

<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-09-7420</b>	3. AWARD/EFFECTIVE DATE <b>07/30/2009 - 07/30/2012</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-09-7019</b>	6. SOLICITATION ISSUE DATE <b>03/17/2009 15:20 PDT</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>06/12/2009 16:30 PDT</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 checked="" type="checkbox"/> HUBZONE SMALL BUSINESS <input checked="" type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A) NAICS: <b>484220</b> SIZE STANDARD:		
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 CODE		16. ADMINISTERED BY <b>Kermadine Barton Grants Pass Interagency Office 2164 NE Spalding Ave. Grants Pass, Oregon, 97526</b> CODE			
17a. CONTRACTOR/OFFEROR <b>Best Pots, Inc. 100 SE 41st Ave Albany, Oregon, 97322</b> TELEPHONE NO. <b>5419260099</b>	CODE	FACILITY CODE	18a. PAYMENT WILL BE MADE BY <b>Refer to Exhibit B</b> CODE		
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
<b>VIPR I-BPA for USFS R6 Potable Water/Gray Water/Trailer Mounted Handwash Stations</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 <u>07/30/2009</u> . 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/ Chris Rhodaback</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>Chris Rhodaback -</b>	30c. DATE SIGNED <b>08/12/2009</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	31c. DATE SIGNED <b>07/30/2009</b>		

Schedule of Items

Item Description	VIN Number/ Equipment ID	Dispatch Center	Rates
Gray Water Truck Type 2	2FUY2XYB9JV333686	OR-EIC	
			Daily Rate \$1132.00/Day
Gray Water Truck Type 3	1FTYR82A1JVA40959	OR-EIC	
			Daily Rate \$792.00/Day
Gray Water Truck Type 3	1FTYA95R4PVA12368	OR-EIC	
			Daily Rate \$792.00/Day

**Vendor Information**

**Company Name: Best Pots, Inc.**

**DUNS: 094303831**

**Company Address:**

**100 SE 41st Ave**

**Albany, Oregon, 97322**

**Mailing Address:**

**PO Box 444**

**Albany, Oregon, 97321**

**Primary Contact:**

**Name: Cindy Rhodaback**

**Email: ccrr@proaxis.com**

**Daytime Phone: 5419260099**

**Cell Phone: 5419741312**

**Evening Phone: 5419240621**

**Fax: 5419678990**

**Secondary Contact:**

**Name: Chris Bohanan**

**Email: bohananchristopher@yahoo.com**

**Daytime Phone: 5419260099**

**Cell Phone: 5419747056**

**Evening Phone: 5419744353**

**Fax: 5419678990**

**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: 04/01/2011**

**Has sufficient employees: N**

**Is registered in CCR: Y**

**Has completed ORCA: Y**