

Company Name:
Doyon Akal JV I

Contract Number:
HSCEDM-08-D-00003 (HSCEDM08D00003)

Requisition/Reference Number:
FMI-09-024 (FMI09024)

Period of Performance:
10/1/2008 through 7/31/2010

Latest Modification Processed:
P00010

Services Provided:
Provides detention and food services at the Krome Service Processing Center. It also provides transportation activities for detainees identified through the Secure Communities Criminal Alien Identification Process (SCAIP).

| | | | |
|--|-------------------|--|--------------------------------|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES |
| | | | 1 5 |
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | 4. REQUISITION/PURCHASE REQ. NO. | 5. PROJECT NO. (If applicable) |
| | 10/01/2008 | FMI-09-024 | |
| 6. ISSUED BY | CODE | 7. ADMINISTERED BY (If other than Item 6) | CODE |
| ICE/DM/DC-DC | ICE/DM/DC-DC | ICE/DM/DC-DC | ICE/DM/DC-DC |
| ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | | ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) | | (X) 9A. AMENDMENT OF SOLICITATION NO. | |
| DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | | 9B. DATED (SEE ITEM 11) | |
| | | X 10A. MODIFICATION OF CONTRACT/ORDER NO. | |
| | | HSCEDM-08-D-00003 | |
| | | HSCEDM-09-J-00009 | |
| | | 10B. DATED (SEE ITEM 11) | |
| | | 09/17/2008 | |
| CODE | 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 _____ 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 ACKNOWLEDGEMENT 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 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: |
| X | D. OTHER (Specify type of modification and authority) Unilateral FAR 43.103(b) |

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

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

DUNS Number: _____

The purpose of this modification to Delivery Order HSCEDM-09-J-00009 is to provide funds subject to availability in accordance with FAR 52.232-18 Availability of Funds. Except as provided herein, all other terms and conditions remain the same.

Delivery Location Code: KRO
KROME SPC
18201 South West 12th
Miami FL 33194

FOB: Destination
Continued ...

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) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) | |
| | | James D. Adams | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA | 16C. DATE SIGNED |
| (Signature of person authorized to sign) | | (Signature of Contracting Officer) | 17 Sept 08 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-08-D-00003/HSCEDM-09-J-00009

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NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0002 | <p>Period of Performance: 10/01/2008 to 08/03/2009</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements GUARANTEED MINIMUM - 250 BEDS</p> <p>Note: The guaranteed monthly minimum is calculated as follows:</p> <p>250 beds * the bed/day rate * 30 days = guaranteed monthly minimum</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal)</p> <p>Product/Service Code: S206 Product/Service Description: GUARD SERVICES</p> <p>Accounting Info:</p> <p style="text-align: center;">b2High</p> <p>\$0.00 (Subject to Availability of Funds)</p> | | | | 0.00 |
| 0003 | <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements above the guaranteed minimum (>250)</p> <p>Bed/day rate is Unit Price</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal)</p> <p>Product/Service Code: S206 Product/Service Description: GUARD SERVICES</p> <p>Accounting Info:</p> <p style="text-align: center;">b2High</p> <p>\$0.00 (Subject to Availability of Funds)</p> | | | | 0.00 |
| 0004 | <p>TRANSPORTATION (in accordance with Statement of Objectives and Performance Work Statement)</p> <p>Product/Service Code: S206</p> <p>Continued ...</p> | | | | 0.00 |

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0007 | <p>Product/Service Description: GUARD SERVICES</p> <p>Accounting Info:</p> <p style="text-align: center;">b2High</p> <p>\$0.00 (Subject to Availability of Funds)</p> <p>The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control.</p> <p>Fully burdened labor rate. Product/Service Code: S206 Product/Service Description: GUARD SERVICES</p> <p>Accounting Info:</p> <p style="text-align: center;">b2High</p> <p>\$0.00 (Subject to Availability of Funds)</p> <p>Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.</p> <p>1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:</p> <p>Please edit language to read:</p> <p>a. By mail: DHS, ICE Burlington Finance Center P.O. Box 1620 Williston, VT 05495-1620</p> <p>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)</p> <p>c. By e-mail at: Invoice.Consolidation@dhs.gov</p> <p>Continued ...</p> | | | | 0.00 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or after mm/dd/yyyy to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice.</p> <p>2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions, Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows:</p> <p>An invoice must include:</p> <ul style="list-style-type: none"> (i) Name and address of the Contractor; (ii) Invoice date and number; (iii) Contract number, contract line item number and, if applicable, the order number; (iv) Description, quantity, unit of measure, unit price and extended price of the items delivered; (v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vi) Terms of any discount for prompt payment offered; (vii) Name and address of official to whom payment is to be sent; (viii) Name, title, and phone number of person to notify in event of defective invoice; and (ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract. (See paragraph 1 above.) (x) Electronic funds transfer (EFT) banking information. <p>(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.</p> <p>(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer; Central Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR

DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer; Other Than Central Contractor Registration), or applicable agency procedures.</p> <p>(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>3. All other terms and conditions remain the same.</p> <p>Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment.</p> <p>The total amount of award: \$25,527,210.00. The obligation for this award is \$0.00.</p> | | | | |

Form G-514

REQUISITION - MATERIALS-SUPPLIES-EQUIPMENT
 Activity Symbols
 ATTACHMENT A

REQUISITION NUMBER: FMI-09-024

| PROJECT | TASK | FUND PROGRAM | ORGANIZATION | OBJECT | UDF | AMOUNT |
|------------|------|--------------|--------------|--------|-----|--------|
| [REDACTED] | | | | | | \$0.00 |
| [REDACTED] | | | | | | \$0.00 |
| [REDACTED] | | | | | | \$0.00 |
| [REDACTED] | | | | | | \$0.00 |

Subject to Availability of Funds

APPROPRIATION SYMBOL CROSSWALK:

| FUND | FY | TAS | TITLE | AMOUNT |
|------|----|-----|-------|--------|
| BA | | | | .00 |

Transaction Information

Award Type: Delivery/Task Order **Prepared Date:** 09/15/2008 14:14:04 **Prepared User:** TRAVIS.GORDON
Award Status: Final **Last Modified Date:** 09/17/2008 15:28:23 **Last Modified User:** TRAVIS.GORDON

Document Information

| | Agency | Procurement Identifier | Modification No | Trans No |
|---------------------------------|--|------------------------|-----------------|----------|
| Award ID: | 7012 | HSCEDM09J00009 | 0 | 0 |
| Referenced IDV ID: | 7012 | HSCEDM08D00003 | 0 | |
| Reason For Modification: | PLEASE SELECT BY CLICKING THE (...) BUTTON | | | |
| Solicitation ID: | HSCEDM-08-R-00009 | | | |

Dates

Date Signed: 09/17/2008
Effective Date: 10/01/2008
Completion Date: 08/03/2009
Est. Ultimate Completion Date: 08/03/2009

Amounts

Action Obligation:
Base And Exercised Options Value: \$25,527,
Base And All Options Value: \$25,527,
Fee Paid for Use of Indefinite Delivery Vehicle:

Purchaser Information

| | |
|---|---|
| Contracting Office Agency ID: 7012 | Contracting Office Agency Name: BUREAU OF IMMIGRATION AND CL |
| Contracting Office ID: DMDC0 | Contracting Office Name: DETENTION MANAGEMENT - DC O |
| Funding Agency ID: | Funding Agency Name: |
| Funding Office ID: | Funding Office Name: |
| Funded By Foreign Entity: <input type="checkbox"/> | Reason For Inter-Agency Contracting: Select One |

Contractor Information

Socio Economic Data

CCR Exception: PLEASE SELECT CCR EXCEPTION BY CLICKING THE ELLIPSIS (...) BUTTON

Vendor Name: DOYON / AKAL JV I
DBAN:
Street: 1359 N 205 ST STE B
Street2:
City: SHORELINE
State: WA **Zip:** 981333215
Congressional District: WASHINGTON 01
Country: UNITED STATES
Phone:
Fax No:
DUNS No: 8252357290000
Contractor Name From Contract: DOYON / AKAL JV I

- | | | |
|--|---|--|
| <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> Asian Pacific | <input type="checkbox"/> Tribal Gover |
| <input type="checkbox"/> 8(a) Firm | <input type="checkbox"/> Service Disabled Vet | <input type="checkbox"/> Black Owner |
| <input type="checkbox"/> Hub Zone | <input type="checkbox"/> Local Government | <input checked="" type="checkbox"/> Native Ameri |
| <input type="checkbox"/> SDB | <input type="checkbox"/> Minority Institution | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> JWOD (Sheltered Workshop) | <input type="checkbox"/> American Indian | <input type="checkbox"/> Non-Profit O |
| <input type="checkbox"/> HBCU | <input type="checkbox"/> State Government | <input type="checkbox"/> Hispanic Ow |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Emerging Sn |
| <input type="checkbox"/> Women Owned | <input checked="" type="checkbox"/> Minority Owned Business | <input type="checkbox"/> Hospital |

| Organization Type | Number of Employees | Annual Rev |
|-------------------|---------------------|------------|
| PARTNERSHIP | 5 | \$1 |

