FALLER AGREEMENT 2008

Goodwood Timber Fallers 125 Lexington Court Grants Pass, OR 97527 Ph #541-660-9359

Contract # AG-04H1-B-08-7037 Awarded: 07/28/08 DUNS: 801469045

Type 1 Professional Single Faller, Daily Rate: \$1248.00 Type 1 Professional Faller Module, Daily Rate: \$2496.00

2-0441-B-08-		BECKL	S 121/	RCIAL ITT 23, 24, & 3		1. REQUISTION HUI HAROB.30 5. SOLICITATION N	UMBER	6. 60L1	CITATION IS	SUE.
FOR SOLICITATION INFORMATION CALL:		DATE T	108/08 agay: Comract adine Benon:	Onsolina Soli	cialist	AG-C4H1- b. TELEPHONE NU calle) 503-806 541-471	3-08-9004 MBER (No collect -2328	N SOFFE	E: 03/20/2006 ER DUE DATA 2008 L TIME: 4:30	E:
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6 Pacific Northwest Region and Pees Interspency Office 64 NE Spaiding Avenue and Pees, OR \$7826	TINATION	12. DISC	DUNT TERMS		D 136	ANDARD: \$18.5 mll THIS CONTRACT IS ED ORDER UNDER	SMALL BUS DS(A)	53 E Disagled ' Siness		MNED
NLESS BLOCK IS MARKED		. :			DPA	S (15 CFR 700)	RFO	D 15		RF
SEE SCHEDULE S. DELIVER TO			CODE		16. ADI	MINISTERED BY	1110	coc		
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OFFER			20. # 3UPPLIE6/6			21. QUANTITY	22. UNIT	23. UNIT PRICE		24. MOUNT

Operating Supplies Furnished by: [X] Contractor | [X] Confractor [] Government Operator Furnished by: 28. TOTAL AWARD AMOUNT (For Gov. Use Only) 25, ACCOUNTING AND APPROPRIATION DATA ATTACHED M ARE

27 A SOUCHTATION INCORPORATES BY REFERENCE FAR \$2,212-1, 62,212-4, FAR \$2,212-3 AND \$2,212-5 ARE ATTACHED, ADDENDA ATTACHED 276. CONTRACT/PLIRCHASE ORDER INCORPORATES BY REFERENCE FAR 82,212-4. FAR 82,213-5 IS ATTACHED. ADDRESS. ARE 1 29. AWARD OF CONTRACT: REF. OFFER ON SOLICITATION

28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHEERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS BUBLECT TO THE TERMS AND CONDITIONS SPECIFIED

(BLOCK 6), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:

Parton

310 UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) Stand W L Jartus ermadise JID. NAME OF CONTRACTING OFFICER (Type of print) 310 DATE SIGNED 30c. DATE SIGNED 7/28/08

Kermadine 125/08 AUTHORIZED FOR LOCAL RENDODUCTION President PREVIOUS EDITIONS IS NOT USABLE

