OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07104

BLM NUMBER: HAE076104

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

3B'S FORESTRY INC
527 PUTNAM ST
MEDFORD, OR 97501

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

6447 TABLE ROCK RD
CENTRAL POINT, OR 97502

a. FEIN: 93-1226829
b. Business Phone: 541-770-5210
c. DUNS: 61-860-6792

d. Business Owner: BLANCA & OTILIO ESCOBEDO

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $37.00

7. Dispatch Contact Name: LINDA FOULON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-770-5210	541-826-5262	541-941-2160	541-770-5273	

Dispatch Contact Name: OTILIO ESCOBEDO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-770-5210	541-779-9541	541-840-4689	541-770-5273	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2/12/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Otilio Escobedo Vice Pres.

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07105

BLM NUMBER: HAE076105

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

3B'S FORESTRY INC
527 PUTNAM ST
MEDFORD, OR 97501

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

527 PUTNAM ST
MEDFORD, OR 97501

a. FEIN: 93-1226829
b. Business Phone: 541-770-5210
c. DUNS: 61-860-6792

d. Business Owner:

BLANCA & OTILIO ESCOBEDO

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $34.00

7. Dispatch Contact Name: LINDA FOULON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-770-5210	541-826-5262	541-941-2160	541-770-5273	

Dispatch Contact Name: OTILIO ESCOBEDO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-770-5210	541-779-9541	541-840-4689	541-770-5273	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
Otilio Escobedo
10. DATE 2/12/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Otilio Escobedo Vice Pres.

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07040 BLM NUMBER: HAE076040 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: ABRAHAM CONTRACTING INC 6152 RIVERBANKS RD GRANTS PASS, OR 97527	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 6152 RIVERBANK RD GRANTS PASS, OR 97527	
a. FEIN: 93-1240584	b. Business Phone: 541-479-0554	c. DUNS: 01-695-5713
d. Business Owner: MIKE JONES	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $35.00

7. Dispatch Contact Name: MIKE/TONI JONES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-479-0554	541-479-9017	541-660-7281	541-474-6886	

Dispatch Contact Name: TIM BAILEY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-761-0094	541-761-0094	541-761-0094		

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Mike Jones	10. DATE 2-18-2008
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Mike JONES Toni Jones	2-18-08
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07060

BLM NUMBER: HAE076060

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning March 2008
b. Ending October 31, 2008

3. BUSINESS INFORMATION:

ASI ARDEN SOLUTION
PO BOX 640
INDEPENDENCE, OR 97351

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

605 3RD ST
INDEPENDENCE, OR 97351

a. FEIN: 45-0555367
b. Business Phone: 503-838-1006
c. DUNS: 797118978

d. Business Owner: TERRI LUMBRERAS

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $43.00

7. Dispatch Contact Name: TERRI LUMBRERAS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-1006	503-838-3035	503-559-1724	503-838-2676	

Dispatch Contact Name: CRIS LUMBRERAS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-5680	503-838-3035	503-551-5680	503-838-2676	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Terri Lumbreras
10. DATE 2-19-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Terri Lumbreras

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07061

BLM NUMBER: HAE076061

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning March 2008
b. Ending October 31, 2008

3. BUSINESS INFORMATION:

ASI ARDEN SOLUTION
PO BOX 640
INDEPENDENCE, OR 97351

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

605 3RD ST
INDEPENDENCE, OR 97351

a. FEIN: 45-0555367
b. Business Phone: 503-838-1006
c. DUNS: 797118978

d. Business Owner: TERRI LUMBRERAS

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $43.00

7. Dispatch Contact Name: TERRI LUMBRERAS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-1006	503-838-3035	503-559-1724	503-838-2676	

Dispatch Contact Name: CRIS LUMBRERAS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-5680	503-838-3035	503-551-5680	503-838-2676	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Terri L
10. DATE 2-19-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Terri Lumbreras

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07074 BLM NUMBER: HAE076074 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: BIRRUETA REFORESTATION INC 2389 STEIWER RD SE JEFFERSON, OR 97352	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1985 LANA AVE NE SALEM, OR 97303	
a. FEIN: 54-2155554 / b. Business Phone: 503-540-8768	c. DUNS: 869196527	
d. Business Owner: ANTONIO BIRRUETA	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $42.00

7. Dispatch Contact Name: ANTONIO BIRRUETA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-540-8768	503-540-8865	503-551-1444	503-540-5597	

Dispatch Contact Name: SONIA BELTRAN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-5431		503-881-5431	503-540-5597	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 2-8-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Antonio O. Birrueta	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07075

BLM NUMBER: HAE076075

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

BIRRUETA REFORESTATION INC
2389 STEIWER RD SE
JEFFERSON, OR 97352

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

1985 LANA AVE NE
SALEM, OR 97303

a. FEIN: 54-2155554
b. Business Phone: 503-540-8768
c. DUNS: 869196527

d. Business Owner: ANTONIO BIRRUETA

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $42.00

7. Dispatch Contact Name: ANTONIO BIRRUETA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-540-8768	503-540-8865	503-551-1444	503-540-5597	

Dispatch Contact Name: SONIA BELTRAN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-5431		503-881-5431	503-540-5597	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) X

10. DATE X 2-8-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Antonio O. Birrueta

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07036 BLM NUMBER: HAE076036 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: BMHC FIRE SERVICES PO BOX 427 BARRIERE, BC V0E 1E0	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* PRINCE'S CENTER 1000 - 23RD AVE OROVILLE, WA 98844	
a. FEIN: 86739 8893	b. Business Phone: 250-672-2120	c. DUNS: 20-059-0730
d. Business Owner: MIKE DEWEY	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $41.00

7. Dispatch Contact Name: MIKE DEWEY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
250-672-2120	250-672-5683	250-851-6933	250-672-2190	

Dispatch Contact Name: GEORGIA DEWEY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
250-672-2120	250-672-5683	250-319-8150	250-672-2190	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) [signature]	10. DATE February 4, 2008
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MIKE DEWEY	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07078 BLM NUMBER: HAE076078 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: C & H REFORESTERS INC PO BOX 369 FALLS CITY, OR 97344	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 925 E ELLENDALE AVE DALLAS, OR 97338	
a. FEIN: 930794606	b. Business Phone: 503-787-2004	c. DUNS: 04-485-9528
d. Business Owner: RICK HALL	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $40.00