Contract Data

Type of Contract: Fixed Price
Multi Year Contract:
Major Program:
National Interest Action: None
Cost Or Pricing Data: Select One
Purchase Card Used As Payment Method:

Letter Contract:

Performance Based Service Acquisition:
 * FY 2004 and prior; 80% or more specified as performance requirement
 * FY 2005 and later; 50% or more specified as performance requirement

Contingency Humanitarian Peacekeeping Operation:

Contract Financing:

Cost Accounting Standards Clause:

Number Of Actions:

Consolidated Contract:

Legislative Mandates

Principal Place of Performance

Clinger Cohen Act:

Principal Place Of Performance Code (State, Location, Country):

FL 45000 US

Service Contract Act:

Principal Place Of Performance County Name:

MIAMI-DADE

Walsh-Healey Act:

Principal Place Of Performance City Name:

MIAMI

Davis Bacon Act:

Congressional District Place Of Performance:

FLORIDA 25

Place Of Performance Zip Code(+4):

33194 - 2700

Product Or Service Information

Product/Service Code:

Description:

Principal NAICS Code:

Description:

Bundled Contract:

Not a bundled requirement

System Equipment Code:

Country of Product or Service Origin:

Place of Manufacture:

Use Of Recovered Material:

InfoTech Commercial Item Category:

Claimant Program Code:

Description:

Sea Transportation:

GFE/GFP Provided Under This Action:

Use Of EPA Designated Products:

Description Of Requirement: (4000 characters)

Subject to Availability of Funds for Period of Performance starting October 1, 2009.

Competition Information

Extent Competed For Referenced IDV:

Extent Competed:

Solicitation Procedures:

Type Of Set Aside:

Evaluated Preference:

SBIR/STTR:

Statutory Exception To Fair Opportunity:


Reason Not Competed:

Local Area Set Aside:

Number Of Offers Received:

Pre Award FBO Synopsis:

| | | | |
|--|---|--|--------------------------|
| Small Business Competitiveness Demonstration Program: | <input type="checkbox"/> | SBA/OFPP Synopsis Waiver Pilot: | <input type="checkbox"/> |
| Commercial Item Test Program: | <input type="checkbox"/> | Alternative Advertising: | <input type="checkbox"/> |
| Commercial Item Acquisition Procedures: | <input type="checkbox"/> | A76 Action: | <input type="checkbox"/> |
| Preference Programs / Other Data | | | |
| Contracting Officer's Business Size Selection: | <input type="text" value="Small Business"/> | | |
| Subcontract Plan: | <input type="text" value="Select One"/> | | |
| Price Evaluation Percent Difference: | <input type="text" value="0"/> | % | |
| Reason Not Awarded To Small Disadvantaged Business: | <input type="text" value="Select One"/> | | |
| Reason Not Awarded To Small Business: | <input type="text" value="Select One"/> | | |

| | | | |
|---|---|---|---|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 6 |
| 2. AMENDMENT/MODIFICATION NO. P00001 | 3. EFFECTIVE DATE 11/12/2008 | 4. REQUISITION/PURCHASE REQ. NO. See Schedule | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | CODE ICE/DM/DC-DC | 7. ADMINISTERED BY (If other than Item 6) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | CODE ICE/DM/DC-DC |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | | (x) 9A. AMENDMENT OF SOLICITATION NO. | 9B. DATED (SEE ITEM 11) |
| CODE b2High | | FACILITY CODE | 10A. MODIFICATION OF CONTRACT/ORDER NO. HSCEDM-08-D-00003 HSCEDM-09-J-00009 10B. DATED (SEE ITEM 11) 09/17/2008 |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS <input type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended, <input type="checkbox"/> 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 _____ 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 ACKNOWLEDGEMENT 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) See Schedule | | Net Increase: | \$2,452,791.00 |
| 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: | | |
| X | D. OTHER (Specify type of modification and authority) Unilateral FAR 43.103(b) | | |
| E. IMPORTANT: Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office. | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) DUNS Number: b2High COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- b6 Felix Garnett (305) 207- | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Travis Gordon | |
| 15B. CONTRACTOR/OFFEROR | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer) | 16C. DATE SIGNED 12 NOV 08 |
| (Signature of person authorized to sign) | | | |

The purpose of this modification to Delivery Order HSCEDM-09-J-00009 is to 1) provide fund for the period October 1 - October 31, 2008; and 2) restate COTRS for Krome Service Processing Center.

Continued ...

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)

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

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0002 | <p>1) Funds in the amount of \$2,452,791 are hereby added as follows:</p> <p>CLIN 0002 - \$ [REDACTED] CLIN 0003 - \$ [REDACTED] CLIN 0004 - \$ [REDACTED] CLIN 0007 - \$ [REDACTED]</p> <p>2) CORTS for Krome Service Processing Center are restated as follows:</p> <p>Luis Jimenez (305) 207-[REDACTED] Luis Cabarcas (305) 207-[REDACTED] Felix Garnett (305) 207-[REDACTED]</p> <p>Except as provided herein, all other terms and conditions remain the same.</p> <p>Delivery Location Code: KRO KROME SPC 18201 South West 12th Miami FL 33194</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009</p> <p>Change Item 0002 to read as follows (amount shown is the total amount):</p> <p>This modification funds CLIN 0002 for period of performance October 1, 2008 - October 31, 2008.</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements GUARANTEED MINIMUM - [REDACTED] BEDS</p> <p>Note: The guaranteed monthly minimum is calculated as follows:</p> <p>[REDACTED] beds * the bed/day rate * 30 days = guaranteed monthly minimum</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Incrementally Funded Amount: [REDACTED] Continued ...</p> | 1 | MO | [REDACTED] | |

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
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| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0003 | <p>Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: [REDACTED] b2High</p> <p>Funded: \$ [REDACTED] b4</p> <p>Change Item 0003 to read as follows (amount shown is the total amount):</p> <p>This modification funds CLIN 0003 for period of performance October 1, 2008 - October 31, 2008 for estimated detainees above the guaranteed minimum (CLIN 0002).</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements above the guaranteed minimum (>250).</p> <p>Bed/day rate is Unit Price</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Incrementally Funded Amount: \$ [REDACTED] b4</p> <p>Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$ [REDACTED] b4 Discount Terms: Net 30</p> <p>Change Item 0004 to read as follows (amount shown is the total amount):</p> <p>This modification funds CLIN 0004 for period of Continued ...</p> | | | | |
| 0004 | | | | | |

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
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| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0007 | <p>performance October 1, 2008 - October 31, 2008 for estimated mileage.</p> <p>TRANSPORTATION (in accordance with Statement of Objectives and Performance Work Statement) Incrementally Funded Amount: [REDACTED] b4 Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: [REDACTED] b2High</p> <p>Funded: \$ [REDACTED] b4 Discount Terms: Net 30</p> <p>Change Item 0007 to read as follows (amount shown is the total amount):</p> <p>This modification funds CLIN 0007 for period of performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services.</p> <p>The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control.</p> <p>Fully burdened labor rate. Incrementally Funded Amount: \$ [REDACTED] b4 Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p style="text-align: center;">b2High</p> <p>Funded: [REDACTED] b4</p> <p>Discount Terms: Net 30</p> <p>Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.</p> <p>1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:</p> <p>Please edit language to read:</p> <p>a. By mail: DHS, ICE</p> <p>Burlington Finance Center</p> <p>P.O. Box 1620</p> <p>Williston, VT 05495-1620</p> <p>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)</p> <p>c. By e-mail at: Invoice.Consolidation@dhs.gov</p> <p>Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or after mm/dd/yyyy to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice.</p> <p>2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions, Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows:</p> <p>An invoice must include:</p> <p>(i) Name and address of the Contractor;</p> <p>(ii) Invoice date and number;</p> <p>Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

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 6 6

NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>(iii) Contract number, contract line item number and, if applicable, the order number;</p> <p>(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vi) Terms of any discount for prompt payment offered;</p> <p>(vii) Name and address of official to whom payment is to be sent;</p> <p>(viii) Name, title, and phone number of person to notify in event of defective invoice; and</p> <p>(ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract. (See paragraph 1 above.)</p> <p>(x) Electronic funds transfer (EFT) banking information.</p> <p>(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.</p> <p>(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer; Other Than Central Contractor Registration), or applicable agency procedures.</p> <p>(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>3. All other terms and conditions remain the same.</p> <p>Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment.</p> | | | | |

Transaction Information

Award Type: Delivery/Task Order **Prepared Date:** 11/12/2008 13:24:23 **Prepared User:** TRAVIS.GORDON(

Award Status: Final **Last Modified Date:** 11/12/2008 13:28:35 **Last Modified User:** TRAVIS.GORDON(

