

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-10-7272	3. AWARD/EFFECTIVE DATE 04/24/2010 - 04/24/2013	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:		a. NAME 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		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)		
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"/>	
15. DELIVER TO		CODE	16. ADMINISTERED BY Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526		
17a. CONTRACTOR/OFFEROR GH Ranch LLC 14606 Anderson Rd Klamath Falls, Oregon, 97603		CODE	18a. PAYMENT WILL BE MADE BY Refer to Exhibit B		CODE
TELEPHONE NO. 5417980255		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
	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				28. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-6 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 52.212-6 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 04/24/2010 . 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/ Nelda Herman			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton		
30b. NAME AND TITLE OF SIGNER (Type or print) Nelda Herman -		30c. DATE SIGNED 04/24/2010	31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton		31c. DATE SIGNED 04/24/2010

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Engine Type 5	1FDXK84EOPVA21372	OR-KFC	
			Daily Rate \$1972/Day
Engine Type 6	1FDAX57S82EC89697	OR-KFC	
			Daily Rate \$1700/Day
Engine Type 6	1FDXF47F7YEB16143	OR-KFC	
			Daily Rate \$1700/Day
Engine Type 6	1FDAF57F2XEB47827	OR-KFC	
			Daily Rate \$1700/Day
Engine Type 6	1FDAW57F2YED71634	OR-KFC	
			Daily Rate \$1700/Day

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Water Tender (Support) Type 2	1XPBDA5XXPN330629	OR-KFC	
			Daily Rate \$1600/Day

Vendor Information

Company Name: GH Ranch LLC

DUNS: 608596771

Company Address:

14606 Anderson Rd

Klamath Falls, Oregon, 97603

Mailing Address: same as above

Primary Contact:

Name: Nelda Herman

Email: Ned777@aol.com

Daytime Phone: 5417980255

Cell Phone: 5418916204

Evening Phone: 5417980255

Fax: 5417985514

Secondary Contact:

Name: John Bunker

Email: mstrdruid@aol.com

Daytime Phone: 5417980255

Cell Phone: 5418916091

Evening Phone: 5412053231

Fax: 5417985514

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: 07/30/2010

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y



Solicitation Year: 2010

Resource Category

Engine, Type 5

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 #* **YEAA558** State* **OR** (Where the license was issued)

VIN Number* **1FDXK84EOPVA21372** Equipment ID* **41**

Make* **Ford** Model* **F-800**

Year* **1993** DOT Inspection Issue Date* **03/08/2010** Insurance Policy Expiration Date* **10/17/2010**

2. Equipment Location

City* **Klamath Falls** State* **OR** Zip Code* **97603** -

Dispatch Center* **OR-KFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **400-500** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**

All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Automatic Regulating Proportioner**

4. Rates

Daily Rate* \$ **1972**

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

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 #* T541393 State* OR (Where the license was issued)

VIN Number* 1FDAX57S82EC89697 Equipment ID* 01

Make* Ford Model* F-550

Year* 2002 DOT Inspection Issue Date* 03/09/2010 Insurance Policy Expiration Date* 10/17/2010

2. Equipment Location

City* Klamath Falls State* OR Zip Code* 97603 -

Dispatch Center* OR-KFC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 226-300 gallons hauled (water) Pump Performance* Excellent (150 psi or more)

All-Wheel Drive* Yes CAFS* Yes No Foam Proportioner System* Manually Regulated Proportioner

4. Rates

Daily Rate* \$ 1700

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

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 #* T530704 State* OR (Where the license was issued)

VIN Number* 1FDXF47F7YEB16143 Equipment ID* 03

Make* Ford Model* F-450

Year* 1999 DOT Inspection Issue Date* 03/09/2010 Insurance Policy Expiration Date* 10/17/2010

2. Equipment Location

City* Klamath Falls State* OR Zip Code* 97603 -

Dispatch Center* OR-KFC Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* 226-300 gallons hauled (water) Pump Performance* Excellent (150 psi or more)

All-Wheel Drive* Yes CAFS* Yes No Foam Proportioner System* Manually Regulated Proportioner

4. Rates

Daily Rate* \$ 1700

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
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 #* **T527790** State* **OR** (Where the license was issued)
VIN Number* **1FDAF57F2XEB47827** Equipment ID* **04**
Make* **Ford** Model* **F-550**
Year* **1999** DOT Inspection Issue Date* **03/10/2010** Insurance Policy Expiration Date* **10/17/2010**

2. Equipment Location

City* **Klamath Falls** State* **OR** Zip Code* **97603** -
Dispatch Center* **OR-KFC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **226-300** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**
All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **1700**

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

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 #* **T534583** State* **OR** (Where the license was issued)

VIN Number* **1FDAW57F2YED71634** Equipment ID* **06**

Make* **Ford** Model* **F-550**

Year* **2000** DOT Inspection Issue Date* **03/10/2010** Insurance Policy Expiration Date* **10/17/2010**

2. Equipment Location

City* **Klamath Falls** State* **OR** Zip Code* **97603** -

Dispatch Center* **OR-KFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **150-225** gallons hauled (water) Pump Performance* **Excellent (150 psi or more)**

All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **1700**

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



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 # * **YEAA559** State * **OR** (Where the license was issued)

VIN Number * **1XPBDA5XXPN330629** Equipment ID * **14**

Make * **Ptbt** Model * **Trk**

Year * **1993** DOT Inspection Issue Date * **03/11/2010** Insurance Policy Expiration Date * **10/17/2010**

2. Equipment Location

City * **Klamath Falls** State * **OR** Zip Code * **97603** -

Dispatch Center * **OR-KFC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity * **2500-2999** gallons hauled (water) All-Wheel Drive * **No**

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

4. Rates

Daily Rate * \$ **1600**

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