

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER	PAGE OF PAGE
2. CONTRACT NO. AG-04H1-B-11-7081	3. AWARD/EFFECTIVE DATE 05/13/2011 - 05/13/2014	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-11-7003	6. SOLICITATION ISSUE DATE 12/17/2010 12:36 PST	
7. FOR SOLICITATION INFORMATION CALL: Leif Shjeflo			b. TELEPHONE NUMBER (No collect calls) 541-504-7380	8. OFFER DUE DATE/ LOCAL TIME 02/25/2011 17:00 PST	
9. ISSUED BY USDA Forest Service Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756			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: 115310 <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> ECONOMICALLY DISADVANTAGED WOMEN-OWNED SMALL BUSINESS (EDWOSB) SIZE STANDARD: \$ 17.5 million <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 Leif Shjeflo Redmond Air Center 1740 NE Ochoco Way Redmond, Oregon, 97756	14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR/OFFEROR United Fallers Organization, LLC 37149 woods lane Richland, Oregon, 97870-6607 TELEPHONE NO. 541-893-6835	18a. PAYMENT WILL BE MADE BY Refer to Exhibit 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
	VIPR I-BPA for Fallers for Region 6 - Pacific Northwest Region <i>(Use Reverse and/or Attach Additional Sheets as Necessary)</i>				
25. ACCOUNTING AND APPROPRIATION DATA			26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
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			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		
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 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 05/13/2011 . YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: <input checked="" type="checkbox"/>		
30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ Sheri Akers			31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Leif Shjeflo		
30b. NAME AND TITLE OF SIGNER (Type or print) Sheri Akers -	30c. DATE SIGNED 02/22/2011	31b. NAME OF CONTRACTING OFFICER (Type or print) Leif Shjeflo	31c. DATE SIGNED 05/13/2011		

Schedule of Items

Item Description	Equipment ID	Dispatch Center	Rates
=====			
VIN Number: UFO LLC FALLER MODULE-T1 01			
Faller Module Type 1	MOD-01	OR-BMC	
		Daily Rate	\$1742.00/Day

Insurance Policy Expiration Date: 04/30/2013
 Location City: Richland
 Location State: OR
 Configuration: Faller Module
 Number of Units: 1
 Roster: Lyn Akers
 Samuel Akers
 Robert Herzog
 Ivan Andrew
 Rock Botham
 Russell Shirley
 Kelly Couch

VIN Number: UFO LLC FALLER MODULE-T1 02			
Faller Module Type 1	MOD-02	OR-BMC	
		Daily Rate	\$1742.00/Day

Insurance Policy Expiration Date: 04/30/2013
 Location City: Richland
 Location State: OR
 Configuration: Faller Module
 Number of Units: 1
 Roster: Lyn Akers
 Samuel Akers
 Robert Herzog
 Ivan Andrew
 Rock Botham
 Russell Shirley
 Kelly Couch

VIN Number: UFO LLC FALLER MODULE-T1 03			
Faller Module Type 1	MOD-03	OR-BMC	
		Daily Rate	\$1742.00/Day

Insurance Policy Expiration Date: 04/30/2013
 Location City: Richland
 Location State: OR
 Configuration: Faller Module
 Number of Units: 1
 Roster: Lyn Akers
 Samuel Akers
 Robert Herzog
 Ivan Andrew
 Rock Botham
 Russell Shirley
 Kelly Couch

 Equipment ID Center Rates Dispatch Item Description

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VIN Number: UFO LLC SINGLE FALLERS- T1 005-006

Single Faller Type 1	005	OR-BMC	Daily Rate	\$921.00/Day
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Insurance Policy Expiration Date: 04/30/2013
 Location City: Richland
 Location State: OR
 Configuration: Single Faller
 Number of Units: 2
 Roster: Lyn Akers
 Samuel Akers
 Robert Herzog
 Ivan Andrew
 Rock Botham
 Russell Shirley
 Kelly Couch

----- VIN Number: UFO LLC SINGLE FALLERS-T1 001-002 Single Faller Type 1

001	OR-BMC	Daily Rate	\$921.00/Day
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Insurance Policy Expiration Date: 04/30/2013
 Location City: Richland
 Location State: OR
 Configuration: Single Faller
 Number of Units: 2
 Roster: Samuel Akers
 Lyn Akers
 Robert Herzog
 Ivan Andrew
 Russell Shirley
 Rock Botham
 Kelly Couch

----- VIN Number: UFO LLC SINGLE FALLERS-T1 003-004 Single Faller Type 1

003	OR-BMC	Daily Rate	\$921.00/Day
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Insurance Policy Expiration Date: 04/30/2013
 Location City: Richland
 Location State: OR
 Configuration: Single Faller
 Number of Units: 2
 Roster: Lyn Akers
 Samuel Akers
 Robert Herzog
 Ivan Andrew
 Rock Botham
 Russell Shirley
 Kelly Couch

Vendor Information

Company Name: United Fallers Organization, LLC

DBA:

DUNS: 825179166

Company Address:

37149 woods lane

Richland, Oregon, 97870-6607

Mailing Address: same as above

Contact:

Name: Sheri Akers

Email: akers8@eagletelephone.com

Daytime Phone: 541-893-6835

Evening/After Hours Phone: 541-893-6835

Cell/Alternate Phone: 541-403-2614

Fax: None

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: Yes

Workers' Comp. Insurance Expiration Date: 12/31/2012

Has sufficient employees: Y

Is registered in CCR: Y

Has completed ORCA: Y