Document Information

| | Agency | Procurement Identifier | Modification No | Trans No |
|---------------------------------|---------------------|------------------------|-----------------|----------|
| Award ID: | 7012 | HSCEDM09J00009 | P00001 | 0 |
| Referenced IDV ID: | 7012 | HSCEDM08D00003 | 0 | |
| Reason For Modification: | FUNDING ONLY ACTION | | | |
| Solicitation ID: | HSCEDM-08-R-00009 | | | |

| Dates | Amounts | Current | To |
|--|---|------------------|-------|
| Date Signed: 11/12/2008 | Action Obligation: | \$2,452,791.00 | \$2,4 |
| Effective Date: 11/12/2008 | Base And Exercised Options Value: | -\$23,074,419.00 | \$2,4 |
| Completion Date: 08/03/2009 | Base And All Options Value: | -\$23,074,419.00 | \$2,4 |
| Est. Ultimate Completion Date: 08/03/2009 | Fee Paid for Use of Indefinite Delivery Vehicle: | \$0.00 | |

Purchaser Information

| | | |
|---|---|------------------------------|
| Contracting Office Agency ID: 7012 | Contracting Office Agency Name: | BUREAU OF IMMIGRATION AND CL |
| Contracting Office ID: DMDC0 | Contracting Office Name: | DETENTION MANAGEMENT - DC O |
| Funding Agency ID: | Funding Agency Name: | |
| Funding Office ID: | Funding Office Name: | |
| Funded By Foreign Entity: <input type="checkbox"/> | Reason For Inter-Agency Contracting: | Select One |

Contractor Information

Socio Economic Data

CCR Exception: PLEASE SELECT CCR EXCEPTION BY CLICKING THE ELLIPSIS (...) BUTTON

Vendor Name: DOYON / AKAL JV I

DBAN:

Street: 1359 N 205 ST STE B

Street2:

City: SHORELINE

State: WA **Zip:** 981333215

Congressional District: WASHINGTON 01

Country: UNITED STATES

Phone:

Fax No:

DUNS No: 8252357290000

Contractor Name From Contract: DOYON / AKAL JV I

- | | | |
|--|---|--|
| <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> Asian Pacific | <input type="checkbox"/> Tribal Gover |
| <input type="checkbox"/> 8(a) Firm | <input type="checkbox"/> Service Disabled Vet | <input type="checkbox"/> Black Ownec |
| <input type="checkbox"/> Hub Zone | <input type="checkbox"/> Local Government | <input checked="" type="checkbox"/> Native Ameri |
| <input type="checkbox"/> SDB | <input type="checkbox"/> Minority Institution | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> JWOD (Sheltered Workshop) | <input type="checkbox"/> American Indian | <input type="checkbox"/> Non-Profit O |
| <input type="checkbox"/> HBCU | <input type="checkbox"/> State Government | <input type="checkbox"/> Hispanic Ow |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Emerging Sn |
| <input type="checkbox"/> Women Owned | <input checked="" type="checkbox"/> Minority Owned Business | <input type="checkbox"/> Hospital |

| Organization Type | Number of Employees | Annual Rev |
|-------------------|---------------------|------------|
| PARTNERSHIP | 5 | \$1 |

Contract Data

Type of Contract: Fixed Price

Multi Year Contract:

Major Program:

National Interest Action: None

Cost Or Pricing Data:

Purchase Card Used As Payment Method:

Letter Contract:

Performance Based Service Acquisition:
 * FY 2004 and prior; 80% or more specified as performance requirement
 * FY 2005 and later; 50% or more specified as performance requirement

Contingency Humanitarian Peacekeeping Operation:

Contract Financing:

Cost Accounting Standards Clause:

Number Of Actions:

Consolidated Contract:

Legislative Mandates

Clinger Cohen Act: **Principal Place of Performance**

Service Contract Act: **Principal Place Of Performance Code (State, Location, Country):**

Walsh-Healey Act: **Principal Place Of Performance County Name:**

Davis Bacon Act: **Principal Place Of Performance City Name:**

Principal Place Of Performance City Name:

Congressional District Place Of Performance:

Place Of Performance Zip Code(+4): -

Product Or Service Information

Product/Service Code: **Description:**

Principal NAICS Code: **Description:**

Bundled Contract: Not a bundled requirement

System Equipment Code:

Country of Product or Service Origin:

Place of Manufacture:

Use Of Recovered Material:

InfoTech Commercial Item Category:

Claimant Program Code: **Description:**

Sea Transportation:

GFE/GFP Provided Under This Action:

Use Of EPA Designated Products: Not Required

Description Of Requirement: (4000 characters)

Competition Information

Extent Competed For Referenced IDV:

Extent Competed: Full and Open Competition after exclusion of sources

Solicitation Procedures: Negotiated Proposal/Quote

Type Of Set Aside: Small Business Set Aside - Total

Evaluated Preference: No Preference used

SBIR/STTR: Select One

Statutory Exception To Fair Opportunity: Select One

Reason Not Competed: Select One

Local Area Set Aside: No

| | | | |
|--|---|--|--------------------------|
| Number Of Offers Received: | <input type="text" value="5"/> | Pre Award FBO Synopsis: | <input type="checkbox"/> |
| Small Business Competitiveness Demonstration Program: | <input type="checkbox"/> | SBA/OFPP Synopsis Waiver Pilot: | <input type="checkbox"/> |
| Commercial Item Test Program: | <input type="checkbox"/> | Alternative Advertising: | <input type="checkbox"/> |
| Commercial Item Acquisition Procedures: | <input type="checkbox"/> | A76 Action: | <input type="checkbox"/> |
| Preference Programs / Other Data | | | |
| Contracting Officer's Business Size Selection: | <input type="text" value="Small Business"/> | | |
| Subcontract Plan: | <input type="text" value="Select One"/> | | |
| Price Evaluation Percent Difference: | <input type="text" value="0"/> % | | |
| Reason Not Awarded To Small Disadvantaged Business: | <input type="text" value="Select One"/> | | |
| Reason Not Awarded To Small Business: | <input type="text" value="Select One"/> | | |

| | | | |
|--|------------------------------------|---|--------------------------------|
| 2. AMENDMENT/MODIFICATION NO. P00002 | 3. EFFECTIVE DATE See Block 16C | 4. REQUISITION/PURCHASE REQ. NO. See Schedule | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | CODE ICE/DM/DC-DC | 7. ADMINISTERED BY (If other than Item 6) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | CODE ICE/DM/DC-DC |

| | | |
|--|---------------|---|
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | (x) | 9A. AMENDMENT OF SOLICITATION NO. |
| | | 9B. DATED (SEE ITEM 11) |
| | X | 10A. MODIFICATION OF CONTRACT/ORDER NO. HSCEDM-08-D-00003 HSCEDM-09-J-00009 |
| | | 10B. DATED (SEE ITEM 11) 09/17/2008 |
| CODE b2High | 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 _____ 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 ACKNOWLEDGEMENT 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) Net Increase: \$12,360,954.99
 See Schedule

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: |
| X | D. OTHER (Specify type of modification and authority) Unilateral FAR 43.103(b) |

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 copies to the issuing office.

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
 DUNS Number: b2High
 COTRS:
 Luis Jimenez (305) 207-
 Luis Cabarcas (305) 207- b6
 Felix Garnett (305) 207-

The purpose of this modification to Delivery Order HSCEDM-09-J-00009 is to 1) provide additional funds for October invoice for CLIN 0003 and 2) provide funds for the period November 1, 2008 thru March 31, 2009. Accordingly, said delivery order is modified as Continued ...

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) | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Travis Gordon |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED |
| | 16B. UNITED STATES OF AMERICA TRAVIS T. GORDON (Signature of Contracting Officer) |
| | 16C. DATE SIGNED 10 DEC 08 |

NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0002 | <p>follows:</p> <p>1) Funds in the amount of \$12,360,955 are hereby added as follows:</p> <p>CLIN 0002 - \$ [REDACTED] CLIN 0003 - \$ [REDACTED] CLIN 0004 - \$ [REDACTED] CLIN 0007 - \$ [REDACTED]</p> <p>The total obligated amount thus far under Delivery Order HSCEDM-09-J-00009 is:</p> <p>CLIN 0002 - \$ [REDACTED] CLIN 0003 - \$ [REDACTED] CLIN 0004 - \$ [REDACTED] CLIN 0007 - \$ [REDACTED]</p> <p>Except as provided herein, all other terms and conditions remain the same.</p> <p>Delivery Location Code: KRO KROME SPC 18201 South West 12th Miami FL 33194</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>This modification funds CLIN 0002 for period of performance November 1, 2008 - March 31, 2009 in the amount of \$ [REDACTED] (5 months x \$ [REDACTED]).</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements GUARANTEED MINIMUM - [REDACTED] BEDS</p> <p>Note: The guaranteed monthly minimum is calculated as follows:</p> <p>[REDACTED] beds * the bed/day rate * 30 days = guaranteed monthly minimum</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be Continued ...</p> | 6 | MO | [REDACTED] | |

NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0003 | <p>substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Incrementally Funded Amount: \$13,609,086.00 Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, FMI-09-024</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: [REDACTED] b2High</p> <p>Funded: \$11,340,905.00</p> <p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>This modification funds CLIN 0003 for [REDACTED] b4 bed/days in the amount of \$ [REDACTED] b4 (P00001 funded [REDACTED] b4 bed/days in the amount of \$ [REDACTED] b4).</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements above the guaranteed minimum ([REDACTED] b4)</p> <p>Bed/day rate is Unit Price</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.2, 192109FMICONT0020.3</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>Accounting Info: [Redacted] b2High Funded: \$ [Redacted] b4 Accounting Info: [Redacted] b2High Funded: \$ [Redacted] b4</p> <p>Change Item 0004 to read as follows (amount shown is the obligated amount):</p> <p>0004 This modification funds CLIN 0004 in the amount of \$ [Redacted] b4 (P00001 funded \$10,000).</p> <p>TRANSPORTATION (in accordance with Statement of Objectives and Performance Work Statement) Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, FMI-09-024</p> <p>Accounting Info: [Redacted] b2High Funded: \$0.00 Accounting Info: [Redacted] b2High Funded: \$0.00 Accounting Info: [Redacted] b2High Funded: \$ [Redacted] b4</p> <p>Change Item 0007 to read as follows (amount shown is the obligated amount):</p> | | | | |
| 0007 | <p>This modification funds CLIN 0007 with [Redacted] b4 hours in the amount of \$ [Redacted] b4 (P00001 added [Redacted] b4 hours in the amount of \$ [Redacted] b4 .</p> <p>The contractor shall provide on-demand stationary guard services as required by the COTR to Continued ...</p> | | | | |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

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 5 7

NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control.</p> <p>Fully burdened labor rate. Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, FMI-09-024</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00 Accounting Info: [REDACTED] b2High</p> <p>Funded: \$ [REDACTED] b4</p> <p>Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.</p> <p>1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:</p> <p>a. By mail: DHS, ICE Burlington Finance Center P.O. Box 1620 Williston, VT 05495-1620</p> <p>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)</p> <p>c. By e-mail at: Invoice.Consolidation@dhs.gov</p> <p>Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Continued ...</p> | | | | |

NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or after mm/dd/yyyy to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice.</p> <p>2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions, Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows:</p> <p>An invoice must include:</p> <ul style="list-style-type: none"> (i) Name and address of the Contractor; (ii) Invoice date and number; (iii) Contract number, contract line item number and, if applicable, the order number; (iv) Description, quantity, unit of measure, unit price and extended price of the items delivered; (v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vi) Terms of any discount for prompt payment offered; (vii) Name and address of official to whom payment is to be sent; (viii) Name, title, and phone number of person to notify in event of defective invoice; and (ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract. (See paragraph 1 above.) (x) Electronic funds transfer (EFT) banking information. <p>(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.</p> <p>(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer; Other Than Central</p> <p>Continued ...</p> | | | | |

NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>Contractor Registration), or applicable agency procedures.</p> <p>(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>3. All other terms and conditions remain the same.</p> <p>Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment.</p> | | | | |

Transaction Information

Award Type: Delivery/Task Order **Prepared Date:** 12/09/2008 10:48:02 **Prepared User:** TRAVIS.GORDON
Award Status: Final **Last Modified Date:** 12/10/2008 10:38:56 **Last Modified User:** TRAVIS.GORDON

Document Information

| | Agency | Procurement Identifier | Modification No | Trans No |
|---------------------------------|---------------------|------------------------|-----------------|----------|
| Award ID: | 7012 | HSCEDM09J00009 | P00002 | 0 |
| Referenced IDV ID: | 7012 | HSCEDM08D00003 | 0 | |
| Reason For Modification: | FUNDING ONLY ACTION | | | |
| Solicitation ID: | HSCEDM-08-R-00009 | | | |

Dates

Date Signed: 12/10/2008
Effective Date: 12/10/2008
Completion Date: 08/03/2009
Est. Ultimate Completion Date: 08/03/2009

Amounts

| | Current | To |
|---|-----------------|--------|
| Action Obligation: | \$12,360,954.99 | \$14,8 |
| Base And Exercised Options Value: | \$12,360,955.00 | \$14,8 |
| Base And All Options Value: | \$12,360,955.00 | \$14,8 |
| Fee Paid for Use of Indefinite Delivery Vehicle: | \$0.00 | |

Purchaser Information

| | |
|---|---|
| Contracting Office Agency ID: 7012 | Contracting Office Agency Name: BUREAU OF IMMIGRATION AND CL |
| Contracting Office ID: DMDC0 | Contracting Office Name: DETENTION MANAGEMENT - DC O |
| Funding Agency ID: | Funding Agency Name: |
| Funding Office ID: | Funding Office Name: |
| Funded By Foreign Entity: <input type="checkbox"/> | Reason For Inter-Agency Contracting: Select One |

Contractor Information

Socio Economic Data

CCR Exception: PLEASE SELECT CCR EXCEPTION BY CLICKING THE ELLIPSIS (...) BUTTON

Vendor Name: DOYON / AKAL JV I
DBAN:
Street: 1359 N 205 ST STE B
Street2:
City: SHORELINE
State: WA **Zip:** 981333215
Congressional District: WASHINGTON 01
Country: UNITED STATES
Phone:
Fax No:
DUNS No: 8252357290000
Contractor Name From Contract: DOYON / AKAL JV I

- | | | |
|--|---|--|
| <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> Asian Pacific | <input type="checkbox"/> Tribal Gover |
| <input type="checkbox"/> 8(a) Firm | <input type="checkbox"/> Service Disabled Vet | <input type="checkbox"/> Black Ownec |
| <input type="checkbox"/> Hub Zone | <input type="checkbox"/> Local Government | <input checked="" type="checkbox"/> Native Ameri |
| <input type="checkbox"/> SDB | <input type="checkbox"/> Minority Institution | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> JWOD (Sheltered Workshop) | <input type="checkbox"/> American Indian | <input type="checkbox"/> Non-Profit O |
| <input type="checkbox"/> HBCU | <input type="checkbox"/> State Government | <input type="checkbox"/> Hispanic Ow |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Emerging Sn |
| <input type="checkbox"/> Women Owned | <input checked="" type="checkbox"/> Minority Owned Business | <input type="checkbox"/> Hospital |

| Organization Type | Number of Employees | Annual Rev |
|-------------------|---------------------|------------|
| PARTNERSHIP | 5 | \$1 |

Contract Data

Type of Contract: Fixed Price
Multi Year Contract:
Major Program:
National Interest Action: None

Cost Or Pricing Data:

Purchase Card Used As Payment Method:

Letter Contract:

Performance Based Service Acquisition:

** FY 2004 and prior; 80% or more specified as performance requirement*

** FY 2005 and later; 50% or more specified as performance requirement*

Contingency Humanitarian Peacekeeping Operation:

Contract Financing:

Cost Accounting Standards Clause:

Number Of Actions:

Consolidated Contract:

Legislative Mandates

Clinger Cohen Act: Principal Place Of Performance Code (State, Location, Country):

Service Contract Act: Principal Place Of Performance County Name:

Walsh-Healey Act: Principal Place Of Performance City Name:

Davis Bacon Act: Congressional District Place Of Performance:

Place Of Performance Zip Code(+4): -

Product Or Service Information

Product/Service Code: Description:

Principal NAICS Code: Description:

Bundled Contract: Not a bundled requirement

System Equipment Code:

Country of Product or Service Origin:

Place of Manufacture:

Use Of Recovered Material:

InfoTech Commercial Item Category:

Claimant Program Code: Description:

Sea Transportation:

GFE/GFP Provided Under This Action:

Use Of EPA Designated Products: Not Required

Description Of Requirement: (4000 characters)

Competition Information

Extent Competed For Referenced IDV:

Extent Competed:

Solicitation Procedures:

Type Of Set Aside:

Evaluated Preference:

SBIR/STTR:

Statutory Exception To Fair Opportunity:

Reason Not Competed:

Local Area Set Aside:

| | | | |
|---|--------------------------------|---------------------------------|--------------------------|
| Number Of Offers Received: | <input type="text" value="5"/> | Pre Award FBO Synopsis: | <input type="checkbox"/> |
| Small Business Competitiveness Demonstration Program: | <input type="checkbox"/> | SBA/OFPP Synopsis Waiver Pilot: | <input type="checkbox"/> |
| Commercial Item Test Program: | <input type="checkbox"/> | Alternative Advertising: | <input type="checkbox"/> |
| Commercial Item Acquisition Procedures: | <input type="checkbox"/> | A76 Action: | <input type="checkbox"/> |
| Preference Programs / Other Data | | | |

| | | |
|---|---|-------------------------------------|
| Contracting Officer's Business Size Selection: | <input type="text" value="Small Business"/> | <input checked="" type="checkbox"/> |
| Subcontract Plan: | <input type="text" value="Select One"/> | <input type="checkbox"/> |
| Price Evaluation Percent Difference: | <input type="text" value="0"/> % | |
| Reason Not Awarded To Small Disadvantaged Business: | <input type="text" value="Select One"/> | <input type="checkbox"/> |
| Reason Not Awarded To Small Business: | <input type="text" value="Select One"/> | <input type="checkbox"/> |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

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2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

P00003

03/10/2009

See Schedule

6. ISSUED BY

CODE

ICE/DM/DC-DC

7. ADMINISTERED BY (If other than Item 6)

CODE

ICE/DM/DC-DC

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
425 I Street NW, Suite 2208
Washington DC 20536

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
425 I Street NW, Suite 2208
Washington DC 20536

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

DOYON AKAL JV I
1 DOYON PLAZA
SUITE 300
FAIRBANKS AK 997012941

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.

