

FALLER AGREEMENT 2008

**Atherly Contracting, LLC
62535 Waugh Rd.
Bend, OR 97701
Ph #541-815-1933**

Contract # AG-04H1-B-08-7022

Awarded: 07/21/08

DUNS: 185573305

TIN/EIN:

**Type 1 Professional Single Faller, Daily Rate: \$1175.00
Type 1 Professional Faller Module, Daily Rate: \$2325.00**

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|--|--|---|--|--|--|
| SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30 | | | | 1. REQUISITION NUMBER BLM # HAA083044 | PAGE 1 OF 43 |
| 2. CONTRACT NO. A6-04H1-B-08-7022 | 3. AWARD/EFFECTIVE DATE 7/21/08 | 4. ORDER NUMBER | 5. SOLICITATION NUMBER AG-04H1-S-08-9004 | 6. SOLICITATION ISSUE DATE: 03/20/2008 | |
| 7. FOR SOLICITATION INFORMATION CALL: | a. NAME Willie Begay: Contract Operation Specialist Kermadine Barton: Contracting Officer | | b. TELEPHONE NUMBER (No collect calls) 503-808-2328 541-471-6746 | 8 OFFER DUE DATE: 04/21/2008 LOCAL TIME: 4:30 P.M. | |
| 9. ISSUED BY | CODE | 10. THIS ACQUISITION IS | | | |
| USDA Forest Service R-6 Pacific Northwest Region Grants Pass Interagency Office 2164 NE Spalding Avenue Grants Pass, OR 97526 | | <input type="checkbox"/> UNRESTRICTED OR | | <input checked="" type="checkbox"/> SET ASIDE: | 100 % FOR: |
| | | NAICS: 115310 | | <input checked="" type="checkbox"/> SMALL BUSINESS | <input type="checkbox"/> EMERGING SMALL BUSINESS |
| | | SIZE STANDARD: \$16.5 mil | | <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 | 12. DISCOUNT TERMS | <input type="checkbox"/> 13a THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | 13a. RATING | |
| <input type="checkbox"/> SEE SCHEDULE | | | | 14. METHOD OF SOLICITATION | |
| | | | | <input checked="" type="checkbox"/> RFQ | <input type="checkbox"/> IFB |
| | | | | <input type="checkbox"/> RFP | |
| 15. DELIVER TO | CODE | 16. ADMINISTERED BY | | CODE | |
| | | | | | |
| 17a. CONTRACTOR/ | CODE | CODE | 18a. PAYMENT WILL BE MADE BY | | |
| ATHERLY CONTRACTING, LLC 62535 Waugh Rd Bend OR 97701 TELEPHONE NO. 541-815-1933 | | | Refer to D.21.8 | | |
| <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 |
| | Single Fallers and Faller Modules for use on Incidents and Severity assignments (see attached) Operating Supplies Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government Operator Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government | | | See Section B | |
| 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 type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA | | | <input 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) DARST ATHERLY, President | | 30c. DATE SIGNED 4-18-08 | 31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton | | 31c. DATE SIGNED 7/21/08 |

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005)
PRESCRIBED BY GSA - FAR (48 CFR) 53.212

2. AMENDMENT/MODIFICATION NO. Amendment No. 1 3. EFFECTIVE DATE 04/16/2008 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (if applicable)

6. ISSUED BY CODE USDA FOREST SERVICE
 FIRE PROCUREMENT SPECIALIST
 2164 NE SPALDING AVENUE
 GRANTS PASS, OR 97526 7. ADMINISTERED BY (If other than Item 6) CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) Atherly Contracting, LLC
 62535 Waugh Rd
 Bend, OR 97701 9A. AMENDMENT OF SOLICITATION NO. AG-04H1-S-08-9004
 9B. DATED (SEE ITEM 11) 03/20/2008
 10A. MODIFICATION OF CONTRACT/ORDER NO.
 10B. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
 (a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;
 or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.

The Quoter is required to acknowledge this amendment by signing block 15b. and returning page 1 and the revised Schedule of Items to the Contracting Officer. You may fax to 541-471-6512 or mail hard copy to the address shown in block 9. of the SF-1449.

The Closing Date of this Solicitation has been changed to April 28, 2008, at 4:30 p.m.