7. Dispatch Contact Name: ROBERT GARDNER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-787-2004	503-623-4908	503-949-5757	503-787-3341	

Dispatch Contact Name: DELFINO ALEJANDRE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-910-6734	503-910-6734	503-910-6734	503-587-0994	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Robert Gardner	10. DATE 1-24-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Robert GARDNER	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. **AGREEMENT NUMBER:** IFCA07124 **BLM NUMBER:** HAE076124 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. **EFFECTIVE DATES:** a. **Beginning** 2008 Agreement Period	b. **Ending** September 30, 2009
3. **BUSINESS INFORMATION:** C S R ENTERPRISES P.O. BOX 9 DALLAS, OR 97338	4. **DESIGNATED DISPATCH LOCATION ADDRESS:** *(location of Crew where hired)* 1155 14TH ST SE SALEM, OR 97302	
a. **FEIN:** 20-8382867 / b. **Business Phone:** 503 623-8861	c. **DUNS:** 800604469	
d. **Business Owner:** SHAYONA & CAMILLE ROBERTS	5. **NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION:** 1	6. **HOURLY RATE:** $43.40

7. **Dispatch Contact Name:** MICHAEL COX

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-623-8861	503-623-3035	503-917-9243	503-623-8861	

Dispatch Contact Name: TOMAS CERVANTES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-623-8861	503-779-4137	503-910-0991	503-623-8861	

8. **If commissary is available at fire camps, Use by Contractor's Personnel is:**
☐ **AUTHORIZED** ☒ **NOT AUTHORIZED by CONTRACTOR**

9. **CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)** Shayona Roberts /S/	10. **DATE** 6/16/08
11. **CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)** Shayona Roberts	
12. **ODF CONTRACT MANAGER SIGNATURE** Burke Mayer /S/	13. **DATE** 6/17/08
14. **ODF CONTRACT MANAGER'S NAME AND TITLE** Burke Mayer, Interim Chief Procurement Officer	
15. **AUTHORIZED USA CONTRACTING OFFICER SIGNATURE** Steve Shapiro /S/	16. **DATE** 6/17/08
17. **AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE** Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07125 BLM NUMBER: HAE076125 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: C S R ENTERPRISES P.O. BOX 9 DALLAS, OR 97338	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 4917 LOCKWOOD AVE W THE DALLES, OR 97058	
a. FEIN: 20-8382867	b. Business Phone: 503-623-8861	c. DUNS: 800604469
d. Business Owner: SHAYONA & CAMILLE ROBERTS	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $43.50

7. Dispatch Contact Name: MICHAEL COX

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-623-8861	503-623-3035	503-917-9243	503-623-8861	

Dispatch Contact Name: RUSS IRWIN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-980-9719	503-779-4137	541-980-9719	541-296-4891	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Shayona Roberts /S/	10. DATE 6/16/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Shayona Roberts	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer /S/	13. DATE 6/17/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro /S/	16. DATE 6/17/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. **AGREEMENT NUMBER:** IFCA07126 **BLM NUMBER:** HAE076126 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. **EFFECTIVE DATES:** a. **Beginning** 2008 Agreement Period	b. **Ending** September 30, 2009
3. **BUSINESS INFORMATION:** C S R ENTERPRISES P.O. BOX 9 DALLAS, OR 97338	4. **DESIGNATED DISPATCH LOCATION ADDRESS:** *(location of Crew where hired)* 1155 14TH ST SE SALEM, OR 97302	
a. **FEIN:** 20-8382867	b. **Business Phone:** 503-623-8861	c. **DUNS:** 800611001
d. **Business Owner:** SHAYONA & CAMILLE ROBERTS	5. **NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION:** 1	6. **HOURLY RATE:** $43.40

7. **Dispatch Contact Name:** MICHAEL COX

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-623-8861	503-623-3035	503-917-9243	503-623-8861	

Dispatch Contact Name: TOMAS CERVANTES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-623-8861	503-779-4137	503-910-0991	503-623-8861	

8. **If commissary is available at fire camps, Use by Contractor's Personnel is:**
☐ **AUTHORIZED** ☒ **NOT AUTHORIZED by CONTRACTOR**

9. **CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)** Shayona Roberts /S/	10. **DATE** 6/16/08
11. **CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)** Shayona Roberts	
12. **ODF CONTRACT MANAGER SIGNATURE** Burke Mayer /S/	13. **DATE** 6/17/08
14. **ODF CONTRACT MANAGER'S NAME AND TITLE** Burke Mayer, Interim Chief Procurement Officer	
15. **AUTHORIZED USA CONTRACTING OFFICER SIGNATURE** Steve Shapiro /S/	16. **DATE** 6/17/08
17. **AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE** Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07072

BLM NUMBER: HAE076072

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

COOPER CONTRACTING INC
64655 OLD BEND REDMOND HWY
BEND, OR 97701

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

2675 HIGH DESERT DR
PRINEVILLE, OR 97754

a. FEIN: 93-0988298
b. Business Phone: 541-382-1195
c. DUNS: 19-521-0349

d. Business Owner: LOREEN COOPER

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $41.00

7. Dispatch Contact Name: PAUL/LOREEN COOPER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
~~541-382-1195~~ 541 934.2423		541-420-2318	541-934-2307 ~~541-318-0492~~	541-317-3330

Dispatch Contact Name: MIKE CADE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
	541-280-4413	541-280-4413	541-318-0492	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Loreen Cooper
10. DATE 1-31-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Loreen Cooper

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07073

BLM NUMBER: HAE076073

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
March 2008

b. Ending
October 31, 2008

3. BUSINESS INFORMATION:

CORIA CONTRACTING INC
8182 LIBERTY RD S
SALEM, OR 97306

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

2550 19TH ST SE
SALEM, OR 97302

a. FEIN: 93-1154689

b. Business Phone: 503-399-1044

c. DUNS: 80-721-8029

d. Business Owner:

