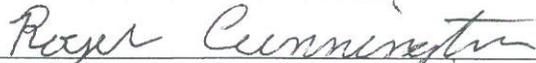


SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER		PAGE 1 OF 55					
2. CONTRACT NO. AG-9J61-B-09-7003		3. AWARD/EFFECTIVE DATE 12/11/08		4. ORDER NUMBER		5. SOLICITATION NUMBER AG-9J61-S-08-9006		6. SOLICITATION ISSUE DATE 5/30/2008			
7. FOR SOLICITATION INFORMATION CALL: 			a. NAME Kathryn Griffin			b. TELEPHONE NUMBER (No collect calls) 916-640-1064		8. OFFER DUE DATE/ LOCAL TIME: 6/30/2008 4:30 P.M.			
9. ISSUED BY USDA Forest Service R5 Regional Office Incident Acquisitions 3237 Peacekeeper Way McClellan, CA 95652				CODE		10. THIS ACQUISITION IS					
				<input type="checkbox"/> UNRESTRICTED OR		<input checked="" type="checkbox"/> SET ASIDE:		100 % FOR:			
				NAICS: 115310 SIZE STANDARD: \$16.5 mil		<input checked="" type="checkbox"/> SMALL BUSINESS		<input type="checkbox"/> EMERGING SMALL BUSINESS			
						<input type="checkbox"/> HUBZONE SMALL BUSINESS					
						<input 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 1% 30 days 2% 15 days			<input type="checkbox"/> 13a THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		13a. RATING			
						14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP					
15. DELIVER TO CODE				16. ADMINISTERED BY See Block 9 CODE							
17a. CONTRACTOR/ El Dorado Water & Shower Services, Inc. P.O. Box 944 Placerville, Ca. 95667 TELEPHONE NO. 530.622.8995				CODE		CODE		16. PAYMENT WILL BE MADE BY Refer to D.20.6 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				
Item 3 SACRAMENTO ZONE	Incident Base Unit (see attached) Agreement End Date: One year from Award/Effective Date (Block 3) Operating Supplies Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government Operator Furnished by: <input type="checkbox"/> Contractor <input type="checkbox"/> Government			Type 1 IBU		See Page 7-10	See Attached				
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 52.212-3 AND 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 type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____ 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 				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) 							
30b. NAME AND TITLE OF SIGNER (Type or print) Roger Cunningham Vice President			30c. DATE SIGNED 6/25/08		31b. NAME OF CONTRACTING OFFICER (Type or print) KATHRYN GRIFFIN		31c. DATE SIGNED 12/11/08				

AUTHORIZED FOR LOCAL REPRODUCTION
 PREVIOUS EDITIONS IS NOT USABLE

ITEM NO.	SCHEDULE OF SUPPLIES AND SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
3	Sacramento Zone (Red Bluff south to Sacramento)						
	Incident Base Unit - <u>Type 1</u>						
	Daily Rate				Daily	<u>\$11,496.00</u>	
	Weekly Rate				Weekly	<u>\$78,057.00</u>	
	Monthly Rate				Monthly	<u>\$323,724.00</u>	
	Mobilization/Demobilization				AQ	Mile	<u>\$78.00</u>
	4				Incident Base Unit - <u>Type 2</u>		
Daily Rate		Daily	<u>\$7,683.00</u>				
Weekly Rate		Weekly	<u>\$52,168.00</u>				
Monthly Rate		Monthly	<u>\$216,355.00</u>				
Mobilization/Demobilization		AQ	Mile	<u>\$54.00</u>			

Company Name	El Dorado Water & Shower Service, Inc.		
DUNS Number	830450383		
Contact Name	Roger Cunnington		
E-Mail Address	eldorwater@comcast.net		
Phone Numbers (up to 6)	888.622.8995	530.409.5474	
	916.799.8995		
Fax Number	530.622.0153		
Mailing Address	Street: P.O. Box 944		
	City/State	Placerville, Ca.	Zip: 95667

1. I certify that all employees are covered by Workman's Compensation or a legal exemption.
2. I am am not registered in the Contractor Central Registration (CCR) system (Ref. E.1 (k)).
3. I have have not completed my representations and certifications on-line (Ref. E.3)

Identify the TOTAL number of Incident Base Units offered for award, (capable of being awarded).	
Type 1	Two Units
Type 2	Two Units