## **FALLER AGREEMENT 2008**

Pacific NW Forest Rehab Inc 4676 Commercial Street SE #66 Salem, OR 97302-1902 Ph #503-510-7475

Contract # AG-04H1-B-08-7073 Awarded: 07/30/08 DUNS: 127635998

Type 1 Professional Single Faller, Daily Rate: N/A
Type 1 Professional Faller Module, Daily Rate: \$2300.00

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS					1. REQUISTION NUMBER		PAGE 1 OF 43				
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				HAA083095			}				
2, CONTRACT NO.	-08-7013	3. AWARD/EFFECTIVE 4. ORDER			NUMBER	5. SOLICITATION NUMBER AG-04H1-S-08-9004		6. SOLICITATION ISSUE DATE: 03/20/2008			
7. FOR SOLICITATION CO	ON _	a. NAME Willie Begay: Contract Operation Spe Kermadine Barton: Contracting Off			ecialist fficer	b. TELEPHONE NUMBER (No collect calls) 503-808-2328 541-471-6746		3	8 OFFER DUE DATE: 04/21/2008 LOCAL TIME: 4:30 P.M.		
9. ISSUED BY CODE				10. THIS ACQUISITION IS							
				<u> </u>	UNRE	STRICTED OR	Į.	SET ASIDE:		100 % F	OR:
USDA Forest Service	Na - ia -						Ø	SMALL BUSINI	ESS	☐ EMER	
R-6 Pacific Northwest F Grants Pass Interagence	•				HUBZONE SMALL			BUSINESS			
2164 NE Spaiding Aver	•				BUSINESS						
Grants Pass, OR 9752	6							SERVICE DISABLED VETERAN-OWNED			
}					NAICS: 115310			SMALL BUSINESS			
					SIZE STANDARD: \$16.5 mil			□ 8(A)			
11, DELIVERY FOR FO	B DESTINATION	12. DISCOU	NT TERMS		+	IS CONTRACT		13a, RATING			
UNLESS BLOCK IS MA					RATE	RATED ORDER UNDER					
SEE SCHEDULE		None			DPAS	(15 CFR 700)	14	14. METHOD OF SOLICITATION			
								RFQ	☐ IFB		RFP
15. DELIVER TO			CODE		16. ADMI	NISTERED BY			CODE		
17a, CONTRACTOR/	CODE	113310	CODE		18a. PAY	MENT WILL BE I	MADE BY		CODE		
Pacific NW F		Inc.	٠ ،								
DBA: Top Not	ch Timber,	Inc.			Refer to	D.21.8					İ
4676 Commerc Salem OR 973		-	03-510-	7475	ļ						
	Salem OR 97302-1902 Tele.# 503-510-7475  175. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN 185. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18b. SUBMIT INVOICES SHOWN I					S BLOCK					
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19.		20	 D.		<u>'                                     </u>	21.	22.	23.			24.
ITEM NO.	SCHEDULE OF SUPPLIES/SERVICES			QUANTITY	UNIT	UNIT PE	RICE	AM	IOUNT		
	Single Fallers and Faller Modules for use on Incidents and Severity assignments (see attached)					ĺ	See Section I	3			
	Severity assi	gnments (see a	attached)		}		ĺ	1		1	
Operating Supplies Furnished by: [X] Contractor [] Govern			nment			1					
Operator Furnished by: [X] Contractor [] Governme				rnment			1		ĺ		
25. ACCOUNTING AND APPROPRIATION DATA					26. TOT	AL AWARD AMO	OUNT (For	Govt. Us	e Only)		
27a. SOLICITATION INC	ORPORATES BY REFER	ENCE FAR 52.21	12-1, 52.212-4.	FAR 52.212-3	AND 52.212-5	ARE ATTACHED.	ADDENDA	⊠ AF		ARE NO	
		DATES BY BESS	DENOE 540 60	1040 4 FAD S	0 04D E IC ATT	ACUED ADDENIC	<b>.</b> .	□ AF		ATTACHEI	
27b. CONTRACT/PURCH	ASBORDER INCORPO	KAIES DI KEFE	RENCE FAR 52		2.212-313 AT	ACHED. ADDERE		U ~		ATTACHE	
■ 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN 1 □ 29. AWARD OF CONTRACT: REF.											
COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND  DELIVER ALL ITEMS SET FORTH OR OTHEERWISE IDENTIFIED ABOVE AND ON ANY  (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH											
ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED  ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:											
30a. SIGNATURE OF OFFEROR/CONTRACTOR  31a UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)											
1. Janela											
30b NAME AND TITLE OF SIGNER (Type or print) 30c DATE SIGNED 31b NAME OF CONTRACTING OFFICER (Type or print) 31c, DATE SIGN					ICNED						
6	Sold Market Market State Control of the Control of										
Tony Feat	sel, Pres	ıdent	5/30/20	91 80U	TEVMO	dine t	oartc	<b>M</b>	7	120/	<b>∞</b>

## **Schedule of Items**

Item 1	Type 1 Professional Single Faller	Daily Rate	\$
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$ 2,300.00
Item 3	Type 2 Single Class C Certified Faller	Daily Rate	\$
Item 4	Type 2 Class C Certified Faller Module (2 Fallers)	Daily Rate	\$ <u></u>

Company Name		REHAB, INC. DBA	A: Top Notch Timber, Inc		
DUNS Number	127635998	···			
Contact Name	Tony V. Feasel				
E-Mail Address	topnotchtimber@comcast.net				
Phone Numbers (up to 6)	503-510-7475	503-559-3727	503-585-1510		
Phone Mumbers (up to 0)					
Fax Number	503-585-1510				
Mailing Address	Street: 4676 Commercial St. SE #66				
_	City/State Salem O	R	Zip: 97302-31902		

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)			
Tony V. Feasel	[x] Professional [x] Class "C"	Salem, Oregon			
Yolanda de Rueda	[x] Professional [x] Class "C"	Salem, Oregon			
	[ ] Professional [ ] Class "C"				
	[ ] Professional [ ] Class "C"				
	[ ] Professional [ ] Class "C"				
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	[ ] Professional [ ] Class "C"				
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	[ ] Professional [ ] Class "C"				
	[ ] Professional [ ] Class "C"				

Type 1 Professional Faller Module: 1 modules available (Identify each faller module with a unique resource number/name for identification purposes). City/State(Identify the dispatch location (city/state) for each if Equipment ID (Resource Number/Name) different than the offeror's address) Tony Feasel Salem, Oregon Yolanda de Rueda Salem, Oregon Salem, Oregon <u>Chevrolet Silverado 4 x 4 2500 w</u> th Winch Stihl 031 32" bar - 2 total Stihl 046 32" bar Stihl 046 36" bar 91 Stihl 066 40" bar 11 Type 2 Class C Faller Module: modules available (Identify each faller module with a unique resource number/name for identification purposes). City/State(Identify the dispatch location (city/state) for each if Equipment ID (Resource Number/Name) different than the offeror's address)

1. [x] I certify that all fallers proposed under this solicitation meet the training and experience requirements stated in D.3.1

2. [X] I certify that all fallers proposed under this solicitation are covered by Workman's Compensation or a legal exemption.

3.  $I \text{ am } [\chi] \text{ am not } [\ ]$  registered in the Contractor Central Registration (CCR) system.

4. I have [v] have not [] completed my representations and certifications on-line (Ref. E.3)