LUIS CORIA

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $42.00

7. Dispatch Contact Name: LUIS C CORIA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-399-1044	503-399-7685	503-871-9348	503-363-1654	

Dispatch Contact Name: JOANNE TREJO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-370-9213	503-370-9213		503-363-1654	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 02/27/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07047

BLM NUMBER: HAE076047

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

DIAMOND FIRE
PO BOX 704
SUTHERLIN, OR 97479

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

3121 CROSBY AVE
KLAMATH FALLS, OR 97603

a. FEIN: 93-1242987

b. Business Phone: 541-459-5464

c. DUNS: 01-714-0570

d. Business Owner:

RICK SULFFRIDGE

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $38.60

7. Dispatch Contact Name: MIKE SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-0178	541-459-5473	

Dispatch Contact Name: RICK SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-6348	541-459-5473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
RICK C. SULFFRIDGE

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07048 BLM NUMBER: HAE076048 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DIAMOND FIRE PO BOX 704 SUTHERLIN, OR 97479	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 924 GILMAN RD MEDFORD, OR 97504	
a. FEIN: 93-1242987	b. Business Phone: 541-459-5464	c. DUNS: 01-714-0570
d. Business Owner: RICK SULFFRIDGE	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $36.90

7. Dispatch Contact Name: MIKE SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-0178	541-459-5473	

Dispatch Contact Name: RICK SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-6348	541-459-5473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 2-14-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) RICK C. SULFFRIDGE	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07049

BLM NUMBER: HAE076049

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

DIAMOND FIRE
PO BOX 704
SUTHERLIN, OR 97479

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

924 GILMAN RD
MEDFORD, OR 97504

a. FEIN: 93-1242987

b. Business Phone: 541-459-5464

c. DUNS: 01-714-0570

d. Business Owner:

RICK SULFFRIDGE

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $36.90

7. Dispatch Contact Name: MIKE SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-0178	541-459-5473	

Dispatch Contact Name: RICK SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-6348	541-459-5473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 02-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
RICK C SULFFRIDGE

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07050 BLM NUMBER: HAE076050 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DIAMOND FIRE PO BOX 704 SUTHERLIN, OR 97479	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 924 HWY 138 WEST SUTHERLIN, OR 97479	
a. FEIN: 93-1242987	b. Business Phone: 541-459-5464	c. DUNS: 01-714-0570
d. Business Owner: RICK SULFFRIDGE	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $36.90

7. Dispatch Contact Name: MIKE SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-0178	541-459-5473	

Dispatch Contact Name: RICK SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-6348	541-459-5473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 2-14-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) RICK C SULFFRIDGE	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07051

BLM NUMBER: HAE076051

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

DIAMOND FIRE
PO BOX 704
SUTHERLIN, OR 97479

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

924 HWY 138 WEST
SUTHERLIN, OR 97479

a. FEIN: 93-1242987
b. Business Phone: 541-459-5464
c. DUNS: 01-714-0570

d. Business Owner: RICK SULFFRIDGE

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $36.90

7. Dispatch Contact Name: MIKE SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-0178	541-459-5473	

Dispatch Contact Name: RICK SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-6348	541-459-5473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
RICK C SULFFRIDGE

12. ODF CONTRACT MANAGER SIGNATURE

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07052 BLM NUMBER: HAE076052 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DIAMOND FIRE PO BOX 704 SUTHERLIN, OR 97479	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 924 HWY 138 WEST SUTHERLIN, OR 97479	
a. FEIN: 93-1242987	b. Business Phone: 541-459-5464	c. DUNS: 01-714-0570
d. Business Owner: RICK SULFFRIDGE	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $36.90

7. Dispatch Contact Name: MIKE SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-0178	541-459-5473	

Dispatch Contact Name: RICK SULFFRIDGE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-459-2291	541-459-2291	541-430-6348	541-459-5473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 2-14-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) RICK L SULFFRIDGE	
12. ODF CONTRACT MANAGER SIGNATURE	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07014

BLM NUMBER: HAE076014

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

DUST BUSTERS PLUS LLC
PO BOX 50370
EUGENE, OR 97405

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

1551 S BERTELSEN RD
EUGENE, OR 97402

a. FEIN: 32-0033641

b. Business Phone: 541-683-1464

c. DUNS: 105352129

d. Business Owner:

LEE JURASEVICH

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: LEE JURASEVICH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-683-1464	208-863-9859	208-863-9859	800-679-3909	

Dispatch Contact Name: JAMES/TRISH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-683-0963	541-225-7424	541-225-7424	800-679-3909	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 1/23/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Lee Jurasevich

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07015 BLM NUMBER: HAE076015 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DUST BUSTERS PLUS LLC PO BOX 50370 EUGENE, OR 97405	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1551 S BERTELSEN RD EUGENE, OR 97402	

a. FEIN: 32-0033641	b. Business Phone: 541-683-1464	c. DUNS: 105352129
d. Business Owner: LEE JURASEVICH	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: LEE JURASEVICH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-683-1464	208-863-9859	208-863-9859	800-679-3909	

Dispatch Contact Name: JAMES/TRISH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-683-0963	541-225-7424	541-225-7424	800-679-3909	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 1/23/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Lee Jurasevich	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07016

BLM NUMBER: HAE076016

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

DUST BUSTERS PLUS LLC
PO BOX 50370
EUGENE, OR 97405

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

1551 S BERTELSEN RD
EUGENE, OR 97402

a. FEIN: 32-0033641

b. Business Phone: 541-683-1464

c. DUNS: 105352129

d. Business Owner:

LEE JURASEVICH

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: LEE JURASEVICH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-683-1464	208-863-9859	208-863-9859	800-679-3909	

Dispatch Contact Name: JAMES/TRISH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-683-0963	541-225-7424	541-225-7424	800-679-3909	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 1/23/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Lee Jurasevich

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07024

BLM NUMBER: HAE076024

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

EAGLE PASS REFORESTATION INC
PO BOX 246
JACKSONVILLE, OR 97530

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

~~7360 HWY 238~~ 50 Upper Applegate Rd.
JACKSONVILLE, OR 97530

a. FEIN: 93-1296747

b. Business Phone: 541-899-1227

c. DUNS: 783580632

d. Business Owner:

