

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER Blm # HAA082087		PAGE 1 OF 06	
2. CONTRACT NO. AG-04H1-B-08-7065		3. AWARD/EFFECTIVE DATE 7/30/08	4. ORDER NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9008		6. SOLICITATION ISSUE DATE 03/20/2008	
7. FOR SOLICITATION INFORMATION CALL:		8. NAME Willie Begay, Contract Operation Specialist Kermaine Barton, Contracting Officer		9. TELEPHONE NUMBER (No collect calls) 503-808-2328 241-471-8746		8 OFFER DUE DATE: 04/21/2008 LOCAL TIME: 4:30 P.M.	
9. ISSUED BY USDA Forest Service R-6 Pacific Northwest Region Grants Pass Interagency Office 2164 NE Spalding Avenue Grants Pass, OR 97526			CODE	10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED OR <input checked="" type="checkbox"/> SET ASIDE: <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> 8(A)		100% FOR: <input type="checkbox"/> EMERGING SMALL BUSINESS	
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 CODE		16. ADMINISTERED BY CODE		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFP <input type="checkbox"/> IFB <input type="checkbox"/> RFP			
17a. CONTRACTOR Corwin Company, Inc. 2007 Adams Ave Astoria, OR 97103 TELEPHONE NO. 541-963-8300		CODE		18a. PAYMENT WILL BE MADE BY Refer to D.21.5		CODE	
<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 Tent(s) for use on Incident Assignments. Operating Supplies Furnished by: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government Operator Furnished by: <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Government			21. QUANTITY	22. UNIT	23. UNIT PRICE See Section B	24. AMOUNT
25. ACCOUNTING AND APPROPRIATION DATA					26. TOTAL AWARD AMOUNT (For Govt. Use Only)		
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-4, 52.212-4, FAR 52.212-3 AND 52.212-6 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 52.212-6 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 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 type="checkbox"/> 28. 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) Kermaine Barton			
30b. NAME AND TITLE OF SIGNER (Type or print) Josh Braseth - MGR		30c. DATE SIGNED 7/28/08		31b. NAME OF CONTRACTING OFFICER (Type or print) Kermaine Barton		31c. DATE SIGNED 7/30/08	

**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

1. CONTRACT ID CODE		PAGE 1 OF 1 PAGES	
2. AMENDMENT/MODIFICATION NO. Amendment No. 1	3. EFFECTIVE DATE 04/16/08	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)
6. ISSUED BY CODE	7. ADMINISTERED BY (if other than Item 6) CODE		

USDA FOREST SERVICE  
FIRE PROCUREMENT SPECIALIST  
2164 NE SPALDING AVENUE  
GRANT'S PASS, OR 97526

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) Corwin Company, Inc. 2007 Adams Avenue La Grande, OR 97850		(X) 9A. AMENDMENT OF SOLICITATION NO. AG-04H1-S-08-9006
CODE		9B. DATED (SEE ITEM 11) 03/20/08
FACILITY CODE		10A. MODIFICATION OF CONTRACT/ORDER NO.
		10B. DATED (SEE ITEM 11)

**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 16, 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 your 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 ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**


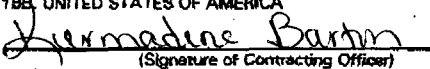
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) 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) Josh Braseth - Manager		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Kermadine Barton	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED 04/28/08	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED 04/16/08

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>			1. CONTRACT ID CODE	PAGE OF PAGES 1   2
2. AMENDMENT/MODIFICATION NO. <b>Amendment No. 2</b>	3. EFFECTIVE DATE <b>04/22/2008</b>	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (if applicable)	
6. ISSUED BY <b>USDA FOREST SERVICE FIRE PROCUREMENT SPECIALIST 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526</b>	CODE	7. ADMINISTERED BY (if other than item 6)		CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code) <b>Corwin Company, Inc. 2007 Adams Avenue LaGrande, OR 97850</b>			<input checked="" type="checkbox"/> 9A. AMENDMENT OF SOLICITATION NO. <b>AG-04H1-S-08-9006</b>	9B. DATED (SEE ITEM 11) <b>03/20/2008</b>
CODE			<input type="checkbox"/> 10A. MODIFICATION OF CONTRACT/ORDER NO.	10B. DATED (SEE ITEM 13)
FACILITY CODE				

**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.**

<input checked="" type="checkbox"/>	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.
<input type="checkbox"/>	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).
<input type="checkbox"/>	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
<input type="checkbox"/>	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.