HSCEDM-08-D-00003

HSCEDM-09-J-00009

10B. DATED (SEE ITEM 11)

09/17/2008

CODE

b2High

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 _____ 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 ACKNOWLEDGEMENT 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)

Net Increase:

\$1,100,000.00

See Schedule

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)

X Unilateral FAR 43.103(b)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 _____ copies to the issuing office.

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

DUNS Number: b2High

COTRS:

Luis Jimenez (305) 207- [redacted]

Luis Cabarcas (305) 207- [redacted]

Felix Garnett (305) 207- [redacted]

Alternate COTR

Liana J. Castano (305) 207- [redacted]

The purpose of this modification to Delivery Order HSCEDM-09-J-00009 is to 1) provide Continued ...

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)

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

Travis Gordon

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

10 MARCH 08

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00003

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NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0003 | <p>additional funds for the period of 11/1/08 through 3/31/09 and to add an Alternate COTR.</p> <p>1) Fund CLIN 0003 in the amount of \$ [b4] CLIN 0004 in the amount of \$ [b4] and CLIN 0007 in the amount of \$ [b4].</p> <p>2) Add Liana J. Castano as an Alternte COTR.</p> <p>The amount of this task order has been changed from \$14,813,746.00 by \$1,099,972.99 to \$15,913,718.99.</p> <p>Except as provided herein, all other terms and conditions remain the same.</p> <p>Delivery Location Code: KRO KROME SPC 18201 South West 12th Miami FL 33194</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009</p> <p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>This modification funds CLIN 0003 in the amount of \$ [b4]</p> <p>Unit Price is \$ [b4]</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements above the guaranteed minimum (> [b4])</p> <p>Bed/day rate is Unit Price</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.2, 192109FMICONT0020.3, 192109FMICONT0020.4</p> <p>Continued ...</p> | | | | [b4] |

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00003

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|----------------------|
| 0004 | <p>Accounting Info: [Redacted] b2High Funded: \$0.00 Accounting Info: [Redacted] b2High ----- Funded: \$0.00 Accounting Info: [Redacted] b2High ----- Funded: \$0.00 Accounting Info: [Redacted] b2High Funded: \$ [Redacted] b4 Discount Terms: Net 30</p> <p>Change Item 0004 to read as follows (amount shown is the obligated amount):</p> <p>This modification funds CLIN 0004 in the amount of \$ [Redacted] b4</p> <p>The mileage rate is \$ [Redacted] b4</p> <p>TRANSPORTATION (in accordance with Statement of Objectives and Performance Work Statement) Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.4</p> <p>Delivery: 30 Days After Award Accounting Info: [Redacted] b2High Funded: \$0.00 Accounting Info: [Redacted] b2High Funded: \$0.00 Accounting Info: [Redacted] b2High ----- Continued ...</p> | | | | <p>[Redacted] b4</p> |

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NAME OF OFFEROR OR CONTRACTOR

DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0007 | <p>b2High</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>b2High</p> <p>Funded: \$ b4</p> <p>Accounting Info:</p> <p>b2High</p> <p>Funded: \$ b4</p> <p>Accounting Info:</p> <p>b2High</p> <p>Funded: \$ b4</p> <p>Change Item 0007 to read as follows (amount shown is the obligated amount):</p> <p>This modification funds CLIN 0007 with in the amount of \$ b4</p> <p>The on-demand guard services hourly rate is \$ b4.</p> <p>The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control.</p> <p>Fully burdened labor rate.</p> <p>Product/Service Code: S206</p> <p>Product/Service Description: GUARD SERVICES</p> <p>Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, 192109FMICONT0020.4, FMI-09-024</p> <p>Accounting Info:</p> <p>b2High</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>b2High</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>b2High</p> <p>Continued ...</p> | | | | b4 |

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REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>b2High</p> <p>Funded: \$0.00 Accounting Info:</p> <p>b2High</p> <p>Funded: \$ b4 Discount Terms: Net 30</p> <p>Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.</p> <p>1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:</p> <p>a. By mail: DHS, ICE Burlington Finance Center P.O. Box 1620 Williston, VT 05495-1620</p> <p>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)</p> <p>c. By e-mail at: Invoice.Consolidation@dhs.gov</p> <p>Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (http://www.ccr.gov) prior to award and shall be notated on every invoice submitted to ICE/OAQ on or after mm/dd/yyyy to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice.</p> <p>2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g) (1), Contract Terms and Conditions, Commercial Items, or FAR 52.232-25 (a) (3), Prompt Payment, as applicable, the information required with each invoice submission is as follows:</p> <p>An invoice must include: Continued ...</p> | | | | |

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>(i) Name and address of the Contractor; (ii) Invoice date and number; (iii) Contract number, contract line item number and, if applicable, the order number; (iv) Description, quantity, unit of measure, unit price and extended price of the items delivered; (v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading; (vi) Terms of any discount for prompt payment offered; (vii) Name and address of official to whom payment is to be sent; (viii) Name, title, and phone number of person to notify in event of defective invoice; and (ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this contract. (See paragraph 1 above.) (x) Electronic funds transfer (EFT) banking information. (A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract. (B) If EFT banking information is not required to be on the invoice, in order for the invoice to be a proper invoice, the Contractor shall have submitted correct EFT banking information in accordance with the applicable solicitation provision, contract clause (e.g., 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration, or 52.232-34, Payment by Electronic Funds Transfer; Other Than Central Contractor Registration), or applicable agency procedures. (C) EFT banking information is not required if the Government waived the requirement to pay by EFT.</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>3. All other terms and conditions remain the same.</p> <p>Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment.</p> | | | | |

| | | | |
|--|---------------------------------|---|---|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 6 |
| 2. AMENDMENT/MODIFICATION NO. P00004 | 3. EFFECTIVE DATE 05/12/2009 | 4. REQUISITION/PURCHASE REQ. NO. See Schedule | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | CODE ICE/DM/DC-DC | 7. ADMINISTERED BY (If other than Item 6) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 425 I Street NW, Suite 2208 Washington DC 20536 | CODE ICE/DM/DC-DC |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | | (x) | 9A. AMENDMENT OF SOLICITATION NO. 9B. DATED (SEE ITEM 11) |
| CODE b2High | FACILITY CODE | x | 10A. MODIFICATION OF CONTRACT/ORDER NO. HSCEDM-08-D-00003 HSCEDM-09-J-00009 10B. DATED (SEE ITEM 13) 09/17/2008 |

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 _____ 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 ACKNOWLEDGEMENT 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) Net Increase: \$7,454,543.00
See Schedule

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: |
| X | D. OTHER (Specify type of modification and authority) Unilateral FAR 43.103(b) |

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 _____ copies to the issuing office.

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

DUNS Number: b2High

The purpose of this modification to Delivery Order HSCEDM-09-J-00009 is to provide additional funds for the period of 04/01/09 through 06/30/09.

1) Fund CLIN 0002 in the amount of \$ b4 CLIN 0003 in the amount of \$ b4 CLIN 0004 in the amount of \$ b4 and CLIN 0007 in the amount of \$ b4.

The amount of this task order has been changed from \$15,913,745.99 by \$7,454,543.00 to \$23,368,288.99.

Except as provided herein, all other terms and conditions remain the same.

Continued ...

