

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERICAL 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-11-7034</b>	3. AWARD/EFFECTIVE DATE <b>05/09/2011 - 05/09/2014</b>	4. ORDER NUMBER	5. SOLICITATION NUMBER <b>AG-04H1-S-11-7001</b>	6. SOLICITATION ISSUE DATE <b>12/21/2010 10:30 PST</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>02/25/2011 17:00 PST</b>	
9. ISSUED BY <b>USDA Forest Service</b>  <b>Leif Shjeflo</b> <b>Redmond Air Center</b> <b>1740 NE Ochoco Way</b> <b>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"/> WOMEN-OWNED SMALL BUSINESS (WOSB) NAICS: <b>115310</b> <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: <b>\$ 17.5 million</b> <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	13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO	16. ADMINISTERED BY <b>Leif Shjeflo</b> <b>Redmond Air Center</b> <b>1740 NE Ochoco Way</b> <b>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>Ace Earthmoving LLC</b>  <b>1100 N Schoolhouse Rd</b> <b>Grants Pass, Oregon, 97526</b>  TELEPHONE NO. <b>541-218-4435</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		
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	<b>VIPR I-BPA for Heavy Equipment for Region 6 - Pacific Northwest Region</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 <b>05/09/2011</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/ Wade Comyford</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>Wade Comyford -</b>	30c. DATE SIGNED <b>02/25/2011</b>	31b. NAME OF CONTRACTING OFFICER (Type or print) <b>Leif Shjeflo</b>	31c. DATE SIGNED <b>05/09/2011</b>		

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: 824047447AAA			
Dozer Type 1	TEREX	OR-MIC	
		Daily Rate	\$2672.00/Day
		Mileage Rate	\$1.00/Mile
		Transport Rate	\$800.00/Day
		Double Shift Rate	\$4408.80/Day
License #: N/A			
License State: NA			
Make: Caterpillar			
Model: Terex D8			
Model Year: 1969			
Insurance Policy Expiration Date: 03/01/2012			
Location City: Grants Pass			
Location State: OR			
Flywheel Horsepower: 282			
Blade Type:Hydraulic Angle			
Winch:Yes			
Grapple:No			
Ripper:No			
Low Ground Pressure:No			
Double Shift: Yes			

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VIN Number: 79U5242			
Dozer Type 3	CAT D3	OR-MIC	
		Daily Rate	\$1112.00/Day
		Mileage Rate	\$1.00/Mile
		Transport Rate	\$500.00/Day
		Double Shift Rate	\$1834.80/Day
License #: N/A			
License State: NA			
Make: Caterpillar			
Model: D3			
Model Year: 1969			
Insurance Policy Expiration Date: 03/01/2012			
Location City: Grants Pass			
Location State: OR			
Flywheel Horsepower: 75			
Blade Type:6-Way Hydraulic			
Winch:No			
Grapple:No			
Ripper:Yes			
Low Ground Pressure:No			
Double Shift: Yes			

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Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: EX011007			

Excavator Type 1	EXCAVATOR	OR-MIC	Daily Rate	\$2252.00/Day
			Mileage Rate	\$1.00/Mile
			Transport Rate	\$800.00/Day
			Double Shift Rate	\$3715.80/Day

License #: N/A  
License State: NA  
Make: John Deere  
Model: 892E  
Model Year: 1995  
Insurance Policy Expiration Date: 03/01/2012  
Location City: Grants Pass  
Location State: OR  
Flywheel Horsepower:235  
Clamshell Bucket:Yes  
Up Down Blade:No  
Steep Ground Excavator:Yes  
Double Shift: Yes

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Vendor Information

Company Name: Ace Earthmoving LLC

DBA:

DUNS: 016784899

Company Address:

1100 N Schoolhouse Rd

Grants Pass, Oregon, 97526

Mailing Address: same as above

Contact:

Name: Wade Comyford

Email: comyford@hotmail.com

Daytime Phone: 541-218-4435

Evening/After Hours Phone: 541-218-4435

Cell/Alternate Phone: 541-218-4435

Fax: 541-474-3004

Discount Terms:

none

Business Status

HUBZone: N

Service-Disabled Veteran-Owned Small Business: N

8(a): N

Women-Owned Small Business: N

Economically Disadvantaged Women-Owned Small Business: N

LSA Flag: Y

Supporting Documentation

Has Insurance (other than Workers' Compensation): Yes

Has DOT inspection(s): N/A

Has Workers' Compensation Insurance: N/A

Workers' Comp. Insurance Expiration Date: none

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y