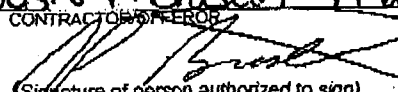
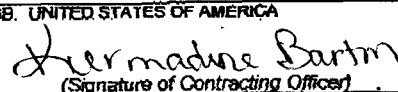
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

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 May 2, 2008, at 4:30 p.m.

This solicitation is amended as shown on the attached page:

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) <b>Josh P. Braseth Manager</b>		16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) <b>Kermadine Barton</b>	
15B. CONTRACTING OFFICER  (Signature of person authorized to sign)	15C. DATE SIGNED <b>4/28/08</b>	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED <b>4/22/2008</b>

**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**

<b>Type 1 - Canopy</b> <i>(includes setup/takedown)</i>	<b>Rate per Square Foot:</b> <i>To be used for CBA Calculation and for computing the payment rates proposed below</i>	Daily <u>\$ 1.14</u> Weekly <u>\$ 7.98</u> Monthly <u>\$ 297</u>
	40 x 40	Daily Rate <u>\$ 700 -</u> Weekly Rate <u>\$ 3100 -</u> Monthly Rate <u>\$ 5000 -</u>
	40 x 60	Daily Rate <u>\$ 1100 -</u> Weekly Rate <u>\$ 3300 -</u> Monthly Rate <u>\$ 7500 -</u>
	40 x 80	Daily Rate <u>\$ 1400 -</u> Weekly Rate <u>\$ 4200 -</u> Monthly Rate <u>\$ 9500 -</u>
<b>Type 2 - Canopy</b> <i>(includes setup/takedown)</i>	<b>Rate per Square Foot:</b> <i>To be used for CBA Calculation and for computing the payment rates proposed below</i>	Daily <u>\$ 1.50</u> Weekly <u>\$ 10.50</u> Monthly <u>\$ 3150</u>
	20 x 40	Daily Rate <u>\$ 450 -</u> Weekly Rate <u>\$ 1350 -</u> Monthly Rate <u>\$ 3000 -</u>
	20 x 60	Daily Rate <u>\$ 600 -</u> Weekly Rate <u>\$ 1800 -</u> Monthly Rate <u>\$ 4200 -</u>
	<b>Type 3 - Tent</b> (501 - 700 sq. ft) <i>(includes setup/takedown)</i>	Daily Rate <u>\$ 400 -</u> Weekly Rate <u>\$ 1300 -</u> Monthly Rate <u>\$ 2800 -</u>
<b>Type 4 - Tent</b> (200 - 500 sq. ft) <i>(includes setup/takedown)</i>	Daily Rate <u>\$ 350 -</u> Weekly Rate <u>\$ 1050 -</u> Monthly Rate <u>\$ 2500 -</u>	
<b>Sidewalls (Type 1 &amp; 2)</b>	Daily Rate/LF <u>\$ 1.00 ft</u> Weekly Rate/LF <u>\$ 3.00 ft</u> Monthly Rate/LF <u>\$ 9.00 ft</u>	
<b>Delivery/Pickup</b>	Mileage Rate <u>\$ 6.75</u>	
<b>Relocation Charge</b> <i>(per tent/canopy)</i>	Type 1 & 2 Canopy <u>\$ 1000 /each</u> Type 3 & 4 Tent <u>\$ 800 /each</u>	
<p><b>Optional Items:</b> 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.</p> <p>Generator ADA Accessible Tent Cooling (Canopy - Type 1 &amp; 2)</p> <p>Offers may be submitted on any or all Types.</p>		

Corwin

Company Name	Corwin Company, Inc.		
DUNS Number	061475344		
Contact Name	Josh Braseth / Cory Braseth		
E-Mail Address	josh@eorentals.com cory@eorentals.com		
Phone Number (up to 6)	541-963-8300	541-963-7368	541-786-2338
	541-786-2331	541-786-2339	
Fax Number	541-963-7368		
Mailing Address	Street: 2007 Adams Avenue		
	City/State La Grande, OR		Zip : 97850

Number of Tents Available	City/State <i>(Identify the dispatch location(city/state) if different than the offeror's address)</i>
<u>2</u> Type 1 <u>6</u> Type 2 <u>6</u> Type 3 <u>7</u> Type 4	Baker City, OR
<u>2</u> Type 1 <u>2</u> Type 2 <u>4</u> Type 3 <u>2</u> Type 4	La Grande, OR
<u>  </u> Type 1 <u>  </u> Type 2 <u>  </u> Type 3 <u>  </u> Type 4	