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) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Travis Gordon | |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA (Signature of Contracting Officer) | 16C. DATE SIGNED |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0002 | <p>COTRS:</p> <p>Luis Jimenez (305) 207- [REDACTED] Luis Cabarcas (305) 207- [REDACTED] b6 Felix Garnett (305) 207- [REDACTED] Alternate COTR Liana J. Castano (305) 207- [REDACTED] b6 Contracting Officer: Travis Gordon, 202-732- [REDACTED] b6 Contract Specialist: Bethany Stutler, 202-732- [REDACTED] b6</p> <p>Discount Terms: Net 30</p> <p>Delivery Location Code: KRO KROME SPC 18201 South West 12th Miami FL 33194</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>P0004: This modification funds CLIN 0002 for period of performance April 1, 2009 to June 30, 2009 in the amount of \$ [REDACTED] b4 (3 months x \$ [REDACTED] b4).</p> <p>Amount of CLIN 0002 is increased from \$ [REDACTED] b4 by \$ [REDACTED] b4 to \$ [REDACTED] b4.</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements GUARANTEED MINIMUM - [REDACTED] b4 BEDS</p> <p>Note: The guaranteed monthly minimum is calculated as follows: [REDACTED] b4 beds * the bed/day rate * 30 days = guaranteed monthly minimum</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, Continued ...</p> | | | | [REDACTED] b4 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0003 | <p>special diet meal and/or therapeutic diet meal) Incrementally Funded Amount: \$ [b4] Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, 192109FMICONT0020.5, FMI-09-024</p> <p>Delivery: 30 Days After Award Accounting Info: [b2High]</p> <p>Funded: \$0.00</p> <p>[b2High]</p> <p>Funded: \$0.00 Accounting Info: [b2High]</p> <p>Funded: \$0.00 Accounting Info: [b2High]</p> <p>Funded: \$ [b4]</p> <p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>P0004: This modification funds CLIN 0003 for period of performance April 1, 2009 to June 30,2009 in the amount of \$ [b4].</p> <p>Amount of CLIN 0003 is increased from \$ [b4] by \$ [b4] to \$ [b4].</p> <p>Unit Price is \$ [b4]</p> <p>Detention and Food Services in accordance with Statement of Objectives and Performance Wo Statements above the guaranteed minimum (> [b4])</p> <p>Bed/day rate is Unit Price</p> <p>Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch Continued ...</p> | | | | [b4] |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|----------------------|
| 0004 | <p>and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.2, 192109FMICONT0020.3, 192109FMICONT0020.4, 192109FMICONT0020.5</p> <p>Delivery: 30 Days After Award Accounting Info: [Redacted] b2High</p> <p>Funded: \$0.00 Accounting Info: [Redacted] b2High</p> <p>Funded: \$0.00 Accounting Info: [Redacted] b2High</p> <p>Funded: \$0.00 Accounting Info: [Redacted] b2High</p> <p>Funded: \$0.00 Accounting Info: [Redacted] b2High</p> <p>Funded: \$ [Redacted] b4</p> <p>Change Item 0004 to read as follows (amount shown is the obligated amount):</p> <p>P0004: This modification funds CLIN 0004 for period of performance April 1, 2009 to June 30,2009 in the amount of \$ [Redacted] b4</p> <p>Amount of CLIN 0002 is increased from \$ [Redacted] b4 by \$ [Redacted] b4 to \$ [Redacted] b4.</p> <p>The mileage rate is \$ [Redacted] b4</p> <p>TRANSPORTATION (in accordance with Statement of Continued ...</p> | | | | <p>[Redacted] b4</p> |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|----------------------|
| 0007 | <p>Objectives and Performance Work Statement) Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.4, 192109FMICONT0020.5</p> <p>Delivery: 30 Days After Award</p> <p>[Redacted] b2High</p> <p>Funded: \$0.00 Accounting Info:</p> <p>[Redacted] b2High</p> <p>Funded: \$0.00 Accounting Info:</p> <p>[Redacted] b2High -----</p> <p>Funded: \$0.00 Accounting Info:</p> <p>[Redacted] b2High</p> <p>Funded: \$0.00</p> <p>[Redacted] b2High</p> <p>Funded: \$0.00</p> <p>[Redacted] b2High</p> <p>Funded: \$0.00</p> <p>[Redacted] b2High</p> <p>Funded: \$ b4</p> <p>Change Item 0007 to read as follows (amount shown is the obligated amount):</p> <p>P0004: This modification funds CLIN 0007 for period of performance April 1, 2009 to June 30, 2009 in the amount of \$ b4.</p> <p>Amount of CLIN 000 sed from \$ b4 by \$ b4 to \$ b4</p> <p>The on-demand guard services hourly rate is Continued ...</p> | | | | <p>[Redacted] b4</p> |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004

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 6 6

NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>\$ b4</p> <p>The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control.</p> <p>Fully burdened labor rate. Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, 192109FMICONT0020.4, 192109FMICONT0020.5, FMI-09-024</p> <p>Accounting Info: b2High</p> <p>Funded: \$0.00 Accounting Info: b2High</p> <p>Funded: \$0.00 Accounting Info: b2High -----</p> <p>Funded: \$0.00 Accounting Info: b2High</p> <p>Funded: \$0.00 Accounting Info: b2High</p> <p>Funded: \$ b4</p> | | | | |

| | | | |
|---|---------------------------------|--|--------------------------------|
| 2. AMENDMENT/MODIFICATION NO. P00005 | 3. EFFECTIVE DATE 08/27/2009 | 4. REQUISITION/PURCHASE REQ. NO. 192109FMICONT0020.6 | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, 9th Floor Washington DC 20536 | CODE ICE/DM/DC-DC | 7. ADMINISTERED BY (If other than Item 6) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, 9th Floor Washington DC 20536 | CODE ICE/DM/DC-DC |

| | | |
|--|---------------|--|
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | (x) | 9A. AMENDMENT OF SOLICITATION NO. |
| | | 9B. DATED (SEE ITEM 11) |
| | X | 10A. MODIFICATION OF CONTRACT/ORDER NO. HSCEDM-08-D-0003 HSCEDM-09-J-00009 10B. DATED (SEE ITEM 13) 09/17/2008 |
| CODE b2High | 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 _____ 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 ACKNOWLEDGEMENT 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) b2High | Net Increase: | \$11,000,000.00 ----- FMI |
|---|---------------|------------------------------|

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: |
| X | D. OTHER (Specify type of modification and authority) Unilateral FAR 43.103 (b) |

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 _____ copies to the issuing office.

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

DUNS Number: b2High
 The purpose of this modification to Task Order HSCEDM-09-J-00009 is to provide additional funds for the period of 07/01/09 through 09/30/09.

1) Fund CLIN 0002 in the amount of \$ b4 CLIN 0003 in the amount of \$ b4
 CLIN 0004 in the amount of \$ b4 and CLIN 0007 in the amount of \$ b4

The amount of this task order has been changed from \$23,368,288.99 by \$11,000,000.00 to \$34,368,288.99.

Except as provided herein, all other terms and conditions remain unchanged.
 Continued ...

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) | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Jerald H. Neveleff |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED |
| 16B. UNITED STATES OF AMERICA (Signature of Contracting Officer) | 16C. DATE SIGNED 27Aug09 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00005

PAGE OF
 2 2

NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | COTRS: Luis Jimenez (305) 207- [b6] Luis Cabarcas (305) 207- [b6] Felix Garnett (305) 207- [b6] Alternate COTR: Liana J. Castano (305) 207- [b6] Contracting Officer: Matthew Marshman, 202-732- [b6] Contract Specialist: Murthlyn Samuel, 202-732- [b6] FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010 Add Item 0008 as follows: | | | | |
| 0008 | Funding in Support of CLIN 0002 Period of Performance July 1, 2009 - September 30 2009 Add Item 0009 as follows: | 3 | MO | [b4] | [b4] |
| 0009 | Funding in Support of CLIN 0003 Period of Performance July 1, 2009 - September 30 2009 Add Item 0010 as follows: | | | | [b4] |
| 0010 | Funding in Support of CLIN 0004 Period of Performance July 1, 2009 - September 30, 2009 Add Item 0011 as follows: | | | | [b4] |
| 0011 | Funding in Support of CLIN 0007 Period of Performance July 1, 2009 - September 30 2009 | | | | [b4] |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

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2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

P00006

09/03/2009

192109FMICONT0020.7

6. ISSUED BY

CODE

ICE/DM/DC-DC

7. ADMINISTERED BY (If other than Item 6)

CODE

ICE/DM/DC-DC

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 9th Floor
Washington DC 20536

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 9th Floor
Washington DC 20536

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

DOYON AKAL JV I
1 DOYON PLAZA
SUITE 300
FAIRBANKS AK 997012941

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.

HSCEDM-08-D-00003

HSCEDM-09-J-00009

10B. DATED (SEE ITEM 13)

09/17/2008

CODE b2High

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 _____ 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 ACKNOWLEDGEMENT 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)

See Schedule

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.

X

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 _____ 0 _____ copies to the issuing office.

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

DUNS Number: b2High

The purpose of this modification to Task Order HSCEDM-09-J-00009 is to reclassify accounting codes for Transportation. As a result of this modification the total amount obligated remains unchanged.

The subject Task Order obligated total is \$34,368,288.99.

COTRS:

Luis Jimenez (305) 207- [redacted]

Luis Cabarcas (305) 207- [redacted]

Felix Garnett (305) 207- [redacted]

Continued ...