ANTONIO C. MENA

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $35.60

7. Dispatch Contact Name: ANTONIO C MENA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-899-1227	541-899-8512	541-951-3885	541-899-8789	

Dispatch Contact Name: KELLY PETERSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-899-1227	541-862-2120	541-821-1609	541-899-8789	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2-8-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
ANTONIO C. MENA PRESIDENT

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07025

BLM NUMBER: HAE076025

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning: 2008 Agreement Period
b. Ending: September 30, 2009

3. BUSINESS INFORMATION:

EAGLE PASS REFORESTATION INC
PO BOX 246
JACKSONVILLE, OR 97530

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

~~7360 HWY 238~~ 50 Upper Applegate Rd.
JACKSONVILLE, OR 97530

a. FEIN: 93-1296747
b. Business Phone: 541-899-1227
c. DUNS: 783580632
d. Business Owner: ANTONIO C. MENA
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $35.60

7. Dispatch Contact Name: ANTONIO C MENA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-899-1227	541-899-8512	541-951-3885	541-899-8789	

Dispatch Contact Name: KELLY PETERSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-899-1227	541-862-2120	541-821-1609	541-899-8789	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
10. DATE 2-8-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
ANTONIO C. MENA PRESIDENT

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07041 BLM NUMBER: HAE076041 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FERGUSON MANAGEMENT CO PO BOX 768 ALBANY, OR 97321	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 606 SW QUEEN AVE ALBANY, OR 97321	
a. FEIN: 93-0795784	b. Business Phone: 541-967-8425	c. DUNS: 05440-2342
d. Business Owner: TINA GAHAGAN	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $39.40

7. Dispatch Contact Name: PAUL ASHER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-967-8425	503 724 2597	503 724 2597	866-895-7088	503-510-2501

Dispatch Contact Name: MIKE HUSTED

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-510-2501	541 981 3512	503-510-2501	866-895-7088	541 981 3512

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Tina Gahagan	10. DATE 2/8/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Tina Gahagan	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07042 BLM NUMBER: HAE076042 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FERGUSON MANAGEMENT CO PO BOX 768 ALBANY, OR 97321	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 606 SW QUEEN AVE ALBANY, OR 97321	
a. FEIN: 93-0795784	b. Business Phone: 541-967-8425	c. DUNS: 05440-2342
d. Business Owner: TINA GAHAGAN	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $39.40

7. Dispatch Contact Name: PAUL Asher

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-967-8425	503 724 2597	503 724 2597	866-895-7088	503-510-2501

Dispatch Contact Name: MIKE HUSTED

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-510-2501	541 981 3512	503-510-2501	866-895-7088	503 724 2597

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Tina Gahagan	10. DATE 2/8/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Tina Gahagan	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07043

BLM NUMBER: HAE076043

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO
PO BOX 768
ALBANY, OR 97321

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

1810 NW 49TH ST
PENDLETON, OR 97801

a. FEIN: 93-0795784
b. Business Phone: 541-967-8425
c. DUNS: 05440-2342

d. Business Owner: TINA GAHAGAN

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $39.40

7. Dispatch Contact Name: MIKE HUSTED

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-510-2501	541 981 3512	503-510-2501	866-895-7088	503 724 2597

Dispatch Contact Name: PAUL Ashen

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-967-8425	503 724 2597	503 724 2597	866-895-7088	503-510-2501

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Tina Gahagan
10. DATE 2/8/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Tina Gahagan

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07044 BLM NUMBER: HAE076044 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FERGUSON MANAGEMENT CO PO BOX 768 ALBANY, OR 97321	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1810 NW 49TH ST PENDLETON, OR 97801	
a. FEIN: 93-0795784	b. Business Phone: 541-967-8425	c. DUNS: 05440-2342
d. Business Owner: TINA GAHAGAN	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $39.40

7. Dispatch Contact Name: MIKE HUSTED

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-510-2501	541 981 3512	503-510-2501	866-895-7088	541 981 3512

Dispatch Contact Name: PAUL Asher

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-967-8425	503 724 2597	503 724 2597	866-895-7088	503-510-2501

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Tina Gahagan	10. DATE 2/8/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Tina Gahagan	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07045

BLM NUMBER: HAE076045

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO
PO BOX 768
ALBANY, OR 97321

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

1810 NW 49TH ST
PENDLETON, OR 97801

a. FEIN: 93-0795784
b. Business Phone: 541-967-8425
c. DUNS: 05440-2342

d. Business Owner: TINA GAHAGAN

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $39.40

7. Dispatch Contact Name: MIKE HUSTED

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-510-2501	541 981 3512	503-510-2501	866-895-7088	503 724 2597

Dispatch Contact Name: PAUL Asher

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-967-8425	503-724 2597	5037242597	866-895-7088	503-510-2501

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Tina Gahagan
10. DATE 2/8/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Tina Gahagan

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07062

BLM NUMBER: HAE076062

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

2717 ORINDALE RD
KLAMATH FALLS, OR 97601

a. FEIN: 93-1292992
b. Business Phone: ~~503-394-3352~~ 541-928-6504
c. DUNS: 800333226

d. Business Owner: BOB FERGUSON

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $40.50

7. Dispatch Contact Name: BOB FERGUSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
~~503-394-3352~~ 541-928-6504	503-394-3356	541-990-9720 ~~541-990-9718~~	541-967-1281 ~~503-394-3361~~	254-871-5418

Dispatch Contact Name: DENNIS SICKLES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
~~503-394-3352~~ 541-928-6504	503-787-3755	541-981-3081 ~~541-990-9720~~	541-967-1281 ~~503-394-3361~~	503-559-0286

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Bob F
10. DATE 2/15/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Bob Ferguson

