

<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-10-7123</b>	3. AWARD/EFFECTIVE DATE <b>04/14/2010 - 04/14/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7002</b>	6. SOLICITATION ISSUE DATE <b>02/10/2010 08:37 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Kermadine Barton</b>		b. TELEPHONE NUMBER (No collect calls) <b>541-471-6746</b>		8. OFFER DUE DATE/ LOCAL TIME <b>02/25/2010 18:30 US/Pacific</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	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO		CODE	16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b>		
17a. CONTRACTOR/OFFEROR <b>Big Bear Logging &amp; Fire Suppression LLC 58344 Fairview Rd. Coquille, Oregon, 97423-8730</b>	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		
TELEPHONE NO. <b>5413964128</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>04/14/2010</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/ David Hopkins</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>David Hopkins -</b>	30c. DATE SIGNED <b>04/14/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>04/14/2010</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates	
Engine Type 4	1FDAF57P76EC16891	OR-UPC	Daily Rate	\$2382/Day
Engine Type 6	1FTWF3B50AEB08934	OR-UPC	Daily Rate	\$1997/Day
Engine Type 6	1FDAW57R99EA20960	OR-UPC	Daily Rate	\$2097/Day
Engine Type 6	1FDWF37P86EB91784	OR-UPC	Daily Rate	\$2097/Day
Engine Type 4	1FDAF57R78EC86864	OR-UPC	Daily Rate	\$2382/Day

Vendor Information

Company Name: Big Bear Logging & Fire Suppression LLC  
DUNS: 187280284  
Company Address:  
58344 Fairview Rd.  
Coquille, Oregon, 97423-8730

Mailing Address: same as above

Primary Contact:

Name: David Hopkins  
Email: bigbearfire@hughes.net  
Daytime Phone: 5413964128  
Cell Phone: 5414047454  
Evening Phone: 5413964128  
Fax: 5413962318

Secondary Contact: none

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: 12/31/2011  
Has sufficient employees: N  
Is registered in CCR: Y  
Has completed ORCA: Y



Solicitation Year: 2010

Resource Category

**Engine, Type 4**

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  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

**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 # \* **T578277**      State \* **OR** (Where the license was issued)

VIN Number \* **1FTWF3B50AEB08934**      Equipment ID \* **10**

Make \* **Ford**      Model \* **F350**

Year \* **2010**      DOT Inspection Issue Date \* **02/02/2010**      Insurance Policy Expiration Date \* **03/06/2011**

**2. Equipment Location**

City \* **Coquille**      State \* **OR**      Zip Code \* **97423** - **8730**

Dispatch Center \* **OR-UPC**      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 \* \$ **1997.00**

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 # \* T578278      State \* OR (Where the license was issued)

VIN Number \* 1FDAW57R99EA20960      Equipment ID \* 04

Make \* Ford      Model \* F550

Year \* 2009      DOT Inspection Issue Date \* 02/02/2010      Insurance Policy Expiration Date \* 03/06/2011

### 2. Equipment Location

City \* Coquille      State \* OR      Zip Code \* 97423 - 8730

Dispatch Center \* OR-UPC      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 \* \$ 2097.00

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 # \* T556446      State \* OR (Where the license was issued)

VIN Number \* 1FDWF37P86EB91784      Equipment ID \* 02

Make \* Ford      Model \* F350

Year \* 2006      DOT Inspection Issue Date \* 02/02/2010      Insurance Policy Expiration Date \* 03/06/2011

**2. Equipment Location**

City \* Coquille      State \* OR      Zip Code \* 97423 - 8730

Dispatch Center \* OR-UPC      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 \* \$ 2097.00

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

