FALLER AGREEMENT 2008

Broken Top Reforestation 200 SW McKinley Ave. Bend, OR 97702 Ph #541-420-1403

Contract # AG-04H1-B-08-7057 Awarded: 07/30/08 DUNS: 132221081

Type 1 Professional Single Faller, Daily Rate: \$1150.00 Type 1 Professional Faller Module, Daily Rate: N/A

SOLICITATION	CONTRACT/C	RDER F	OR COMM	IERCIAI	. ITEMS	1. REQUISTIC		ER	PAGE	1 OF 43	
OFFEROR	TO COMPLET	E BLOC	KS 12, 17,	23, 24,	& 30	HAAO	30	19	1		
2, CONTRACT NO.	06-7057	3. AWARD DATE	7 30 08	4. ORDE	RNUMBER	5. SOLICITAT		BER	1	JCITATION E: 03/20/2	
7. FOR SOLICITATION C	ON _		Begay: Contract madine Barton:			calls) 50	E NUMB 3-808-23: 1-471-67		04/21/2	ER DUE D 2008 . TIME: 4	
9. ISSUED BY			CODE		10. THIS	ACQUISITION IS	S				
			1		UNR	ESTRICTED OR		SET ASIDE:		100 % F	OR:
USDA Forest Service R-6 Pacific Northwest R	region							SMALL BUSIN	ESS	☐ EME	RGING BUSINESS
Grants Pass Interagend	-						1,] HUBZONE SM	ALL	0.02.02	200200
2164 NE Spalding Aver Grants Pass, OR 9752								Business			
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		·				ANDARD: \$16.5					
11. DELIVERY FOR FO UNLESS BLOCK IS MA		12. DISCO	OUNT TERMS		. –	HIS CONTRACT D ORDER UNDE		3a. RATING			
						(15 CFR 700)	-	4. METHOD OF	SOLICITA	ATION	
SEE SCHEDULE		İ			ļ		.	RFQ	[] IFB		RFP
15. DELIVER TO		 	CODE		16. ADM	INISTERED BY			CODE		<u> </u>
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17a. CONTRACTOR/	CODE	<u> </u>	CODE	L		MENT WILL BE I	MADE BY	'	CODE	<u> </u>	
BTR 20 TELEPHONE NO. (5	OSW MCKIN	ILEY !	AVE BE	ND.	Refer to	D.21.8					
TELEPHONE NO. ()	11)4 <u>20-</u>	פטרו	- Un.	# / /UE		W					
17b. CHECK IF REM	II IANCE IS DIFFER	ENT AND PO	JI SUCH ADDI	CESS IN	1	OW IS CHECKED		ESS SHOWN IN I E ADDENDUM	BLOCK 1	88 UNLES	SBLOCK
19.			20.			21.	22.	23.			24.
ITEM NO.			SUPPLIES/SER			QUANTITY	UNIT	UNIT P	RICE	AN	MOUNT
	Single Fallers and I Severity assi			ncidents an	d			See Section	В		
	_	`	ŕ								
	Operating Supplies Operator Furnished	-	[X] Contract [X] Contract	• •				-		1	ļ
	Oporator / Entrance	-,.	[//]	[] 00							
25. ACCOUNTING AND	APPROPRIATION DA	ATA					26. TO	TAL AWARD AM	OUNT (F	or Govt. U	se Only)
	DRPORATES BY REFER	ENCE FAR 52	212-1 52 212-4	FAR 52 212	3 AND 52 212-5	ARE ATTACHED	ADDENDA	. ⊠ Ai	DF.	☐ ARE N	
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27b. CONTRACT/PURCH	ASE ORDER INCORPO	RATES BY RE	FERENCE FAR 5	2.212-4. FAF	R 52.212-5 IS AT	TACHED. ADDENIC	X		RE	ATTACHE	
■ 28. CONTRACTOR IS					1_	29. AWARD			OFFER	ON COLI	CITATION
COPIES TO ISSUING	7				ON ANY			ANY ADDITION			
2/1	S SUBJECT TO THE					ARE SET FOR	TH HERE	IN, IS ACCEPTE	D AS TO	ITEMS:	
30a. SIGNATURE OF OF	FEROR/CONTRACT	OR	· · · · · · · · · · · · · · · · · · ·		31a UNITED	STATES OF AM	ERICA (S	GNATURE OF C	ONTRA	CTING OF	FICER)
HIA				l	Lo	~~~~\lambda.		Britz	\sim		ļ
NAME AND TITLE	OF SIGNER (Type or)	print)	30c. DATE SI	GNED	31b. NAME	OF CONTRACTIN	IG OFFIC	ER (Type or print) 3	1c. DATE	SIGNED
CHRISTOPHER!	LINGLEY D	WHER	3.31-	08	Kern	radine	Bur	ton		7/30	108

