

<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-10-7086</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>	
7. FOR SOLICITATION INFORMATION CALL:		a NAME <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>				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"/>		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>Daisy Vines, etc. 3129 Daisy Mine Rd Rice, Washington, 99167-9745</b>		18a PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b>		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				14 METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
19 ITEM NO.		20 SCHEDULE OF SUPPLIES/SERVICES		21 QUANTITY		22 UNIT	
		<b>VIPR I-BPA for R6 -2010 Water Handling Agreement</b>				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/ Derrol Sater</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>Derrol Sater -</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
Water Tender (Support) Type 2	E2327JGA21247	WA-NEC	Daily Rate \$1100/Day

Vendor Information

Company Name: Daisy Vines, etc.  
DUNS: 152127937  
Company Address:  
3129 Daisy Mine Rd  
Rice, Washington, 99167-9745

Mailing Address: same as above

Primary Contact:

Name: Derrol Sater  
Email: dandbsater@ultraplix.com  
Daytime Phone: 5097384289  
Cell Phone: 5096901470  
Evening Phone: 5097384289  
Fax: null

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: none  
Has sufficient employees: N  
Is registered in CCR: Y  
Has completed ORCA: Y



**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 #  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) All-Wheel Drive

Spray Bar Configuration  Suspension

**4. Rates**

Daily Rate \* \$

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