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PAGE 02/04 P.1/2 PAGE 02/02 PAGE 92

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STANDARD FORM 1448 (REV. 3/2005)

AMENDMENT OF SOLICIT	NDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			CONTRACT ID CODE			F PAGES
2. AMENDMENT/MODIFICATION NO.  Amendment No. 1	3. EFFECTIVE DATE 04/16/2008	4. REQUISITION/PURCHA	ASE REQ.	NO.	5. PROJECT NO	1 ). (If applicab	ole)
6. ISSUED BY	CODE	7. ADMINISTERED BY (If	other than	Item 6)	CODE		
USDA FOREST SERVICE FIRE PROCUREMENT SPECI 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526							
8. NAME AND ADDRESS OF CONTRACT	OR (No., street, county, State, ar	nd ZIP Code)	(X)	9A. AMEND	MENT OF SOLIC	TATION NO	<del>).</del>
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10 Granda 00	ver we			03/20/2			
Lawren Me, OK C	17850			10A. MODIF	ICATION OF COM	VTRACT/OR	DER NO.
0005				10B. DATE	(SEE ITEM 13)		
CODE	FACILITY CODE						
	HIS ITEM ONLY APPLIE						
The above numbered solicitation is	s amended as set forth in iter	n 14. The hour and date sp	ecified fo	or receipt o		extended,	
Offers must acknowledge receipt of this	s amendment prior to the hou	IF and date enocified in the	n aliaitatia		isr	not extende	d.
methods:	a amendment prior to the not	and date specified in the	solicitatio	n or as am	ended, by one o	the follow	ring
a) By completing Items 8 and 15, and offer submitted;	returning 1 copies of the ame	endment; (b) By acknowled	ging rece	eipt of this a	amendment on e	ach copy o	of the
· ·	and subtable to a large						
or (c) By separate letter or telegr ACKNOWLEDGMENT TO BE RECE! SPECIFIED MAY RESULT IN REJECT change may be made by telegram or le prior to the opening hour and date spec	VEU AT THE PLACE DESIGNON OF YOUR OFFER. If the letter, provided each telegram	SNATED FOR THE RECE	IPT OF (	OFFERS F	RIOR TO THE	للائمسطوريم ووامح	D DATE
2. ACCOUNTING AND APPROPRIATION						<del></del>	
13. THIS	ITEM APPLIES ONLY TO	MODIFICATIONS OF	CONTR	ACTS/OD	DEDE	·	_
IT MO	DIFIES THE CONTRACT	I/ORDER NO. AS DESC	RIBED	IN ITEM	14		
(X) A. THIS CHANGE ORDER IS THE CONTRACT ORDER	S ISSUED PURSUANT TO:	(Specify authority) THE CH	ANGES	SET FOR	TH IN ITEM 14 /	ARE MADE	IN
B. THE ABOVE NUMBERED paying office, appropriation do	are, erc.) Selforinini	M 14. PURSUANT TO THE	FALITHO	DRITY OF I	'E CHANGES (s FAR 43.103(b).	such as cha	anges in
	ONCEMENT TO ENTERED II	TO FORSOAINT TO AUTE	OKILL	JF:			
D. OTHER (Specify type of m	nodification and authority)						
. IMPORTANT: Contractor	is not, 🛛 is required to	o sign this document and	d return	1 copies	to the issuing	office.	
DESCRIPTION OF AMENDMENT/MODII	FICATION (Organized by UCF se	ection headings, including solici	tation/coni	tract subject	matter where feas	ible.	
The Quoter is required to acknow Schedule of Items to the Contrablock 9. of the SF-1449.	wledge this amendment cting Officer. You may	t by signing block 15b. fax to 541-471-6512 or	and ret mail ha	turning part	age 1 and the o the address	revised shown i	n
The Closing Date of this Solicita	ition has been changed	to Anril 28 2009 ^* 4.9	10 n				
			w p.m.				
This solicitation is amended as	shown on the attached p	pages:					
cept as provided herein, all terms and condi A. NAME AND TITLE OF SIGNER (Type or	tions of the document referenced print)	in Item 9A or 10A, as heretofo 16A. NAME AND TITL	re change E OF COM	d, remains u NTRACTING	inchanged and in f	ull force and or print)	effect.
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ISSUED BY	CODE	7. ADMINISTERED BY (I)	other tha	n /iem (;)	CODE		
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ODE	FACILITY CODE	·	ļЦ	10B, DATE	D (SEE ITEM 1	3)	
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r (c) By separate letter or telegra	m which includes a refe	erence to the solicitation	and a	mendment	numbers.	FAILURE (	OF YOU
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IT MOI	DIFIES THE CONTRAC	T/ORDER NO. AS DESC	SRIBE	DIN ITEM	14		
(X) A. THIS CHANGE ORDER IS THE CONTRACT ORDER	NO. IN ITEM 10A.	(Specify authority) THE C	HANGE	S SET FOR	TH IN ITEM 1	4 ARE MAI	DE IN
B. THE ABOVE NUMBERED	CONTRACT/ORDER IS M	ODIENED TO REEL FOT TI	6° 404	TA UCTTO ATT	- ALIANOS		
paying office, appropriation del	'8, <i>etc.)</i> Set forth in iti	EM 14. PURSUANT TO TH	IE AUTI	KORITY OF	VE CHANGE: FAR 43.103(	s (such es c b).	hanges i
C. THIS SUPPLEMENTAL AG	REEMENT IS ENTERED I	NTO PURSUANT TO AUT	HORITY	OF:	<del></del>		
D. OTHER (Specify type of me	dification and authority	•				-	
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IMPORTANT: Contractor	is not, X is required t	to sign this document an	nd retur	n 1 conies	to the issuir	or office	·
DESCRIPTION OF AMENDMENT/MODIF	CATION (Organized by UCF s	ection headings, Including solic	ilation/co	ntract subject	t matter where f	essible.	<del>- :</del>
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			p.m.		•		
This solicitation is amended as s	hown on the attached	page:					
pept as provided hereIn, all terms and condition.  NAME AND TITLE OF SIGNER (Type or )	ons of the document referenced	d in Item 9A or 10A, as heretofo	ore chang	ed, remains	unchanged and	in full force a	nd effect,
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(Signature of person authorized to si	90) TICO108	(Signature	of Conti	トッノへ actină Offic	er)		
1 7540-01-152-8070 rione edition unusable		30-103		<u></u>	STANDARD		V. 10-83)
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5419638450

## 2008 National Solicitation Template Tent Modification 4/20/2008

1. Refer to Section B, Schedule of Items. Replace the entire Schedule of Items with the following:

## Schedule of Items

Type 1 - Canopy (includes setup/takedown)	Rate per Square Foot: To be used for CBA Calculation and for computing the payment rates proposed below	Daily \$ 4,45 Weekly \$ 7,34 Monthly \$ 2,03
40 x 40	Daily Rate Weekly Rate Monthly Rate	\$ <u>760~</u> \$ <i>935</i> 0 ~ \$ 6400 ~
40 x 60	Daity Rate Weekly Rate Monthly Rate	\$_1150 - \$3450 - \$~800@ -
40 x 80	Daily Rate Weekly Rate Monthly Rate	\$ <u> 450-</u> \$ <u>4300-</u> \$4700-

Type 2 - Canopy (includes setup/takedown)	Rate per Square Foot:  To be used for CBA Calculation and for computing the payment rates proposed below	Daily \$ \$ \$7 Weekly \$ \$ 163 Monthly \$ \$ 223
20 x 40	Daily Rate Weekly Rate Monthly Rate	\$ <u>475 -</u> \$ <u>1425 -</u> \$ <u>35</u> 00 -
20 x 60	Daily Rate Weekly Rate Monthly Rate	\$ (60 - \$ 1450 - \$ 4600-

Type 3 - Tent (501 - 700 sq. ft) (includes setup/takedown)	Daily Rate Weekly Rate Monthly Rate	\$ <u>U.35 ~</u> \$ <u>1.290 ~</u> \$ <u>305</u> 0 ~		
Type 4 - Tent (200 – 500 sq. ft) (includes setup/takedown)	Daily Rate Weekly Rate Monthly Rate	\$ 375 - \$ <u>[[50 -</u> \$ <u>3800 -</u>		
Sidewalls (Type 1 & 2)	Daily Rate/LF Weekly Rate/LF Monthly Rate/LF	\$ 1.15 ft \$ 3.45 ft. \$ 10.35 ft		
Delivery/Pickup	Mileage Rate	s_7.50		
Relocation Charge (per tent/eanopy)	Type 1 & 2 Canopy Type 3 & 4 Tent	\$		

Optional items: If offering either of the following items as part of your proposal, provide a price list and product description.

A separate resource order number must be provided when optional items are ordered.

Generator ADA Accessible Tent Cooling (Canopy – Type 1 & 2)

Offers may be submitted on any or all Types.

Company Name	Connie's Inc.						
DUNS Number	007874662		<del></del>	· · · · · · · · · · · · · · · · · · ·			
Contact Name	Lynne M. Domey	Lynne M. Domey / Cory Braseth					
E-Mail Address	lynne@eorentals.com cory@eorentals.com						
Phone Number (up to 6)	541-963-7114			541-786-2330			
	541-786-2331 541-786-2339						
Fax Number	541-963-8383						
Mailing Address	Street: 2009 Adams Avenue						
	City/State La Grande, OR			Zip: 97850			

Number of Tents Available	City/State (Identify the dispatch location(city/state) if different than the offeror's address)
<u>4</u> Type 1 <u>8</u> Type 2 <u>8</u> Type 3 <u>8</u> Type 4	La Grande, OR
Type 1Type 2Type 3Type 4	
Type 1Type 2Type 3Type 4	

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

E CENCY E	OLUBATA	F DENTAL ACDI			1 -5 2
		RENTAL AGRI			ge 1 of 2
PROCUREMENT AGENCY a. name and address:		. AGREEMENT NUN greement):	idek (Must app	ear on all documen	is relating to this
	<u> </u>	EFFECTIVE DATES	S OF AGREEM	ENT:	
	<del> </del>		3 OF AGREEM		
	<u>a.</u>	. beginning		b. ending	
	<u> </u>				
	c.	Specific incident on	ly:		
Phone Number:	In	cident Name:			
FAX Number:	In	cident Number			
CONTRACTOR a. name and address:		POINT OF HIRE (L		red if 6.	ORDERING
CONNIE'S INCORPORATED 2009 ADAMS AVENUE	ai	ifferent than Block 4)	:	UI	SPATCH CENTER
LA GRANDE, OR 97850	<u>_</u>	THE MODIL DATE	IO DAGED ON	ALL ODEDATING O	I IDDI IEO
		THE WORK RATE BEING FURNISHE		ALL OPERATING S	UPPLIES
EIN/SSN:   c. DUNS: 007874662 EMAIL Address:				ERNMENT (dry)	
Telephone Number (day): 541-963-7114	8-	OPERATOR FURN		E. GAMEIAL (GIV)	
Telephone Number (night): 1-800-544-7114		CONTRACTOR		OVERNMENT	
Cell Phone Number:	9.	Contractor Authorize			
FAX:		☐ Yes	⊠N	0	
BUSINESS SIZE OF CONTRACTOR: a. ☑ small b. ☐ Other					
e.   HUB Zone f. Service Disadvantaged Vet (Information					1.5 5
ITEM DESCRIPTION: equipment or animals (include VIN, make, del, year, serial no., accessories or other identifying features).		13. HRLY/DAILY/I S SHIFT BASIS (ss/		14. SPECIAL	15. GUARANTEE (8 HOURS)
del, year, seriar no., second of earth seriarying locations.	PER SHIFT	Rate	Unit		- (01.001.0)
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ENERATOR					_
-15 KW	0	\$189.00	DAY	\$2.50 PER MIL	E
NEDATOR				***************************************	
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27 100					
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NEDATOR					
:NERATOR 0-150 KW	0	\$689.00	DAY	\$2.50 PER MIL	E
V- 100 1777					
NERATOR	0	\$83.00	DAY	\$2.50 PER MIL	Ε
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.)					
.) ENERATOR		640.00	DAV	60 E0 DED 14"	_
ECTRICAL SPIDER GFI DISTRIBUTOR BOX	0	\$19.00	DAY	\$2.50 PER MILI	=

EQUIPMENT RENTAL AGREEMENT (CONTINUATION) AGREEMENT NUMBER (Must appear on all documents relating to this agreement):

ITEM DESCRIPTION: equipment or animals (include VIN, make, 3. NO. OF 4. HRLY/DAILY/MILEAGE/ 5. SPECIAL 6. GUARANTEE odel, year, serial no., accessories or other identifying features). OPERATORS SHIFT BASIS (ss/ds; ref. Cl.6) (8 HOURS) PER SHIFT Rate Unit 1.) **ENERATOR** 0 \$6.90 DAY \$2.50 PER MILE O' HEAVY DUTY SPIDER CORDS 6/41.) 2.) ENERATOR 0 \$12.90 DAY **\$2.50 PER MILE** 00' HEAVY DUTY SPIDER CORDS 6/4 **ENERATOR** AKE/MODEL VARY, FULL SERVICE SYSTEM TO PERATE STANDARD FIRE CAMP, INCLUDES SPIDER \$2.095.00 1 DAY \$2.50 PER MILE OX, EXTENSION CORDS, SPOTLIGHT, OPERATING JEL. TECHNICIAN TO MAINTAIN & OPERATE QUIPMENT 24 HOURS PER DAY, 7 DAYS PER WEEK. 4.) A. SYSTEM EXTREME MPA5000 AC POWER ONLY CD 0 \$69.00 DAY \$2.50 PER MILE LAYER ATTACHMENT WITH PODIUM GOOD FOR ROUPS OF 2500+ WAMP COOLER 36" - 48" 0 DAY \$81.00 **\$2.50 PER MILE** MALL SWAMP COOLER 0 \$30.00 DAY \$2.50 PER MILE ORTABLE AIR CONDITIONER AND HEATER UNIT FOR 0 \$49.00 DAY \$2.50 PER MILE 00 SQ FT 3.) 000 SQ FT HEATER WITH ONE 5 GALLON PROPANE 0 \$29.00 DAY \$2.50 PER MILE ١NK OLDING PLASTIC CHAIRS 0 \$1.15 DAY \$2.50 PER MILE X 30" PLASTIC TABLES 0 \$3.15 DAY \$2.50 PER MILE PECIAL PROVISIONS PECIAL MILEAGE RATE IS FOR DELIVERY TO CAMP. CONTRACTOR SHALL CONSOLIDATE TRIPS FOR DELIVERY FEE IF DSSIBLE. HEN BLOCK 10 IS ZERO, THE GOVERNMENT WILL PROVIDE THE OPERATOR, EXCEPT FOR SPECIAL MILAGE RATE FOR ELIVERY. THE GOVERNMENT WILL ALSO PROVIDE FUEL WHEN ZERO IS IN BLOCK 10.. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 8. DATE 10. CONTRACTING OFFICER'S SIGNATURE 11. DATE HynnemDomey 26 05 a. Warrant No. PRINT NAME AND TITLE 12. a. PRINT NAME AND TITLE 'NNE M. DOMEY

b. Phone Number:

c. FAX: OPTIONAL FORM 294a (DRAFT)

ELEGENO	CY EQUIF	PMENT	<b>RENTAL AGR</b>	EBUNT	Pag	je <u>1</u> of <u>1</u>
RROCURÈMENT AGENCY a. name and address:		2.			pear on all document	
		3.	EFFECTIVE DATE	S OF AGREEM	IENT:	
			beginning		b. ending	
					j s. Griding	
		c, \$	Specific incident or	nly:		
Phone Number: FAX Number;		Inc	ident Name:			
CONTRACTOR a. name and address:			ident Number			
CONNIE'S INCORPORATED		5. I	POINT OF HIRE (Liferent than Block 4)	ocation when hi		PRDERING PATCH CENTER
2009 ADAMS AVENUE		<u> </u>	CICIR Man Block 4)	·	DIS	PAICH CENTER
LA GRANDE, OR 97850		7 7	THE WORK PATE	IS BASED ON	ALL OPERATING SU	IDDI ICC
EIN/SSN: . 1082/200 c. DUNS: 007874662		'` '	BEING FURNISHE	ED BY:	ALL OPERATING SU	IPPLIES
EMAIL Address:			CONTRACTOR	R (wet) 🛛 GOV	ERNMENT (drv)	
Telephone Number (day): 541-963-7114			OPERATOR FURN			
Telephone Number (night): 1-800-544-7114					OVERNMENT	
Cell Phone Number:		9. 0	Contractor Authoriz	ed Commissary		
FAX:541-963-7114			Yes	⊠N	0	
BUSINESS SIZE OF CONTRACTOR: a. ☑ small b. ☐ O e. ☐ HUB Zone f. ☐ Service Disadvantaged Vet (Information	ation for trac	king purp	oses only - not us	ed for preferent	ed ial hiring)	
ITEM DESCRIPTION: equipment or animals (include VIN, m del, year, serial no., accessories or other identifying features)		O. OF	13. HRLY/DAILY/ SHIFT BASIS (ss/	MILEAGE/	14. SPECIAL	15. GUARANTEE
	1	SHIFT	Rate	Unit		(8 HOURS)
ND WASHING STATION O 10 MOBILE HAND WASH STATION WITH 20 UCETS HOT/COLD WATER, SOAP. PAPER TOWELS TH GREY WATER BLADDER	S	1	\$836.00	DAY	\$2.50 PER MILE	
ND WASHING STATION O 10 STATION WITH 20 FAUCETS HOT/COLD WAT AP, PAPER TOWELS, WITH A 1000 GALLON RTABLE WATER TRUCK W/8 FILL FAUCETS AND A EY WATER BLADDER		1	\$1,995.00	DAY	\$2.50 PER MILE	
SPECIAL PROVISIONS						
CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. DATE		20. CONTRACTI	NG OFFICER'S	SIGNATURE 121	I. DATE
Silver MA Account	4/28	3/08				
Tymencomey			a. Warrant No.			
PRINT NAME AND TITLE	18. DATE		22. a. PRINT NAI	ME AND TITLE		
LYNNE M. DOMEY	4/28/08	3				
	<u></u>		b. Phone Number	7.	c. FAX:	
					OPTIONAL FORM	294