AUTHORIZED FOR LOCAL REPRODUCTION PREVIOUS EDITIONS IS NOT USABLE

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

				1. CONT	1	CODE	PAGE O	F PAGES
	IDMENT OF SOLICITATION						1	
2. AMENI	MENT/MODIFICATION NO. 3. Amendment No. 1	04/16/2008	4. REQUISITION/PURCHA	SE RÉQ. NO).	5. PROJECT NO	. (If applicab	le)
6. ISSUED			7. ADMINISTERED BY (If a	other than Item	: 6)	CODE		
FIRE 2164 GRA	A FOREST SERVICE PROCUREMENT SPECIALIST NE SPALDING AVENUE NTS PASS, OR 97526							
8. NAME	AND ADDRESS OF CONTRACTOR (No.,	street, county, State, and I	ZIP Code)	(X) 9A.	. AMENI	DMENT OF SOLICE	TATION NO) <u>.</u>
B	TR	a ⁻		N 1		H1-S-08- 9004		
CH	RISTOPHER LIM	SLEY		— јзб.	. DATED 	(SEE ITEM 11) 2008		
20	o SW MCKINLEY	y 4vE		104	A. MODI	FICATION OF CO	VTRACT/OR	DER NO.
B	END, CR. 971	02_		100	B. DATE	D (SEE ITEM 13)		
CODE	FAC	CILITY CODE			WED A CIVI	ONG		
			TO AMENDMENTS (evtended	
	above numbered solicitation is amend					is	not extende	
methods								
(a) By co	mpleting Items 8 and 15, and returnin mitted;	g 1 copies of the amen	dment; (b) By acknowled	lging receip	ot of this	amendment on o	eacn copy	or tne
ACKNOV SPECIFI change r prior to the	by separate letter or telegram who VLEDGMENT TO BE RECEIVED AT ED MAY RESULT IN REJECTION Of nay be made by telegram or letter, proper opening hour and date specified.	F THE PLACE DESIGN F YOUR OFFER. If by rovided each telegram o	IATED FOR THE RECE virtue of this amendmen	IPT OF OF t vou desire	-FERS e to cha	PRIOR TO THE nge an offer aire	adv submi	ND DATE
12. ACCC	OUNTING AND APPROPRIATION DATA (I	f required)						
	40 TUIC ITEM	ADDI JES ONI V TO I	MODIFICATIONS OF	CONTRAC	CTSIO	DUEDS		
	1T MODIFIE	S THE CONTRACT/	ORDER NO. AS DESC	CRIBED II	NITEN	1 14.		
(X)	A. THIS CHANGE ORDER IS ISSUITHE CONTRACT ORDER NO. II	ED PURSUANT TO: <i>(\$</i> N ITEM 10A.	Specify authority) THE C	HANGES S	ET FO	RTH IN ITEM 14	ARE MAD	E IN
				1 + 41; 				
	B. THE ABOVE NUMBERED CONT paying office, appropriation date, etc.	.) SET FORTH IN ITEM	A 14, PURSUANT TO TH	ie authof	RITY OF	F FAR 43.103(b).	such as ch	anges in
П	C. THIS SUPPLEMENTAL AGREEM	MENT IS ENTERED IN	TO PURSUANT TO AUT	HORITY OF	F:		<u>-</u>	
	D. OTHER (Specify type of modifical	tion and authority)					-	
F IMPO	ORTANT: Contractor is no	t. X is required to	sign this document ar	nd return 1	copie	s to the issuing	office.	
14. DESC	RIPTION OF AMENDMENT/MODIFICATION							
Sched block	uoter is required to acknowledg lule of Items to the Contracting 9. of the SF-1449. losing Date of this Solicitation h	Officer. You may fa	ax to 541-471-6512 or	r mail han	ırning d copy	page 1 and the to the addres	e revised ss shown	in
	olicitation is amended as show							
11115 5	VIIVIMUVII IS MIIIEIIUES NO SIIVWI	utwoiled p	-g					
Except as 15A. NAM	provided herein, all terms and conditions of E AND TITLE OF SIGNER (Type or print)	the document referenced i	n Item 9A or 10A, as heretol	iore changed LE OF CON	l, remain TRACTII	s unchanged and in NG OFFICER (Typo	full force ar e or print)	nd effect.
< Ani	STUPHER LINSLE	EY OWNE	Rermadine B	arton				
15B. CON	TRACTORIO	15C. DATE SIGNED	16B. UNITED STATE	S OF AMER	BICA	1	6C. DATE S	
	The source authorized to simil	4-19.08	Yerna	dure of Contrac	Ba Ba	rtm	4/16/2	8008
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				1. CON	TRA	OE.	PAGE C	F PAGES
AMEN	IDMENT OF SOLICITATI	ON/MODIFICATION	N OF CONTRACT				1	
2. AMENI	MENT/MODIFICATION NO. Amendment No. 1	3. EFFECTIVE DATE 04/16/2008	4. REQUISITION/PURCHA	SE REQ.	NO.	5. PROJECT I	NO. (If applical	blo)