This solicitation is amended as shown on the attached pages:

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) David Atherly, President 18A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton

15B. CONTRACTOR/OFFEROR D + A (Signature of person authorized to sign) 15C. DATE SIGNED 5-28-08 16B. UNITED STATES OF AMERICA Kermadine Barton (Signature of Contracting Officer) 16C. DATE SIGNED 4/16/2008

2. AMENDMENT/MODIFICATION NO. **Amendment No. 2** 3. EFFECTIVE DATE **05/21/2008** 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE **USDA FOREST SERVICE
 FIRE PROCUREMENT SPECIALIST
 2164 NE SPALDING AVENUE
 GRANTS PASS, OR. 97526** 7. ADMINISTERED BY (If other than Item 6) CODE

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) (X) 9A. AMENDMENT OF SOLICITATION NO.
Atherly Contracting LLC **AG-04H1-S-8-9004**
62535 Waugh Rd. 9B. DATED (SEE ITEM 11)
Bend, OR 97701 **03/20/2008**
 10A. MODIFICATION OF CONTRACT/ORDER NO.
 10B. DATED (SEE ITEM 13)

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers is extended, is not extended.
 Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:
 (a) By completing Items 8 and 15, and returning 1 copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted;
 or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required)

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

(X) A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
 B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
 C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
 D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not, is required to sign this document and return 1 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

This amendment is to acknowledge that a decision has been made not to change the original solicitation. Based on clarification, there are no changes to to the Type 2 Class "C" Certified Faller.

Qualifications must be meet in Exhibit J of the original solicitation to be considered for a Type 2 Class "C" Faller.

The Closing Date of this Solicitation has been changed to May 30, 2008, at 4:30 pm.

Attached is the Scheduled of Items, D.3.1 Training/Experience and Exhibit J :

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print) **Darst Atherly, President** 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) **Kermadine Barton**
 15B. CONTRACTOR/OFFEROR **Dt A** 15C. DATE SIGNED **5-28-08** 16B. UNITED STATES OF AMERICA **Kermadine Barton** 16C. DATE SIGNED **5/21/2008**
 (Signature of person authorized to sign) (Signature of Contracting Officer)

Schedule of Items

| | | | |
|--------|---|------------|----------------|
| Item 1 | Type 1 Professional Single Faller | Daily Rate | \$ <u>1175</u> |
| Item 2 | Type 1 Professional Faller Module (2 Fallers) | Daily Rate | \$ <u>2325</u> |
| Item 3 | Type 2 Single Class C Certified Faller | Daily Rate | \$ <u>/</u> |
| Item 4 | Type 2 Class C Certified Faller Module (2 Fallers) | Daily Rate | \$ <u>/</u> |

| | | | |
|-------------------------|----------------------------|--------------|--------------|
| Company Name | Atherly Contracting, LLC | | |
| DUNS Number | 185573305 | | |
| Contact Name | Darst Atherly | | |
| E-Mail Address | darstcont@compnet.com | | |
| Phone Numbers (up to 6) | 541 388 8480 | 541 815 7021 | 541-410-2225 |
| | 541 815 1933 | 541 815 2670 | |
| Fax Number | call 388 8480, ask for fax | | |
| Mailing Address | Street: 62535 Waugh Rd | | |
| | City/State | Bend OR | Zip: 97701 |

Complete the following as a roster of all proposed fallers. (Attach additional sheets as necessary. Please ensure all pages are appropriately marked with the solicitation number and vendor name.)

| Faller Name | Type | City/State (Identify the dispatch location (city/state) for each if different than the offeror's address) |
|------------------|--|---|
| Tom Hunt | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Rick Moon | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Darst Atherly | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Wally Livingston | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Ken Beemer | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Ron Smith | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Dave Tyler | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Wayne Risseuw | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| Kevin Bristow | <input checked="" type="checkbox"/> Professional [] Class "C" | Bend, OR |
| | [] Professional [] Class "C" | |
| | [] Professional [] Class "C" | |
| | [] Professional [] Class "C" | |
| | [] Professional [] Class "C" | |

Type 1 Professional Faller Module: 4 modules available

(Identify each faller module with a unique resource number/name for identification purposes).

| Equipment ID (Resource Number/Name) | City/State (Identify the dispatch location (city/state) for each if different than the offeror's address) |
|-------------------------------------|---|
| # 1 Hunt / Moon | Bend, OR |
| # 2 Livingston / Risseaux | Bend, OR |
| # 3 Beemer / Smith | Bend, OR |
| # 4 Atherly / Tyler | Bend, OR |
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Type 2 Class C Faller Module: _____ modules available

(Identify each faller module with a unique resource number/name for identification purposes).

| Equipment ID (Resource Number/Name) | City/State (Identify the dispatch location (city/state) for each if different than the offeror's address) |
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- I certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1
- I certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a legal exemption.
- I am am not registered in the Contractor Central Registration (CCR) system.
- I have have not completed my representations and certifications on-line (Ref. E.3)