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07063

BLM NUMBER: HAE076063

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

914 MAIN ST
PHILOMATH, OR 97370

a. FEIN: 93-1292992

b. Business Phone: ~~503-394-3352~~ 541-928-6504

c. DUNS: 800333226

d. Business Owner: BOB FERGUSON

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $40.50

7. Dispatch Contact Name: BOB FERGUSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-928-6504 ~~503-394-3352~~	503-394-3356	541-990-9720 ~~541-990-9718~~	541-967-1281 ~~503-394-3361~~	254-871-5418

Dispatch Contact Name: DENNIS SICKLES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
~~503-394-3352~~ 541-928-6504	503-787-3755	541-981-3081 ~~541-990-9720~~	541-967-1281 ~~503-394-3361~~	503-559-0286

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) [signature]

10. DATE 2/15/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Bob Ferguson

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07064

BLM NUMBER: HAE076064

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

2717 ORINDALE RD
KLAMATH FALLS, OR 97601

a. FEIN: 93-1292992

b. Business Phone: ~~503-394-3352~~ 541-928-6504

c. DUNS: 800333226

d. Business Owner: BOB FERGUSON

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $40.50

7. Dispatch Contact Name: BOB FERGUSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
~~503-394-3352~~ 541-928-6504	503-394-3356	541-990-9720 ~~541-990-9718~~	541-967-1281 ~~503-394-3361~~	254-871-5418

Dispatch Contact Name: DENNIS SICKLES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
~~503-394-3352~~	503-787-3755	541-981-8081 ~~541-990-9720~~	541-967-1281 ~~503-394-3361~~	503-559-0286

541-928-6504

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2/15/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Bob Ferguson

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07065

BLM NUMBER: HAE076065

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

914 MAIN ST
PHILOMATH, OR 97370

a. FEIN: 93-1292992

b. Business Phone: 503-928- ~~503-394-3352~~ 6504

c. DUNS: 800333226

d. Business Owner: BOB FERGUSON

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $40.50

7. Dispatch Contact Name: BOB FERGUSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-928-6504	503-394- ~~541-990-9718~~ 3356	541-990- ~~9718~~ 9720	541-967-1281 ~~503-394-3361~~	254-871-5418

Dispatch Contact Name: DENNIS SICKLES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-928- ~~541-981-3081~~ 6504	503-787-3755	541- ~~990-9720~~ 981-3081	541-967-1281 ~~503-394-3361~~	503-559-0286

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ **AUTHORIZED** ☐ **NOT AUTHORIZED by CONTRACTOR**

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
/S/ BOB FERGUSON

10. DATE 2/15/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
BOB FERGUSON

12. ODF CONTRACT MANAGER SIGNATURE
/S/ BURKE MAYER

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
/S/ STEVE SHAPIRO

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07100 BLM NUMBER: HAE076100 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FIRST STRIKE ENVIRONMENTAL CO 256 QUARRY RD ROSEBURG, OR 97470	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 256 QUARRY RD ROSEBURG, OR 97470	
a. FEIN: 93-1272726	b. Business Phone: 800-447-3558	c. DUNS: 62-3872124
d. Business Owner: ROBERT KRUEGER	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $43.62

7. Dispatch Contact Name: ROBERT KRUEGER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
800-447-3558	800-447-3558		541-673-1739	

Dispatch Contact Name:

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR ~~OR~~ AUTHORIZED AGENT (SIGN HERE) Robert Krueger	10. DATE 2/6/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Robert Krueger President	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07101 BLM NUMBER: HAE076101 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FIRST STRIKE ENVIRONMENTAL CO 256 QUARRY RD ROSEBURG, OR 97470	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 3501 THOMPSON AVE VANCOUVER, WA 98660	
a. FEIN: 93-1272726	b. Business Phone: 800-447-3558	c. DUNS: 62-3872124
d. Business Owner: ROBERT KRUEGER	5. NUMBER OF 20-PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $44.74

7. Dispatch Contact Name: ROBERT KRUEGER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
800-447-3558	800-447-3558		541-673-1739	

Dispatch Contact Name:

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) [signature]	10. DATE 2/6/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Robert Krueger President	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07102 BLM NUMBER: HAE076102 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FIRST STRIKE ENVIRONMENTAL CO 256 QUARRY RD ROSEBURG, OR 97470	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 256 QUARRY RD ROSEBURG, OR 97470	
a. FEIN: 93-1272726	b. Business Phone: 800-447-3558	c. DUNS: 62-3872124
d. Business Owner: ROBERT KRUEGER	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $43.62

7. Dispatch Contact Name: ROBERT KRUEGER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
800-447-3558	800-447-3558		541-673-1739	

Dispatch Contact Name:

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 2/6/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Robert Krueger President	
12. ODF CONTRACT MANAGER SIGNATURE	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07077 BLM NUMBER: HAE076077 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FOREST FOR THE FUTURE INC 10695 BRICK RD SE TURNER, OR 97392	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 208 MAIN ST AUMSVILLE, OR 97325	
a. FEIN: 93-1087608	b. Business Phone: 503-743-2355	c. DUNS: 626285316
d. Business Owner: JUAN CEJA	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $39.00

7. Dispatch Contact Name: JUAN L CEJA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-743-2355	503-743-2355	503-559-3149	503-743-3250	

Dispatch Contact Name: MARCIE CEJA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-743-2355	503-743-2355	503-580-3945	503-743-3250	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Juan L. Ceja	10. DATE 2-1-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Juan L. Ceja	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07071 BLM NUMBER: HAE076071 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: FORTEC FORESTRY LLC 62176 OLIVE BARBER RD COOS BAY, OR 97420	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 62176 OLIVE BARBER RD COOS BAY, OR 97420	
a. FEIN: 93-1246868 / b. Business Phone: 541-267-2539	c. DUNS: 80-3684745	
d. Business Owner: MARK D REEVES	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $36.00

7. Dispatch Contact Name: MARK D REEVES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-267-2539	541-269-7190	541-290-9312	541-267-2539	

Dispatch Contact Name: WILLIAM J SCHROEDER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-267-2539	541-756-6106	541-290-9027	541-267-2539	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Mark	10. DATE 2-7-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MARK D. REEVES	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07082