6. ISSUED	000	E	7. ADMINISTERED BY (If	other than .	item 6)	COIDE		
FIRE 2164 GRA	A FOREST SERVICE PROCUREMENT SPECIALIS NE SPALDING AVENUE NTS PASS, OR 97526		·					
8. NAME	AND ADDRESS OF CONTRACTOR (No., street, county, State, and	ZIP Code)	00	9A. AMEN	IDMENT OF SOL	ICITATION NO	0.
B	TR			5 4	AG-0	4H1-S-08-90	34	
<i>-</i>	DISTOPHER LI	MSLEY		⊠		D (SEE ITEM 11))	
2	& SW MCKINLE	ey Ave		 		/2008 NEICATION OF (CONTRACT/O	RDER NO.
b	END, CR. 97	702-						
CODE	END TOTAL IT	FACILITY CODE			10B. DAT	ED (SEE ITEM 1	39	
CODE	1	ITEM ONLY APPLIES	S TO AMENDMENTS	OF SOL	ICITAT	IONS		
⊠ ть-	above numbered solicitation is am						is extended,	
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Offers m	ust acknowledge receipt of this am	nendment prior to the hour	and date specified in the	solicitati	on or as a	mended, by or	e of the follo	wing
methods								
(a) By co	mpleting Items 8 and 15, and retuing	ming 1 copies of the amer	ndment; (D) By acknowled	ogeng rec	ENDE OF BIN	Sameminera (л еаст сору	OI UIC
or (c) E ACKNO\ SPECIFI	By separate letter or telegram MLEDGMENT TO BE RECEIVED ED MAY RESULT IN REJECTION may be made by telegram or letter ne opening hour and date specified) AT THE PLACE DESIGN OF YOUR OFFER. If by The provided each telegram	NATED FOR THE RECE v virtue of this amendmen	EIPT OF It vou de	OFFERS sire to ch	PRIOR 10 1 ange an <i>off</i> er a	riceady subm	NID DATE
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	IT MODII	M APPLIES ONLY TO FIES THE CONTRACT	ORDER NO. AS DES	CRIBEI	IN ITE	M 14.		
(X)	A. THIS CHANGE ORDER IS IS THE CONTRACT ORDER NO	SUED PURSUANT TO: (Specify authority) THE C	HANGE	S SET FO	ORTH IN ITEM	14 ARE MAD	DE IN
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	B. THE ABOVE NUMBERED CO paying office, appropriation date,	ONTRACT/ORDER IS MO etc.) SET FORTH IN ITE	DOIFIED TO REFLECT TO M 14. PURSUANT TO TH	HE ADM HE AUTH	INISTRAT IORITY O	TIVE CHANGE OF FAR 43.103	S (such as c lb).	hanges in
П	C. THIS SUPPLEMENTAL AGRI	EEMENT IS ENTERED IN	ITO PURSUANT TO AUT	HORITY	OF:			-
	D. OTHER (Specify type of modil	fication and authority)			······································			······································
E. IMP	ORTANT: Contractor 🗌 is	not, 🛛 is required to	sign this document ar	nd retur	n <u>1</u> copie	s to the issui	ng office.	
14. DESC	RIPTION OF AMENDMENT/MODIFICA	ATION (Organized by UCF se	ction headings, including solid	citation/co	ntract subj	ect matter where	feesible.	
Sched block The C	uoter is required to acknowle lule of Items to the Contraction 9. of the SF-1449. losing Date of this Solicitation olicitation is amended as sho	ng Officer. You may f	ax to 541-471-6512 or to April 28, 2008, at 4:	r mail h	ard cop	page 1 and y to the addi	the revised less shown	d 1 in
Except as	provided herein, all terms and conditions	of the document referenced	in Item 9A or 1QA, as heretal	iore chan	ged, remair	is unchanged en	d in full force s	nd effect
15A. NAM	E AND TITLE OF SIGNER (Type or prin	10)	16A. NAME AND TIT	LE OF C	ONTRACT	NG OFFICER (1	ype or print)	
- Hni	STUPHER LINSL	EN OWNE	Kermadine B	arton				
15B. CON	TRACTORYOFTEROR	15C. DATE SIGNE	D 168. UNITED STATE	S OF AN	ERICA		16C. DATE S	SIGNED
<u> </u>		4-19.08	Hermad		Bar	tor	4/16/2	2008
Sig NSO 7544	n et@e et person authorized to sign @152-8070		30-105 (Signature	of Cont	racting Of		FORM 30 (R)	EN 10-83)
Texion 1	ition umusuble					Prescribed by FAR (48 CF)	GSA .	c ₹. 1V-83)

