

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-10-7252</b>	3. AWARD/EFFECTIVE DATE <b>04/23/2010 - 04/23/2013</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: <b>Kermadine Barton</b>		a. NAME		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>			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</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			16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>			
17a. CONTRACTOR/OFFEROR <b>ASI Engines, LLC 1015 Monmouth St. Independence, Oregon, 97351</b>			18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>			
TELEPHONE NO. <b>5033029495</b>			18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
<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	24. AMOUNT
	<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</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>04/23/2010</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/ Santos Garcia</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>Santos Garcia -</b>		30c. DATE SIGNED <b>04/23/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>		31c. DATE SIGNED <b>04/23/2010</b>	

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Engine Type 6	1FDAX4HY0AEA92020	OR-NOC	Daily Rate	\$2480/Day
Engine Type 6	1FDXX4HY9AEA44929	OR-KFC	Daily Rate	\$2480/Day
Engine Type 6	1FDAX4HY9AEA40840	OR-KFC	Daily Rate	\$2480/Day

**Vendor Information**

Company Name: ASI Engines, LLC  
DUNS: 833205771  
Company Address:  
1015 Monmouth St.  
Independence, Oregon, 97351

Mailing Address:  
PO Box 640  
Independence, Oregon, 97351

**Primary Contact:**

Name: Santos Garcia  
Email: santossaints@aol.com  
Daytime Phone: 5033029495  
Cell Phone: null  
Evening Phone: 5033029495  
Fax: 5038382676

**Secondary Contact:**

Name: CRIS LUMBRERAS  
Email: ffsi97351@yahoo.com  
Daytime Phone: 5035515680  
Cell Phone: 5035515680  
Evening Phone: 5038383035  
Fax: 5038382676

**Discount Terms:**

none

**Small Business Status**

Small Business: Y  
HUBZone: N  
Service-Disabled Veteran-Owned Small Business: Y  
8(a): N  
LSA Flag: N

**Supporting Documentation**

Has Workers Compensation Insurance: Y  
Workers Comp. Insurance Expiration Date: 02/01/2011  
Has sufficient employees: Y  
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 # \* T579953      State \* OR (Where the license was issued)

VIN Number \* 1FDAX4HY0AEA92020      Equipment ID \* 01

Make \* FORD      Model \* F450

Year \* 2010      DOT Inspection Issue Date \* 02/08/2010      Insurance Policy Expiration Date \* 02/01/2011

### 2. Equipment Location

City \* Pendleton      State \* OR      Zip Code \* 97801 -

Dispatch Center \* OR-NOC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity \* 301-399 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 \* \$ 2480.00

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 CRIS      Last Name LUMBRERAS

Daytime Phone (503) 606-0152      Cell Phone (503) 551-5680      Evening Phone (503) 551-5680      FAX (503) 838-2676

E-mail Address ffsi97351@yahoo.com

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 # \* T578147      State \* OR (Where the license was issued)

VIN Number \* 1FDXX4HY9AEA44929      Equipment ID \* 03

Make \* FORD      Model \* F450

Year \* 2010      DOT Inspection Issue Date \* 02/08/2010      Insurance Policy Expiration Date \* 02/01/2011

### 2. Equipment Location

City \* Klamath Falls      State \* OR      Zip Code \* 97601 -

Dispatch Center \* OR-KFC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity \* 301-399 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 \* \$ 2480.00

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

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 # \* T579952      State \* OR (Where the license was issued)

VIN Number \* 1FDAX4HY9AEA40840      Equipment ID \* 02

Make \* FORD      Model \* F450

Year \* 2010      DOT Inspection Issue Date \* 02/08/2010      Insurance Policy Expiration Date \* 02/01/2011

### 2. Equipment Location

City \* Klamath Falls      State \* OR      Zip Code \* 97601 -

Dispatch Center \* OR-KFC      Latitude      Longitude

Latitude and Longitude are for future use.

### 3. Equipment Attributes

Capacity \* 301-399 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 \* \$ 2480.00

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 CRIS      Last Name LUMBRERAS

Daytime Phone (503) 551-5680      Cell Phone (503) 551-5680      Evening Phone (503) 838-3035      FAX (503) 838-2676

E-mail Address ffsi97351@yahoo.com

First Name      Last Name

Daytime Phone ( ) -      Cell Phone ( ) -      Evening Phone ( ) -      FAX ( ) -

E-mail Address