BLM NUMBER: HAE076082

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

G E FORESTRY INC
5315 MCLOUGHLIN DR
CENTRAL POINT, OR 97502

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

5315 MCLOUGHLIN DR
CENTRAL POINT, OR 97502

a. FEIN: 93-1293097

b. Business Phone: 541-857-1106

c. DUNS: 05-463-9971

d. Business Owner:

ESTEBAN GONZALEZ

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $35.25

7. Dispatch Contact Name: ESTEBAN GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-857-1106	541-245-1236	541-601-7541	541-858-4163	

Dispatch Contact Name: RAYMUNDO GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
		541-941-4102		

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 1-29-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Esteban Gonzalez President

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07083

BLM NUMBER: HAE076083

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

G E FORESTRY INC
5315 MCLOUGHLIN DR
CENTRAL POINT, OR 97502

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

5315 MCLOUGHLIN DR
CENTRAL POINT, OR 97502

a. FEIN: 93-1293097

b. Business Phone: 541-857-1106

c. DUNS: 05-463-9971

d. Business Owner:

ESTEBAN GONZALEZ

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $35.25

7. Dispatch Contact Name: ESTEBAN GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-857-1106	541-245-1236	541-601-7541	541-858-4163	

Dispatch Contact Name: RAYMUNDO GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
		541-941-4102		

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
E

10. DATE
1-28-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Esteban Gonzalez President

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE
6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE
6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07084 BLM NUMBER: HAE076084 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: G E FORESTRY INC 5315 MCLOUGHLIN DR CENTRAL POINT, OR 97502	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 5315 MCLOUGHLIN DR CENTRAL POINT, OR 97502	
a. FEIN: 93-1293097	b. Business Phone: 541-857-1106	c. DUNS: 05-463-9971
d. Business Owner: ESTEBAN GONZALEZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $35.25

7. Dispatch Contact Name: ESTEBAN GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-857-1106	541-245-1236	541-601-7541	541-858-4163	

Dispatch Contact Name: RAYMUNDO GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
		541-941-4102		

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 1-28-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Esteban Gonzalez President	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07085 BLM NUMBER: HAE076085 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: G E FORESTRY INC 5315 MCLOUGHLIN DR CENTRAL POINT, OR 97502	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1180 BENS LN MEDFORD, OR 97501	
a. FEIN: 93-1293097 / b. Business Phone: 541-857-1106	c. DUNS: 05-463-9971	
d. Business Owner: ESTEBAN GONZALEZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $30.50

7. Dispatch Contact Name: ESTEBAN GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-857-1106	541-245-1236	541-601-7541	541-858-4163	

Dispatch Contact Name: RAYMUNDO GONZALEZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
		541-941-4102		

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)	10. DATE 1-28-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Esteban Gonzalez President	
12. ODF CONTRACT MANAGER SIGNATURE	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07037 BLM NUMBER: HAE076037 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period b. Ending September 30, 2009
3. BUSINESS INFORMATION: G F P ENTERPRISES INC PO BOX 639 SISTERS, OR 97759	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 307/378 W SISTERS PARK DR SISTERS, OR 97759
a. FEIN: 93-1287383 b. Business Phone: 541-549-8167	c. DUNS: 134600183
d. Business Owner: DONALD POLLARD	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1 6. HOURLY RATE: $39.00

7. Dispatch Contact Name: DAN BOETTNER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-549-8167	541-549-6394	541-815-2030	541-549-8129	541-309-0513

Dispatch Contact Name: DON POLLARD

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-549-8167	541-549-7805	541-815-5998	541-549-8129	541-309-0518

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Donald R. Pollard	10. DATE 1/30/2008
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Donald R. Pollard	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07038

BLM NUMBER: HAE076038

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

G F P ENTERPRISES INC
PO BOX 639
SISTERS, OR 97759

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

15 GULER RD
TROUT LAKE, WA 98650

a. FEIN: 93-1287383
b. Business Phone: 541-549-8167
c. DUNS: 134600183

d. Business Owner: DONALD POLLARD

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $39.00

7. Dispatch Contact Name: DON POLLARD

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-549-8167	541-549-7805	541-815-5998	541-549-8129	541-309-0518

Dispatch Contact Name: GILBERT MARTIN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
509-395-3667	509-395-3667	541-399-6053	509-395-3667	541-309-0516

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
Donald R. Pollard

10. DATE 1/30/2008

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Donald R. Pollard

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07039

BLM NUMBER: HAE076039

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

G F P ENTERPRISES INC
PO BOX 639
SISTERS, OR 97759

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

307/378 W SISTERS PARK DR
SISTERS, OR 97759

a. FEIN: 93-1287383
b. Business Phone: 541-549-8167
c. DUNS: 134600183

d. Business Owner: DONALD POLLARD

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $39.00

7. Dispatch Contact Name: DAN BOETTNER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-549-8167	541-549-6394	541-815-2030	541-549-8129	541-309-0513

Dispatch Contact Name: DON POLLARD

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-549-8167	541-549-7805	541-815-5998	541-549-8129	541-309-0518

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Donald R. Pollard
10. DATE 1/30/2008

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Donald R. Pollard

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07026

BLM NUMBER: HAE076026

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

G H RANCH LLC
14606 ANDERSON RD
KLAMATH FALLS, OR 97603

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

14606 ANDERSON RD
KLAMATH FALLS, OR 97603

a. FEIN: 93-1022487
b. Business Phone: 541-798-0255
c. DUNS: 60-859-6771

d. Business Owner: GERRY & NELDA HERMAN

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $37.00

7. Dispatch Contact Name: JOHN W BUNKER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-798-0255	541-850-8822	541-891-6091	541-798-5514	

Dispatch Contact Name: GERRY/NELDA HERMAN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-798-0255	541-798-5240	541-891-6204	541-798-5514	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Gerald D Herman
10. DATE 1-2-4-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Gerald Herman

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07027 BLM NUMBER: HAE076027 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: G H RANCH LLC 14606 ANDERSON RD KLAMATH FALLS, OR 97603	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 14606 ANDERSON RD KLAMATH FALLS, OR 97603	
a. FEIN: 93-1022487 / b. Business Phone: 541-798-0255	c. DUNS: 60-859-6771	
d. Business Owner: GERRY & NELDA HERMAN	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $37.00

