

FALLER AGREEMENT 2008

**Twin Peaks Construction Inc
PO Box 207
Carson, WA 98610-0601
Ph #509-427-4759**

**Contract # AG-04H1-B-08-7042
Awarded: 07/28/08
DUNS: 027596423**

**Type 1 Professional Single Faller, Daily Rate: \$1260.00
Type 1 Professional Faller Module, Daily Rate: \$2520.00**

ATTN: Kermadine Barton

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS		1. REQUISITION NUMBER <i>Blm # HAACB 3004</i>		PAGE 1 OF 43	
OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30		2. CONTRACT NO. <i>AG-04H1-B-08-7042</i>		3. AWARD/EFFECTIVE DATE <i>7/28/08</i>	
4. ORDER NUMBER		5. SOLICITATION NUMBER <i>AG-04H1-S-08-9004</i>		6. SOLICITATION ISSUE DATE: 03/20/2008	
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Willie Begay: Contract Operation Specialist Kermadine Barton: Contracting Officer		b. TELEPHONE NUMBER (No collect calls) 503-808-2328 541-471-6748	
8 OFFER DUE DATE: 04/21/2008 LOCAL TIME: 4:30 P.M.		9. ISSUED BY		CODE	
USDA Forest Service R-6 Pacific Northwest Region Grants Pass Interagency Office 2184 NE Spalding Avenue Grants Pass, OR 97526		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) <input type="checkbox"/> EMERGING SMALL BUSINESS NAICS: 115310 SIZE STANDARD: \$16.5 mil	
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS		13a. RATING	
15. DELIVER TO		CODE		16. ADMINISTERED BY	
17a. CONTRACTOR/ <i>Twin Peaks Const Inc.</i> <i>PO Box 207</i> <i>Crown, WA 98610</i> <i>TELEPHONE NO. 509-427-4759</i>		CODE		18a. PAYMENT WILL BE MADE BY Refer to D.21.8	
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		14. METHOD OF SOLICITATION <input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP	
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY	
22. UNIT		23. UNIT PRICE		24. AMOUNT	
Single Fallers and Faller Modules for use on Incidents and Severity assignments (see attached)		Operating Supplies Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government Operator Furnished by: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government		<i>Item 1 Daily Rate</i>	
				<i>Item 2 Daily Rate</i>	
				See Section B	
				1260.00 1260.00	
				2520.00 2520.00	
25. ACCOUNTING AND APPROPRIATION DATA				26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 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 52.212-5 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 <u>1</u> 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"/> 29. 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)			
<i>Larry Cummings</i>		<i>Kermadine Barton</i>			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print)	
<i>Larry Cummings U.P.</i>		<i>7/26/08</i>		<i>Kermadine Barton</i>	
				31c. DATE SIGNED	
				<i>7/28/08</i>	

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITIONS IS NOT USABLE

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1

2. AMENDMENT/MODIFICATION NO.

Amendment No. 1

3. EFFECTIVE DATE

04/16/2008

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
GRANTS PASS, OR 97526

8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State, and ZIP Code)

Twin Peaks Const. Inc.
P.O. Box 207
Carson, Wz 98610
Larry Cummings

9A. AMENDMENT OF SOLICITATION NO.

AG-04H1-S-08-9004

9B. DATED (SEE ITEM 11)

03/20/2008

10A. MODIFICATION OF CONTRACT/ORDER NO.

10B. DATED (SEE ITEM 13)

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.

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)

Larry Cummings V.P.

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

4/25/08

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

Kermadine Barton

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

4/16/2008

(Signature of person authorized to sign)

(Signature of Contracting Officer)

NSN 7540-01-152-8070
Previous edition unusable

30-105

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	\$ <u>1260.00</u>
Item 2	Type 1 Professional Faller Module (2 Fallers)	Daily Rate	\$ <u>2520.00</u>
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	Twin Peaks Const. Inc		
DUNS Number	027596423		
Contact Name	Larry Cummings		
E-Mail Address	larrycummings@Embarrasmail.com		
Phone Numbers (up to 6)	509-427-4759	541-399-2133	509-427-4993
	541-399-2123	509-427-0197	509-427-8044
Fax Number	509-427-4769		
Mailing Address	Street: P.O. Box 207		
	City/State	Carson, WA	Zip: 98610

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

Faller Name	Type	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)
Larry Cummings	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
Jim McFall	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
Ren Rair	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
Pete Essex	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
Josh Maxwell	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
Robert Holmes	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
Mark Felt	<input checked="" type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	
	<input type="checkbox"/> Professional <input type="checkbox"/> Class "C"	

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Type 1 Professional Faller Module: 3 modules available

(Identify each faller module with a unique resource number/name for identification purposes).

Equipment ID (Resource Number/Name)	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)
01 Cummings/McFall	
02 Kirk/Holmes	
03 Esser/Maxwell	

Type 2 Class C Faller Module: _____ modules available

(Identify each faller module with a unique resource number/name for identification purposes).

Equipment ID (Resource Number/Name)	City/State (Identify the dispatch location (city/state) for each if different than the offeror's address)

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