

L&L Finance Copy

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER	PAGE OF PAGE 1 5
2. CONTRACT NO. <b>AG-04H1-B-10-7127</b>	3. AWARD/EFFECTIVE DATE <b>04/14/2010 - 04/14/2013</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-10-7001</b>	6. SOLICITATION ISSUE DATE <b>01/21/2010 16:47 US/Pacific</b>	
7. FOR SOLICITATION INFORMATION CALL: <b>Leif Shjeflo</b>		b. TELEPHONE NUMBER (No collect calls) <b>541-504-7380</b>		8. OFFER DUE DATE/ LOCAL TIME <b>02/23/2010 18:30 US/Pacific</b>	
9. ISSUED BY <b>USDA Forest Service</b>  <b>Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756</b>		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	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)	13b. RATING		
15. DELIVER TO	16. ADMINISTERED BY <b>Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756</b>	14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR <b>L &amp; L Excavating Pob 28 Mt Vernon, Oregon, 97865</b>	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>				
TELEPHONE NO. <b>5419324854</b>	18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM				
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		19. ITEM NO.			
20. SCHEDULE OF SUPPLIES/SERVICES  <b>VIPR I-BPA for R6 Heavy Equipment w/Water</b>  <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>		21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
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/ kim lemons</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>kim lemons -</b>	30c. DATE SIGNED <b>04/14/2010</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Leif Shjeflo</b>	31c. DATE SIGNED <b>04/14/2010</b>		

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Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Skidgine Type 3	55U00673	OR-JDCC	Daily Rate \$1222/Day Mobil/Demobil. \$4/Mile Trans. Min. Guarantee \$1104/Day
Skidgine Type 3	5052617	OR-JDCC	Daily Rate \$1222/Day Mobil/Demobil. \$4/Mile Trans. Min. Guarantee \$1104/Day

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**Vendor Information**

Company Name: L & L Excavating  
DUNS: 014292171  
Company Address:  
Pob 28  
Mt Vernon, Oregon, 97865

Mailing Address: same as above

**Primary Contact:**

Name: Kim Lemons  
Email: reandyattsmom@hotmail.com  
Daytime Phone: 5419324854  
Cell Phone: 5416201383  
Evening Phone: 5419324854  
Fax: 5419324975

**Secondary Contact:** none

**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: 11/05/2010  
Has sufficient employees: N  
Is registered in CCR: Y  
Has completed ORCA: Y



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Solicitation Year: 2010

Resource Category

**Skidgine, Type 3**

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\* **55U00673**

Make\* **CAT Skidgeon**

Model\* **518**

Year\* **Older**

Insurance Policy Expiration Date\* **11/01/2010**

**2. Equipment Location**

City\* **Mount Vernon**

State\* **OR**

Zip Code\* **97865** -

Dispatch Center\* **OR-JDCC**

Latitude  Longitude

Latitude and Longitude are for future use.

**3. Equipment Attributes**

Capacity\* **400-599** gallons hauled (water)

Winch/Grapple\* **Yes**

Foam Proportioner System\* **None**

**4. Rates**

Daily Rate\* \$ **1222.00**

Mobilization/Demobilization\* \$ **4.00** (Loaded Mile)

Do you have enough employees for a double shift?\*

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)\* \$ **1104.00**

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



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**Solicitation Year: 2010**  
**Resource Category**  
**Skidgine, Type 3**

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\* **5052617**

Make\* **CAT Skideon**      Model\* **518**

Year\* **Older**      Insurance Policy Expiration Date\* **11/01/2010**

**2. Equipment Location**

City\* **Mount Vernon**      State\* **OR**      Zip Code\* **97865**

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

*Latitude and Longitude are for future use.*

**3. Equipment Attributes**

Capacity\* **400-599** gallons hauled (water)

Winch/Grapple\* **Yes**

Foam Proportioner System\* **None**

**4. Rates**

Daily Rate\* \$ **1222.00**      Mobilization/Demobilization\* \$ **4.00** (Loaded Mile)

Transport - Minimum Daily Guarantee (Transport of Heavy Equipment with Water)\* \$ **1104.00**

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