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)

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

Jerald H. Neveleff

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

03 SEP 09

NSN 7540-01-152-8070
Previous edition unusable

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

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00006

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 2 2

NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 0010 | <p>Alternate COTR: Liana J. Castano (305) 207- [b6]</p> <p>Contracting Officer: Matthew Marshman, 202-732- [b6] Contract Specialist: Murthlyn Samuel, 202-732- [b6]</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010</p> <p>Change Item 0010 to read as follows (amount shown is the obligated amount):</p> <p>Funding in Support of CLIN 0004 Period of Performance July 1, 2009 - September 30, 2009 Incrementally Funded Amount: \$ [b4]</p> <p>Accounting Info: [b2High]</p> <p>Funded: - \$ [b4] Accounting Info: [b2High]</p> <p>Funded: \$ [b4]</p> <p>Except as provided herein, all other terms and conditions remain unchanged.</p> | | | | [b4] |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 2

2. AMENDMENT/MODIFICATION NO.

3. EFFECTIVE DATE

4. REQUISITION/PURCHASE REQ. NO.

5. PROJECT NO. (If applicable)

P00007

09/08/2009

192109FMICONT0019.6

6. ISSUED BY

CODE

ICE/DM/DC-DC

7. ADMINISTERED BY (If other than Item 6)

CODE

ICE/DM/DC-DC

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 9th Floor
Washington DC 20536

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 9th Floor
Washington DC 20536

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

DOYON AKAL JV I
1 DOYON PLAZA
SUITE 300
FAIRBANKS AK 997012941

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.

HSCEDM-08-D-00003

HSCEDM-09-J-00009

10B. DATED (SEE ITEM 13)

08/17/2008

CODE

b2High

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 _____ 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 ACKNOWLEDGEMENT 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)

b2High

Net Increase:

\$1,006,661.28

FMI

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)

X Unilateral FAR 43.103(b)

5. IMPORTANT:

Contractor

is not,

is required to sign this document and return _____

0 copies to the issuing office.

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

DUNS Number:

b2High

The purpose of this modification to Task Order HSCEDM-09-J-00009 is to provide funds for the period of 07/01/09 through 09/30/09.

1) Fund CLIN 0002 in the amount of \$ _____ and CLIN 0003 in the amount of

\$ _____

The amount of this task order has been changed from \$34,368,288.99 by \$1,006,661.28 to \$35,374,950.27.

COTRS:

Continued ...

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)

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

Matthew Marshman

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

NSN 7540-01-152-8070

Previous edition unusable

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA

FAR (48 CFR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00007

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2

NAME OF OFFEROR OR CONTRACTOR

DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|------------------------------------|
| | Luis Jimenez (305) 207- [REDACTED] Luis Cabarcas (305) 207- [REDACTED] b6 Felix Garnett (305) 207- [REDACTED] Alternate COTR: Liana J. Castano (305) 207- [REDACTED] b6 Contracting Officer: Matthew Marshman, 202-732- [REDACTED] b6 Contract Specialist: Murthlyn Samuel, 202-732- [REDACTED] b6 FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010 Add Item 0012 as follows: 0012 Funding in Support of CLIN 0002 Period of Performance July 1, 2009 - September 30, 2009 Add Item 0013 as follows: 0013 Funding in Support of CLIN 0003 Period of Performance July 1, 2009 - September 30, 2009 Except as provided herein, all other terms and conditions remain unchanged. | | | | [REDACTED] b4 [REDACTED] b4 |

| | | | |
|---|---------------------------------|--|---------------------------------------|
| 2. AMENDMENT/MODIFICATION NO. P00008 | 3. EFFECTIVE DATE 09/08/2009 | 4. REQUISITION/PURCHASE REQ. NO. 192109FMICONT0019.6 | 5. PROJECT NO. (If applicable) 1 2 |
| 6. ISSUED BY ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, 9th Floor Washington DC 20536 | CODE ICE/DM/DC-DC | 7. ADMINISTERED BY (If other than Item 6) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, 9th Floor Washington DC 20536 | CODE ICE/DM/DC-DC |

| | | |
|--|-----|---|
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | (x) | 9A. AMENDMENT OF SOLICITATION NO. |
| | | 9B. DATED (SEE ITEM 11) |
| | x | 10A. MODIFICATION OF CONTRACT/ORDER NO. HSCEDM-08-D-00003 HSCEDM-09-J-00009 |
| CODE b2High | | 10B. DATED (SEE ITEM 13) 09/17/2008 |
| 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 _____ 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 ACKNOWLEDGEMENT 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)
 b2High _____ -\$1,006,661.28
 _____ FMI

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: |
| X | D. OTHER (Specify type of modification and authority) Unilateral FAR 43.103 (b) |

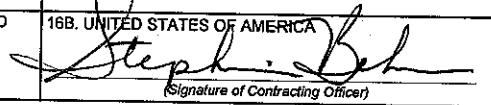
IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 copies to the issuing office.

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

DUNS Number: b2High
 The purpose of this modification to Task Order HSCEDM-09-J-00009 is to deobligate CLIN 0002 in the amount of -\$ b4 and CLIN 0003 in the amount of -\$ b4
 The amount of this task order has been changed from \$35,374,950.27 by -\$1,006,661.28 to 34,368,288.99.

COTRS:
 Luis Jimenez (305) 207- b6
 Luis Cabarcas (305) 207- b6
 Continued ...

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) | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Stephanie Baker |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED |
| 16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer) | 16C. DATE SIGNED 9/9/09 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00008

PAGE OF
 2 2

NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | Felix Garnett (305) 207- [b6] Alternate COTR: Liana J. Castano (305) 207- [b6] Contracting Officer: Matthew Marshman, 202-732- [b6] Contract Specialist: Murthlyn Samuel, 202-732- [b6] | | | | |
| | FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010 Change Item 0012 to read as follows (amount shown is the obligated amount): | | | | |
| 0012 | Funding in Support of CLIN 0002 Period of Performance July 1, 2009 - September 30, 2009 | | | | 0.00 |
| | Change Item 0013 to read as follows (amount shown is the obligated amount): | | | | |
| 0013 | Funding in Support of CLIN 0003 Period of Performance July 1, 2009 - September 30, 2009 | | | | 0.00 |
| | Except as provided herein, all other terms and conditions remain unchanged. | | | | |

| | | | |
|---|---------------------------------|--|--|
| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | 1. CONTRACT ID CODE | PAGE OF PAGES 1 5 |
| 2. AMENDMENT/MODIFICATION NO. P00009 | 3. EFFECTIVE DATE 10/01/2009 | 4. REQUISITION/PURCHASE REQ. NO. 192110FMICONT0015 | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, 9th Floor Washington DC 20536 | CODE ICE/DM/DC-DC | 7. ADMINISTERED BY (If other than Item 6) ICE/Detent Mngt/Detent Contracts-DC Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, 9th Floor Washington DC 20536 | CODE ICE/DM/DC-DC |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941 | | (x) 9A. AMENDMENT OF SOLICITATION NO. | 9B. DATED (SEE ITEM 11) |
| CODE [REDACTED] FACILITY CODE | | x 10A. MODIFICATION OF CONTRACT/ORDER NO. HSCEDM-08-D-00003 HSCEDM-09-J-00009 | 10B. DATED (SEE ITEM 13) 09/17/2008 |

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 _____ 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 ACKNOWLEDGEMENT 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)

See Schedule

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: |
| X | D. OTHER (Specify type of modification and authority) Unilateral Modification FAR 43.103 (b) |

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

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

DUNS Number: [REDACTED]

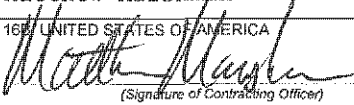
The purpose of this modification is in pursuant with FAR Clause 52.232-18, "Availability of Funds" of the subject Task Order.

Availability of Funds (APR 1984)

Funds are not presently available for this contract. The Government's obligation under this contract is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise until funds are made available to the Contracting Officer for this contract and until the Contractor receives notice of such availability, to be confirmed in writing by the Contracting Officer.

Continued ...

