

Schedule of Items

| Item Description | VIN Number/ Equipment ID | Dispatch Center | Rates | |
|------------------|-----------------------------|--------------------|------------|---------------|
| Engine Type 6 | 1FDXW47F32ED58788 | WA-CWC | Daily Rate | \$1845.25/Day |
| Engine Type 6 | 1FDWX37P63EC36391 | WA-CWC | Daily Rate | \$1852.00/Day |
| Engine Type 6 | 2FDK38M2PCA06011 | WA-CWC | Daily Rate | \$1754.00/Day |
| Engine Type 6 | 1FDXX47P64EB34830 | WA-CWC | Daily Rate | \$1850.00/Day |
| Engine Type 6 | 1FDWX37F6YED86886 | WA-CWC | Daily Rate | \$1840.45/Day |

Vendor Information

Company Name: Rainier Wildfire
DUNS: 017423661
Company Address:
4958 Rd.L.9 N.E.
Moses Lake, Washington, 98837

Mailing Address: same as above

Primary Contact:

Name: Pollett Shaw
Email: rainierwildfire@hotmail.com
Daytime Phone: 8007089770
Cell Phone: 2537405214
Evening Phone: 5097669831
Fax: 5097669831

Secondary Contact:

Name: Daniel Shaw
Email: shawrnr@hotmail.com
Daytime Phone: 2537405214
Cell Phone: 2537404802
Evening Phone: 8007089770
Fax: 5097669831

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: 06/01/2010
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 #* **A70849N** State* **WA** (Where the license was issued)
 VIN Number* **2FDK38M2PCA06011** Equipment ID* **02**
 Make* **Ford** Model* **F-350**
 Year* **Older** DOT Inspection Issue Date* **05/06/2009** Insurance Policy Expiration Date* **04/15/2010**

2. Equipment Location

City* **Moses Lake** State* **WA** Zip Code* **98837** -
 Dispatch Center* **WA-CWC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **226-300** gallons hauled (water) Pump Performance* **Good (125 psi to 149 psi)**
 All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **1754.00**

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

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1. Equipment Description

License #* **A88976T** State* **WA** (Where the license was issued)
VIN Number* **1FDWX37P63EC36391** Equipment ID* **05**
Make* **Ford** Model* **F-350**
Year* **2003** DOT Inspection Issue Date* **05/06/2009** Insurance Policy Expiration Date* **04/15/2010**

2. Equipment Location

City* **Moses Lake** State* **WA** Zip Code* **98837** -
Dispatch Center* **WA-CWC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** gallons hauled (water) Pump Performance* **Good (125 psi to 149 psi)**
All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **1852.00**

Do you have enough employees Yes No for a double shift*?

5. Contact Information

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E-mail Address

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Daytime Phone () - Cell Phone () - Evening Phone () - FAX () -
E-mail Address



Solicitation Year: 2010
Resource Category
Engine, Type 6

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1. Equipment Description

License #* **B75841N** State* **WA** (Where the license was issued)

VIN Number* **1FDWX37F6YED86886** Equipment ID* **04**

Make* **Ford** Model* **F-350**

Year* **2000** DOT Inspection Issue Date* **05/06/2009** Insurance Policy Expiration Date* **04/15/2010**

2. Equipment Location

City* **Wenatchee** State* **WA** Zip Code* **98802** -

Dispatch Center* **WA-CWC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** gallons hauled (water) Pump Performance* **Good (125 psi to 149 psi)**

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

4. Rates

Daily Rate* \$ **1840.45**

Do you have enough employees Yes No for a double shift?*

5. Contact Information

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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

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For Agreement Phase Only:

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1. Equipment Description

License #* **A29986T** State* **WA** (Where the license was issued)

VIN Number* **1FDXX47P64EB34830** Equipment ID* **03**

Make* **Ford** Model* **F-450**

Year* **2004** DOT Inspection Issue Date* **05/06/2009** Insurance Policy Expiration Date* **04/15/2010**

2. Equipment Location

City* **Wenatchee** State* **WA** Zip Code* **98837** -

Dispatch Center* **WA-CWC** Latitude Longitude

Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** gallons hauled (water) Pump Performance* **Good (125 psi to 149 psi)**

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

4. Rates

Daily Rate* \$ **1850.00**

Do you have enough employees Yes No for a double shift*?

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First Name Last Name

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E-mail Address

First Name Last Name

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

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Solicitation Year: 2010
Resource Category
Engine, Type 6

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For Agreement Phase Only:

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1. Equipment Description

License #* **B31317E** State* **WA** (Where the license was issued)
VIN Number* **1FDXW47F32ED58788** Equipment ID* **06**
Make* **Ford** Model* **F-450**
Year* **2002** DOT Inspection Issue Date* **05/06/2009** Insurance Policy Expiration Date* **04/15/2010**

2. Equipment Location

City* **Wenatchee** State* **WA** Zip Code* **98802** -
Dispatch Center* **WA-CWC** Latitude Longitude
Latitude and Longitude are for future use.

3. Equipment Attributes

Capacity* **301-399** gallons hauled (water) Pump Performance* **Good (125 psi to 149 psi)**
All-Wheel Drive* **Yes** CAFS* Yes No Foam Proportioner System* **Manually Regulated Proportioner**

4. Rates

Daily Rate* \$ **1845.25**

Do you have enough employees Yes No for a double shift*?

5. Contact Information

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