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


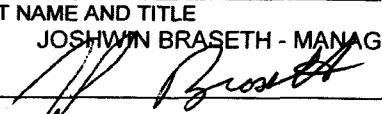
**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

PROCUREMENT AGENCY a. name and address:  Phone Number: FAX Number: CONTRACTOR a. name and address: CORWIN COMPANY, INC. 2007 ADAMS AVENUE LA GRANDE, OR 97850 EIN/SSN: _____ c. DUNS: 061475344 EMAIL Address: Telephone Number (day): 541-963-8300 Telephone Number (night): 1-800-544-7114 Cell Phone Number: FAX: 1-541-963-8383	2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement): 3. EFFECTIVE DATES OF AGREEMENT: a. beginning _____ b. ending _____ c. Specific incident only: Incident Name: _____ Incident Number: _____ 5. POINT OF HIRE (Location when hired if different than Block 4): 6. ORDERING DISPATCH CENTER: 7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input type="checkbox"/> CONTRACTOR (wet) <input checked="" type="checkbox"/> GOVERNMENT (dry) 8. OPERATOR FURNISHED BY: <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT 9. Contractor Authorized Commissary: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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10. BUSINESS SIZE OF CONTRACTOR: a.  small b.  Other c.  Women-Owned d.  Small Disadvantaged  
 e.  HUB Zone f.  Service Disadvantaged Vet (Information for tracking purposes only - not used for preferential hiring)

ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	12. NO. OF OPERATORS PER SHIFT	13. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. Cl.6)		14. SPECIAL	15. GUARANTEE (8 HOURS)
		Rate	Unit		
AND WASHING STATION TO 10 MOBILE HAND WASH STATION WITH 20 FAUCETS HOT/COLD WATER, SOAP, PAPER TOWELS WITH GREY WATER BLADDER	1	\$819.00	DAY	\$2.50 PER MILE	
AND WASHING STATION TO 10 STATION WITH 20 FAUCETS HOT/COLD WATER, SOAP, PAPER TOWELS, WITH A 1000 GALLON PORTABLE WATER TRUCK W/8 FILL FAUCETS AND A GREY WATER BLADDER	1	\$1,900.00	DAY	\$2.50 PER MILE	

SPECIAL PROVISIONS

CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE 	18. DATE 4/28/08	20. CONTRACTING OFFICER'S SIGNATURE _____ a. Warrant No. _____	21. DATE _____
PRINT NAME AND TITLE JOSHWIN BRASETH - MANAGER 	18. DATE 4/28/08	22. a. PRINT NAME AND TITLE _____ b. Phone Number: _____ c. FAX _____	

**EMERGENCY EQUIPMENT RENTAL AGREEMENT**

**PROCUREMENT AGENCY a. name and address:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. AGREEMENT NUMBER (Must appear on all documents relating to this agreement):**  
 \_\_\_\_\_

**3. EFFECTIVE DATES OF AGREEMENT:**

a. beginning \_\_\_\_\_ b. ending \_\_\_\_\_

\_\_\_\_\_

**c. Specific incident only:**

**Phone Number:** \_\_\_\_\_  
**FAX Number:** \_\_\_\_\_

**Incident Name:** \_\_\_\_\_  
**Incident Number** \_\_\_\_\_

**CONTRACTOR a. name and address:**  
 CORWIN COMPANY, INC.  
 2007 ADAMS AVENUE  
 LA GRANDE, OR 97850

**5. POINT OF HIRE (Location when hired if different than Block 4):** \_\_\_\_\_

**6. ORDERING DISPATCH CENTER** \_\_\_\_\_

**EIN/SSN:** \_\_\_\_\_ **c. DUNS:** 061475344

**7. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY:**

**EMAIL Address:** \_\_\_\_\_  
**Telephone Number (day):** 541-963-8300  
**Telephone Number (night):** 1-800-544-7114  
**Cell Phone Number:** \_\_\_\_\_  
**FAX:** 1-541-963-8383

CONTRACTOR (wet)  GOVERNMENT (dry)

**8. OPERATOR FURNISHED BY:**

CONTRACTOR  GOVERNMENT

**9. Contractor Authorized Commissary:**

Yes  No

**10. BUSINESS SIZE OF CONTRACTOR:** a.  small b.  Other c.  Women-Owned d.  Small Disadvantaged  
 e.  HUB Zone f.  Service Disadvantaged Vet (Information for tracking purposes only – not used for preferential hiring)