Schedule of Items

Item 1	Type 1 Professional Single Faller	Daily Rate	s_1,500 =
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$ See very see fed
Item 3	Type 2 Single Class C Certified Faller	Daily Rate	\$ rate da
Item 4	Type 2 Class C Certified Faller Module (2 Fallers)	Daily Rate	\$

Company Name	BTR
DUNS Number	13222 1081
Contact Name	CHRISTOPHER LINGLEY
E-Mail Address	TMBR_JACK (a) YAHOO. COM
Die - Number (un to 6)	[541] 420-1403
Phone Numbers (up to 6)	541) 389-1648
Fax Number	
Mailing Address	Street: 200 SW MCKINLEY, AVE.
	City/State BEND OR. Zip: 9770Z

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

Faller Name	Туре	City/State(Identify the dispatch location (city/state) for each if different than the offeror's address)
CHRISTOPHER LINSLEY	Professional [] Class "C"	BEND, OR. 97702
	[] Professional [] Class "C"	
	[] Professional [] Class "C"	
	[] Professional [] Class "C"	
	[] Professional [] Class "C"	
	[] Professional [] Class "C"	
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AG-0491-3-08-9004 Page 8 of 43 PALLER SOLICITATION

Equipment ID (Resource Number/Name)	City/State/identify the disputch location (city/state) for each if different than the offeror's address.
	The state of the s
e 2 Class C Faller Module:	modules available
rify each foller module with a unique resource nu	mber/name for identification purposes). City/State (dentify the dispatch to outlon following) for each if
e 2 Class C Faller Module:	mber/name for identification purposes).
rify each foller module with a unique resource nu	mber/name for identification purposes). City/State (dentify the dispatch to outlon following) for each if
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rify each foller module with a unique resource nu	mber/name for identification purposes). City/State (dentify the dispatch to outlon following) for each if

- I certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1
 Certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a legal exemption.

- 1 am M am not [] registered in the Contractor Central Registration (CCR) system.
 I have M have not [] completed my representations and contifications on-line (Ref. E.3)