STANDARD FORM 1449 (REV. 3/2005) PRESCRIBED BY GBA-FAR (44 CFR) 53.212

Updated 1.25.08

AMENDMENT OF SOLICITA	TION/MODIFICATION	N OF CONTRACT	1. CO.	CT ID CODE	1	PAGES
2. AMENDMENT/MODIFICATION NO. Amendment No. 1	3. EFFECTIVE DATE 04/16/2008	4. REQUISITION/PURCHA	SE REQ. NO.	5. PROJECT I	NO. (If applica	ble)
	CODE	7. ADMINISTERED BY (If a	other than Item	6) CODE		
USDA FOREST SERVICE FIRE PROCUREMENT SPECIA 2164 NE SPALDING AVENUE GRANTS PASS, OR 97526						
8. NAME AND ADDRESS OF CONTRACTO	R (No., street, county, State, and	d ZIP Code)	(X) 9A.	AMENDMENT OF SOL	ICITATION N	O .
Good wood Timb 125 Lexington Grants Pass, C	er tallers Court		9B.	AG-04H1-S-08-900 DATED (SEE ITEM 11, 03/20/2008		
Grants Pass, C	PR 97527			MODIFICATION OF C . DATED (SEE ITEM 1		RDER NO.
CODE	FACILITY CODE					
	IIS ITEM ONLY APPLIE				· · · · · · · · · · · · · · · · · · ·	
The above numbered solicitation is Offers must acknowledge receipt of this methods: (a) By completing Items 8 and 15, and noffer submitted;	amendment prior to the hou	r and date specified in the endment; (b) By acknowled	solicitation o	or as amended, by on	is not extend be of the folion on each copy	ded. owing of the
or (c) By separate letter or telegral ACKNOWLEDGMENT TO BE RECEIV SPECIFIED MAY RESULT IN REJECT change may be made by telegram or leprior to the opening hour and date specific. ACCOUNTING AND APPROPRIATION DESCRIPTION OF THE PROPERTY OF	ED AT THE PLACE DESIG ION OF YOUR OFFER. If b tter, provided each telegram fied.	SNATED FOR THE RECE by virtue of this amendment	EIPT OF OF nt vou desire	FERS PRIOR TO T to change an offer a	ilready subm	AND DATE
12. ACCOUNTING AND APPROPRIATION D	JA (II rogullou)					
13. THIS I	TEM APPLIES ONLY TO	MODIFICATIONS OF	CONTRAC	TS/ORDERS.		
IT MO	DIFIES THE CONTRACT	T/ORDER NO. AS DES	CRIBED IN	ITEM 14	ABE 144	
(X) A. THIS CHANGE ORDER IS THE CONTRACT ORDER	BISSUED PURSUANT TO: NO. IN ITEM 10A.	(Specify authority) THE C	HANGES SI	EI FORTH IN ITEM	14 ARE MAL	JE IN
B. THE ABOVE NUMBERED paying office, appropriation da	te, etc.) SET FORTH IN ITE	EM 14, PURSUANT TO TH	HE AUTHOR	ITY OF FAR 43.103	S (such as d (b).	hanges in
C. THIS SUPPLEMENTAL AC	GREEMENT IS ENTERED I	NTO PURSUANT TO AUT	HORITY OF	:		
D. OTHER (Specify type of m	odification and authority)					
E. IMPORTANT: Contractor	is not. 🛛 is required t	o sign this document a	nd return 1	copies to the issui	na office.	
14. DESCRIPTION OF AMENDMENT/MODIF	• — •	•	_	•	 .	
The Quoter is required to acknown Schedule of Items to the Contract block 9. of the SF-1449. The Closing Date of this Solicitation is amended as a	cting Officer. You may	fax to 541-471-6512 of to April 28, 2008, at 4	r mail hard			
P	lines of the decimal of the con-	d in Hom Od 404 beerte	ion char	remains unabsersed	d in full force -	and afford
Except as provided herein, all terms and condition to the first and condition of the first as a condition of the f	ions of the document referenced print) 20-0WNE(S		OF CONT	RACTING OFFICER (1		IIM GIIGOL
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE 5-19-08	3 dumo	dine	Barton	16C. DATE	
(Signature of person authorized to s	sign)	(Signature	of Contract		D FORM 30 (R	EV. 10-83)
Previous edition unusable		** ***		Prescribed by	y GSA	·

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

Schedule of Items

Item 1	Type 1 Professional Single Faller	Daily Rate	\$ 1248.00
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$ 2496.00
Item 3	Type 2 Single Class C Certified Faller	Daily Rate	\$
Item 4	Type 2 Class C Certified Faller Module (2 Fallers)	Daily Rate	\$

Company Name	Goodwood Timber Fallers
DUNS Number	801469045
Contact Name	Dale Heywood - James Goodman
E-Mail Address	
Phone Numbers (up to 6)	660-93540ale 659-2361 Jim
Fax Number	
Mailing Address	Street: 125 Lexinaton crt.
	City/State Grants Pass OR. Zip: 97527

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)
Dale Heywood	Professional [] Class "C"	
James Goodman	Professional [] Class "C"	
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Type 1 Professional Faller Module:	modules available
Iype 1 Professional Failer Module. Identify each faller module with a unique resource nu Equipment ID (Resource Number/Name)	City/State(Identify the dispatch location (city/state) for each if different than the offeror's address)
Goodwood	afferent mun me offeror o annous,
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Type 2 Class C Faller Module:	modules available
at is a fallow modulo with a unique resource m	umber/name for identification purposes).
(Identify each faller module with a unique resource nu Equipment ID (Resource Number/Name)	mber/name for identification purposes). 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 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)