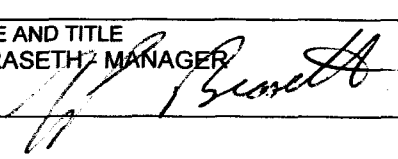
11. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	12. NO. OF OPERATORS PER SHIFT	13. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. Cl.6)		14. SPECIAL	15. GUARANTEE (8 HOURS)
		Rate	Unit		
GENERATOR 6 KW	0	\$62.50	DAY	\$2.50 PER MILE	
GENERATOR 10 KW	0	\$127.50	DAY	\$2.50 PER MILE	
GENERATOR 15 KW	0	\$165.50	DAY	\$2.50 PER MILE	
GENERATOR 24 KW	0	\$219.00	DAY	\$2.50 PER MILE	
GENERATOR 34 KW	0	\$325.00	DAY	\$2.50 PER MILE	
GENERATOR 75 KW	0	\$435.00	DAY	\$2.50 PER MILE	
GENERATOR 100 KW	0	\$540.00	DAY	\$2.50 PER MILE	
GENERATOR 10-150 KW	0	\$675.00	DAY	\$2.50 PER MILE	
GENERATOR 10 AMP SERVICE BOX W/HOOKUP TO GENERATOR	0	\$75.00	DAY	\$2.50 PER MILE	
GENERATOR ELECTRICAL SPIDER GFI DISTRIBUTOR BOX	0	\$19.00	DAY	\$2.50 PER MILE	

**EMERGENCY EQUIPMENT RENTAL AGREEMENT (CONTINUATION)**

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

1. ITEM DESCRIPTION: equipment or animals (include VIN, make, model, year, serial no., accessories or other identifying features).	3. NO. OF OPERATORS PER SHIFT	4. HRLY/DAILY/MILEAGE/SHIFT BASIS (ss/ds; ref. Cl.6)		5. SPECIAL	6. GUARANTEE (8 HOURS)
		Rate	Unit		
1.) GENERATOR 100' HEAVY DUTY SPIDER CORDS 6/41.)	0	\$6.50	DAY	\$2.50 PER MILE	
2.) GENERATOR 100' HEAVY DUTY SPIDER CORDS 6/4	0	\$12.50	DAY	\$2.50 PER MILE	
3.) GENERATOR MAKE/MODEL VARY. FULL SERVICE SYSTEM TO OPERATE STANDARD FIRE CAMP, INCLUDES SPIDER COX, EXTENSION CORDS, SPOTLIGHT, OPERATING FUEL. TECHNICIAN TO MAINTAIN & OPERATE EQUIPMENT 24 HOURS PER DAY, 7 DAYS PER WEEK.	1	\$1,955.00	DAY	\$2.50 PER MILE	
4.) GENERATOR A. SYSTEM EXTREME MPA5000 AC POWER ONLY CD LAYER ATTACHMENT WITH PODIUM GOOD FOR GROUPS OF 2500+	0	\$55.00	DAY	\$2.50 PER MILE	
5.) SWAMP COOLER 36" - 48"	0	\$75.00	DAY	\$2.50 PER MILE	
6.) SMALL SWAMP COOLER	0	\$25.00	DAY	\$2.50 PER MILE	
7.) PORTABLE AIR CONDITIONER AND HEATER UNIT FOR 1000 SQ FT	0	\$42.00	DAY	\$2.50 PER MILE	
8.) 1000 SQ FT HEATER WITH ONE 5 GALLON PROPANE TANK	0	\$39.00	DAY	\$2.50 PER MILE	
9.) FOLDING PLASTIC CHAIRS	0	\$1.00	DAY	\$2.50 PER MILE	
10.) 6' X 30" PLASTIC TABLES	0	\$3.00	DAY	\$2.50 PER MILE	

**SPECIAL PROVISIONS**  
 SPECIAL MILEAGE RATE IS FOR DELIVERY TO CAMP. CONTRACTOR SHALL CONSOLIDATE TRIPS FOR DELIVERY FEE IF POSSIBLE.  
 WHEN BLOCK 10 IS ZERO, THE GOVERNMENT WILL PROVIDE THE OPERATOR, EXCEPT FOR SPECIAL MILAGE RATE FOR DELIVERY. 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
PRINT NAME AND TITLE SHWIN BRASETH, MANAGER 		a. Warrant No.	
		12. a. PRINT NAME AND TITLE	
		b. Phone Number:	c. FAX: