 PST</b>	
9. ISSUED BY <b>USDA Forest Service</b>  <b>Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756</b>		CODE	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 M</b>		
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS	<input type="checkbox"/> 13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13b. RATING	
15. DELIVER TO		CODE	16. ADMINISTERED BY <b>Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756</b>		
17a. CONTRACTOR/OFFEROR	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY  <b>Refer to Exhibit B</b>		
<b>Iron Triangle LLC 433 Patterson Bridge Rd John Day, Oregon, 97845</b>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
TELEPHONE NO. <b>5415752102</b>		<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	22. UNIT	23. UNIT PRICE
	<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/ Diane Reimers</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>Diane Reimers -</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	26951	OR-JDCC	Daily Rate \$3600/Day Mobil/Demobil. \$3/Mile Trans. Min. Guarantee \$1150/Day
Skidgine Type 1	892271	OR-JDCC	Daily Rate \$3600/Day Mobil/Demobil. \$3/Mile Trans. Min. Guarantee \$1150/Day
Skidgine Type 1	210813	OR-JDCC	Daily Rate \$3600/Day Mobil/Demobil. \$3/Mile Trans. Min. Guarantee \$1150/Day



**Vendor Information**

Company Name: Iron Triangle LLC  
DUNS: 033299442  
Company Address:  
433 Patterson Bridge Rd  
John Day, Oregon, 97845

**Mailing Address:**

PO Box 325  
John Day, Oregon, 97845

**Primary Contact:**

Name: Russ Young  
Email: [triangl@centurytel.net](mailto:triangl@centurytel.net)  
Daytime Phone: 5415752102  
Cell Phone: 5417920999  
Evening Phone: 5417920999  
Fax: 5415752333

**Secondary Contact:**

Name: Ron Saddler  
Email: [triangl@centurytel.net](mailto:triangl@centurytel.net)  
Daytime Phone: 5415752102  
Cell Phone: 5416204142  
Evening Phone: 5416204142  
Fax: 5415752333

**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: 06/30/2010  
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\* **210813**  
Make\* **Valmet**      Model\* **890-2**  
Year\* **2004**      Insurance Policy Expiration Date\* **06/14/2010**

**2. Equipment Location**

City\* **Joh Day**      State\* **OR**      Zip Code\* **97845** - \_\_\_\_\_  
Dispatch Center\* **OR-MIC**      Latitude \_\_\_\_\_      Longitude \_\_\_\_\_  
*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **1500-2499** gallons hauled (water)      Monitor\* **No**  
Foam Proportioner System\* **Automatic Regulating Proportioner**

**4. Rates**

Daily Rate\* \$ **3600.00**      Mobilization/Demobilization\* \$ **3.00** (Loaded Mile)  
Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)\* \$ **1150.00**  
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 \_\_\_\_\_



**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\* **26951**

Make\* **Valmet**      Model\* **890**

Year\* **1998**      Insurance Policy Expiration Date\* **06/14/2010**

**2. Equipment Location**

City\* **John Day**      State\* **OR**      Zip Code\* **97845** -

Dispatch Center\* **OR-SFC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **1500-2499** gallons hauled (water)      Monitor\* **No**

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

**4. Rates**

Daily Rate\* \$ **3600.00**      Mobilization/Demobilization\* \$ **3.00** (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)\* \$ **1150.00**

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**  
**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\* **892271**

Make\* **Valmet**      Model\* **892**

Year\* **1995**      Insurance Policy Expiration Date\* **06/14/2010**

**2. Equipment Location**

City\* **John Day**      State\* **OR**      Zip Code\* **97845** -

Dispatch Center\* **OR-JDCC**      Latitude       Longitude

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **1500-2499** gallons hauled (water)      Monitor\* **No**

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

**4. Rates**

Daily Rate\* \$ **3600.00**      Mobilization/Demobilization\* \$ **3.00** (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)\* \$ **1150.00**

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