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) | | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Matthew Marshman | |
| 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign) | 15C. DATE SIGNED | 16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer) | 16C. DATE SIGNED 15-SEP-2009 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00009

PAGE OF
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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>COTRS: Luis Jimenez (305) 207- [REDACTED] Luis Cabarcas (305) 207- [REDACTED] b6 Felix Garnett (305) 207- [REDACTED] Alternate COTR: Liana J. Castano (305) 207- [REDACTED] b6</p> <p>Contracting Officer: Matthew Marshman, 202-732- [REDACTED] b6 Contract Specialist: Murthlyn Samuel, 202-732- [REDACTED] b6</p> <p>Accounting Info: [REDACTED] b2High</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010</p> <p>Add Item 0014 as follows:</p> | | | | |
| 0014 | <p>SUBJECT TO AVAILABILITY OF FUNDS (SAF) DETENTION AND FOOD SERVICES GUARANTEED MINIMUM - [REDACTED] b4 BEDS. OPTION YR. 1 \$26,055,648.00 PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009</p> <p>Accounting Info: [REDACTED] b2High</p> <p>\$0.00 (Subject to Availability of Funds)</p> | 3 | MO | 0.00 | 0.00 |
| 0015 | <p>Add Item 0015 as follows:</p> <p>SUBJECT TO AVAILABILITY OF FUNDS (SAF) LODGING & M&IE AND OVERTIME FOR GUARDS EXCEEDING STANDARD 8 HOUR WORKDAY . OPTION YR. 1 \$0.0</p> <p>PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009</p> <p>Accounting Info: Continued ...</p> | 3 | MO | 0.00 | 0.00 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00009

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>b2High</p> <p>-----</p> <p>\$0.00 (Subject to Availability of Funds)</p> <p>Add Item 0016 as follows:</p> | | | | |
| 0016 | <p>SUBJECT TO AVAILABILITY OF FUNDS (SAF) THE CONTRACCTOR SHALL PROVIDE ON-DEMAND STATIONARY GUARD SVCS AS REQ BY THE COTR TO INCLUDE, BUT NOT LIMITED TO, ESCORTING AND GUARDING DETAINEES TO MED APPT. OPTION YR 1 \$ b4</p> <p>PER OF PERF:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009</p> <p>Accounting Info: b2High</p> <p>-----</p> <p>\$0.00 (Subject to Availability of Funds)</p> <p>Add Item 0017 as follows:</p> | 3 | MO | 0.00 | 0.00 |
| 0017 | <p>SUBJECT TO AVAILABILITY OF FUNDS (SAF) DETENTION AND FOOD SERVICES IN ACCORDANCE WITH STATEMENT OF OBJ AND PREFORMANCE WORK STATEMENT ABOVE THE GUARANTEED MINIMUM - () b4 BEDS. OPTION YR. 1 \$ b4</p> <p>PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009</p> <p>Accounting Info: b2High</p> <p>-----</p> <p>\$0.00 (Subject to Availability of Funds)</p> <p>Add Item 0018 as follows:</p> | 3 | MO | 0.00 | 0.00 |
| 0018 | <p>SUBJECT TO AVAILABILITY OF FUNDS (SAF) TRANSPORTATION (IN ACCORDANCE WITH STATEMENT OF OBJECTIVES AND PERFORMANCE. OPTION YR. 1 \$ b4</p> <p>PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009 Continued ...</p> | 3 | MO | 0.00 | 0.00 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
 HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00009

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NAME OF OFFEROR OR CONTRACTOR
 DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | Accounting Info: [REDACTED] b2High \$0.00 (Subject to Availability of Funds) | | | | |
| 0019 | Add Item 0019 as follows: SUBJECT TO AVAILABILITY OF FUNDS (SAF) DELIVERABLES (IN ACCORDANCE WITH STATEMENT OF OBJECTIVES AND PERFORMANCE. OPTION YR. 1 \$0.0 PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009 Accounting Info: [REDACTED] b2High \$0.00 (Subject to Availability of Funds) | 3 | MO | 0.00 | 0.00 |
| 0020 | Add Item 0020 as follows: SUBJECT TO AVAILABILITY OF FUNDS (SAF) LODGING & M&IE AND OVERTIME FOR COOKS REQ'D TO TRAVEL AND SUPPORT EMERGENCY AND EVACUATION OPERATION. OPTION YR. 1 \$0.0 PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009 Accounting Info: [REDACTED] b2High \$0.00 (Subject to Availability of Funds) | 3 | MO | 0.00 | 0.00 |
| 0021 | Add Item 0021 as follows: SUBJECT TO AVAILABILITY OF FUNDS (SAF) FOOD SERVICE SUPPORT FOR EMERGENCY AND EVACUATION OPERATION. OPTION YR. 1 [REDACTED] b4 PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009 Continued ... | 3 | MO | 0.00 | 0.00 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00009

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NAME OF OFFEROR OR CONTRACTOR
DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>Accounting Info:</p> <p>[REDACTED]</p> <p>b2 High</p> <p>\$0.00 (Subject to Availability of Funds) Except as provided herein, all other terms and conditions remain unchanged.</p> | | | | |

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE

PAGE OF PAGES

1 3

2. AMENDMENT/MODIFICATION NO.

P00010

3. EFFECTIVE DATE

09/21/2009

4. REQUISITION/PURCHASE REQ. NO.

192109FHQSECR0001.4

5. PROJECT NO. (If applicable)

6. ISSUED BY

CODE

ICE/DM/DC-DC

7. ADMINISTERED BY (If other than Item 6)

CODE

ICE/DM/DC-DC

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 9th Floor
Washington DC 20536.

ICE/Detent Mngt/Detent Contracts-DC
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 9th Floor
Attn: Murthlyn Samuel
Washington DC 20536

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

DOYON AKAL JV I
1 DOYON PLAZA
SUITE 300
FAIRBANKS AK 997012941

(x) 9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

x 10A. MODIFICATION OF CONTRACT/ORDER NO.

HSCEDM-08-D-00003

HSCEDM-09-J-00009

10B. DATED (SEE ITEM 13)

09/17/2008

CODE

b2High

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 _____ 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 ACKNOWLEDGEMENT 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)

Net Increase:

\$407,767.00

See Schedule

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)

X Unilateral Modification FAR 43.103 (b)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ copies to the issuing office.

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

DUNS Number: b2High

The purpose of this modification is to 1) provide funds in support of CLIN 1004 for Transportation and 2) revise under Modification P00005 the CLINs associated with Option I.

Revise the following:

From:

1) Fund CLIN 0002 in the amount of \$ b4 CLIN 0003 in the amount of \$ b4
CLIN 0004 in the amount of \$ b4 and CLIN 0007 in the amount of \$ b4

Continued ...

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)

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

Matthew Marshman

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

(Signature of person authorized to sign)

(Signature of Contracting Officer)

22-SEP-2009

NSN 7540-01-152-8070
Previous edition unusable

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

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| | <p>To: 1) Fund CLIN 1002 in the amount of \$ [REDACTED] b4 CLIN 1003 in the amount of \$ [REDACTED] b4 CLIN 1004 in the amount of \$ [REDACTED] b4 and CLIN 1007 in the amount of \$ [REDACTED] b4</p> <p>COTRS: Luis Jimenez (305) 207-[REDACTED] Luis Cabarcas (305) 207-[REDACTED] b6 Felix Garnett (305) 207-[REDACTED]</p> <p>Alternate COTR: Liana J. Castano (305) 207-[REDACTED] b6</p> <p>Contracting Officer: Matthew Marshman, 202-732-[REDACTED] b6 Contract Specialist: Murthlyn Samuel, 202-732-[REDACTED] b6</p> <p>FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010</p> <p>Change Item 0008 to read as follows (amount shown is the obligated amount):</p> | | | | |
| 0008 | <p>Funding in Support of CLIN 1002 Period of Performance July 1, 2009 - September 30 2009</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00</p> | | | | [REDACTED] b4 |
| 0009 | <p>Change Item 0009 to read as follows (amount shown is the obligated amount):</p> <p>Funding in Support of CLIN 1003 Period of Performance July 1, 2009 - September 30 2009</p> <p>Accounting Info: [REDACTED] b2High</p> <p>Funded: \$0.00</p> | | | | [REDACTED] b4 |
| 0010 | <p>Change Item 0010 to read as follows (amount shown is the obligated amount):</p> <p>Funding in Support of CLIN 1004 Period of Performance July 1, 2009 - September Continued ...</p> | | | | [REDACTED] b4 |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

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NAME OF OFFEROR OR CONTRACTOR

DOYON AKAL JV I

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| | <p>30, 2009</p> <p>Incrementally Funded Amount: \$ [REDACTED] b4</p> <p>Accounting Info:</p> <p>[REDACTED] b2High</p> <p>Funded: \$0.00</p> <p>Accounting Info:</p> <p>[REDACTED] b2High</p> <p>Funded: \$0.00</p> <p>Change Item 0011 to read as follows (amount shown is the obligated amount):</p> | | | | |
| 0011 | <p>Funding in Support of CLIN 1007</p> <p>Period of Performance July 1, 2009 - September 30 2009</p> <p>Accounting Info:</p> <p>[REDACTED] b2High</p> <p>Funded: \$0.00</p> | | | | [REDACTED] b4 |
| 0022 | <p>Add Item 0022 as follows:</p> <p>FUNDING IN SUPPORT OF CLIN 1004 - TRANSPORTATION ACTIVITIES FOR DETAINEES IDENTIFIED THROUGH THE SECURE COMMUNITIES CRIMINAL ALIEN IDENTIFICATION PROCESS.</p> <p>Accounting Info:</p> <p>[REDACTED] b2High</p> <p>Funded: \$407,767.00</p> <p>As a result, this increases the obligated amount by \$407,767.00 from \$34,368,288.99 to \$34,776,055.99.</p> <p>Except as provided herein, all other terms and conditions remain unchanged.</p> | 1 | LO | 407,767.00 | 407,767.00 |