7. Dispatch Contact Name: JOHN W BUNKER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-798-0255	541-850-8822	541-891-6091	541-798-5514	

Dispatch Contact Name: GERRY/NELDA HERMAN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-798-0255	541-798-5240	541-891-6204	541-798-5514	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Herald O Herman	10. DATE 1-24-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Gerald Herman	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07002

BLM NUMBER: HAE076002

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning: 2008 Agreement Period
b. Ending: September 30, 2009

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

3613 HIGHWAY 30
LA GRANDE, OR 97850

a. FEIN: 93-0730231
b. Business Phone: 541-476-0033
c. DUNS: 095013975

d. Business Owner: MICHAEL D WHEELOCK

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $35.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: RAY OSIPOVICH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-963-6568	541-476-0033	541-840-4393	541-963-2147	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
/President

10. DATE 2/25/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Michael D. Wheelock

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07003 BLM NUMBER: HAE076003 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 3613 HIGHWAY 30 LA GRANDE, OR 97850	
a. FEIN: 93-0730231	b. Business Phone: 541-476-0033	c. DUNS: 095013975
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $35.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: RAY OSIPOVICH

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-963-6568	541-476-0033	541-840-4393	541-963-2147	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) President	10. DATE 2/25/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Michael D. Wheelock	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07004 BLM NUMBER: HAE076004 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 405 N CANYON BLVD CANYON CITY, OR 97820
a. FEIN: 93-0730231 b. Business Phone: 541-476-0033	c. DUNS: 095013975
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1 6. HOURLY RATE: $37.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: DAVE HANNIBAL

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-575-1501	541-476-0033	541-620-0626	541-575-1581	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) /President	10. DATE 2/25/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Michael D. Wheelock	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07005

BLM NUMBER: HAE076005

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
2008 Agreement Period

b. Ending
September 30, 2009

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

405 N CANYON BLVD
CANYON CITY, OR 97820

a. FEIN: 93-0730231

b. Business Phone: 541-476-0033

c. DUNS: 095013975

d. Business Owner:

MICHAEL D WHEELOCK

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $37.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: DAVE HANNIBAL

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-575-1501	541-476-0033	541-620-0626	541-575-1581	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
[signature] / President

10. DATE
2/25/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Michael D. Wheelock

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE
6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE
6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07006

BLM NUMBER: HAE076006

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

~~6450 CRATER LAKE AVE~~ 1570 Ave. F
~~CENTRAL POINT, OR 97502~~ White City, OR 97503

a. FEIN: 93-0730231
b. Business Phone: 541-476-0033
c. DUNS: 095013975

d. Business Owner: MICHAEL D WHEELOCK

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $38.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: MILT COYLE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-761-0952	541-476-0162	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) / President
10. DATE 2/25/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Michael D. Wheelock

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07007 BLM NUMBER: HAE076007 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* ~~6450 CRATER LAKE AVE~~ 1570 Ave. F ~~CENTRAL POINT, OR 97502~~ White City, OR 97503	
a. FEIN: 93-0730231	b. Business Phone: 541-476-0033	c. DUNS: 095013975
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $38.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: MILT COYLE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-761-0952	541-476-0162	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) /President	10. DATE 2/25/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Michael D. Wheelock	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07008

BLM NUMBER: HAE076008

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

~~6450 CRATER LAKE AVE~~ 1570 Avenue F
~~CENTRAL POINT, OR 97502~~ White City, OR 97503

a. FEIN: 93-0730231
b. Business Phone: 541-476-0033
c. DUNS: 095013975

d. Business Owner: MICHAEL D WHEELOCK

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $38.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: MILT COYLE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-761-0952	541-476-0162	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) President
10. DATE 2/25/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Michael D. Wheelock

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07009

BLM NUMBER: HAE076009

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

1150 ORT LN
MERLIN, OR 97532

a. FEIN: 93-0730231
b. Business Phone: 541-476-0033
c. DUNS: 095013975

d. Business Owner: MICHAEL D WHEELOCK

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $38.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: MILT COYLE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-761-0952	541-476-0162	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) / President
10. DATE 2/25/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Michael D. Wheelock

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07010 BLM NUMBER: HAE076010 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1150 ORT LN MERLIN, OR 97532	
a. FEIN: 93-0730231	b. Business Phone: 541-476-0033	c. DUNS: 095013975
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $38.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: MILT COYLE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-761-0952	541-476-0162	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) /President	10. DATE 2/25/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Michael D. Wheelock	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07011 BLM NUMBER: HAE076011 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1150 ORT LN MERLIN, OR 97532	
a. FEIN: 93-0730231 / b. Business Phone: 541-476-0033	c. DUNS: 095013975	
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $38.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-218-2748	541-476-0162	

Dispatch Contact Name: MILT COYLE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-476-0033	541-476-0033	541-761-0952	541-476-0162	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☑ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) President	10. DATE 2/25/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Michael D. Wheelock	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07076 BLM NUMBER: HAE076076 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning March 2008	b. Ending October 31, 2008
3. BUSINESS INFORMATION: INBOUND LLC 7618 SW LOCUST ST PORTLAND, OR 97223	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 48224 E 1ST ST OAKRIDGE, OR 97463	
a. FEIN: 20-1741977 / b. Business Phone: 503-892-3663	c. DUNS: 168788078	
d. Business Owner: DILLON SANDERS	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: DILLON SANDERS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-892-3663		503-473-4851	503-977-6060	

Dispatch Contact Name: TOM HENEGHAN

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-342-2113				

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Dillon Sanders	10. DATE 2/25/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) DILLON SANDERS, MANAGING DIRECTOR	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07091

BLM NUMBER: HAE076091

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning
March 2008

b. Ending
October 31, 2008

3. BUSINESS INFORMATION:

J FRANCO REFORESTATION INC
9227 STAYTON RD SE
AUMSVILLE, OR 97325

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

616 GOVERNMENT WAY
MATTAWA, WA 99349

a. FEIN: 86-1081316

b. Business Phone: 503-302-3166

c. DUNS: 141158910

d. Business Owner:

JESUS FRANCO G

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: JESUS FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-302-3166	503-302-3166	503-302-3166	503-769-1422	

Dispatch Contact Name: JOEL SALAS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
509-830-7318	509-830-0679	509-830-0679	503-769-1422	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 02/25/2008

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)

JESUS FRANCO GUZMAN

12. ODF CONTRACT MANAGER SIGNATURE

Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE

Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07053

BLM NUMBER: HAE076053

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

J L & S CONTRACTING INC
3862 COLE RD S
SALEM, OR 97306

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

1452 BRUSH COLLEGE RD NW
SALEM, OR 97306

a. FEIN: 20-0695637
b. Business Phone: 503-371-7591
c. DUNS: 132-644605

d. Business Owner: SHEELA CORIA

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $37.00

7. Dispatch Contact Name: SHEELA CORIA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-371-7591	503-371-7591	503-507-5896	503-375-3473	

Dispatch Contact Name: JOSE LUIS CORIA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-371-7591	503-371-7591	503-949-0347	503-375-3473	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☒ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)
Sheela Coria

10. DATE 2-11-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
SHEELA CORIA

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07123

BLM NUMBER: HAE076123

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning: March 2008
b. Ending: October 31, 2008

3. BUSINESS INFORMATION:

J O INTERNATIONAL REFORESTATION INC
PO BOX 5309
GRANTS PASS, OR 97527

4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)*

226 HUMPHREY LN
GRANTS PASS, OR 97527

a. FEIN: 93-1144994
b. Business Phone: 541-479-4480
c. DUNS: 153902663
d. Business Owner: JAVIER OROZCO

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $44.00

7. Dispatch Contact Name: CAROL OROZCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-479-4480	541-479-5155	541-441-1904	541-471-3408	

Dispatch Contact Name: NICOLAUS OROZCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-479-4480	541-479-5155	541-441-2665	541-471-3408	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE): Javier Orozco
10. DATE: 2/25/2008

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE): Javier Orozco - President

12. ODF CONTRACT MANAGER SIGNATURE: Burke Mayer
13. DATE: 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE: Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE: Steve Shapiro
16. DATE: 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE: Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07054

BLM NUMBER: HAE076054

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

KEITH WHITEHEAD REFORESTATION LLC
9000 BEWLEY CREEK RD
TILLAMOOK, OR 97141

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

120 NORTH MAIN ST
BANKS, OR 97106

a. FEIN: 93-1198265
b. Business Phone: 503-842-7153
c. DUNS: 17-388-5047

d. Business Owner: KEITH WHITEHEAD

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $38.49

7. Dispatch Contact Name: SCOTT WHITEHEAD

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-812-0958	503-842-3672	503-812-0958	503-842-9268	

Dispatch Contact Name: KEITH WHITEHEAD

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-812-0580	503-842-7153	503-812-0580	503-842-9268	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☐ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Keith Whitehead
10. DATE 2/7/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Keith Whitehead

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07095

BLM NUMBER: HAE076095

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

LAVA RIVER FORESTRY INC
PO BOX 42
SALEM, OR 97308

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***
3470 Donald St, NE
~~2015 CARLETON WAY NE~~
SALEM, OR ~~97303~~ 97301

a. FEIN: 68-0622167
b. Business Phone: 503-838-4334
c. DUNS: 621439491

d. Business Owner: LUIS R. PEREZ

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: LUIS R PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-2197	503-508-6928	503-881-2197	503-838-1153 ~~503-589-8036~~	

Dispatch Contact Name: MARIA I PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-4334	503-510-4935	503-510-4935	503-838-1153 ~~503-589-8036~~	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Luis R Perez
10. DATE 02-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Luis R Perez

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07096

BLM NUMBER: HAE076096

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

LAVA RIVER FORESTRY INC
PO BOX 42
SALEM, OR 97308

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***
3470 Donald St, NE
~~2015 CARLETON WAY NE~~
SALEM, OR ~~97303~~ 97301

a. FEIN: 68-0622167
b. Business Phone: 503-838-4334
c. DUNS: 621439491

d. Business Owner: LUIS R. PEREZ

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: LUIS R PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-2197	503-508-6928	503-881-2197	503-838-1153 ~~503-589-8036~~	

Dispatch Contact Name: MARIA I PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-4334	503-510-4935	503-510-4935	503-838-1153 ~~503-589-8036~~	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Luis R Perez
10. DATE 02-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Luis R Perez

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07097 BLM NUMBER: HAE076097 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: LAVA RIVER FORESTRY INC PO BOX 42 SALEM, OR 97308	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 147810 HIGHWAY 97 S LA PINE, OR 97739	
a. FEIN: 68-0622167	b. Business Phone: 503-838-4334	c. DUNS: 621439491
d. Business Owner: LUIS R. PEREZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $41.00

7. Dispatch Contact Name: CARLA CRUME

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-536-7419	541-536-7419	541-410-8664	503-838-1153 ~~541-536-8614~~	

Dispatch Contact Name: LUIS R PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-2197	503-508-6928	503-881-2197	503-838-1153 ~~503-589-8036~~	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Luis R Perez	10. DATE 02-14-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Luis R Perez	
12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer	13. DATE 6/4/08
14. ODF CONTRACT MANAGER'S NAME AND TITLE Burke Mayer, Interim Chief Procurement Officer	
15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro	16. DATE 6/9/08
17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE Steve Shapiro, Contracting Officer	

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07098

BLM NUMBER: HAE076098

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

LAVA RIVER FORESTRY INC
PO BOX 42
SALEM, OR 97308

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

110 KING AVE
NYSSA, OR 97913

a. FEIN: 68-0622167
b. Business Phone: 503-838-4334
c. DUNS: 621439491

d. Business Owner: LUIS R. PEREZ

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $43.00

7. Dispatch Contact Name: LUIS R PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-2197	503-508-6928	503-881-2197	503-838-1153 ~~503-589-8036~~	

Dispatch Contact Name: MARIA I PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-4334	503-510-4935	503-510-4935	503-838-1153 ~~503-589-8036~~	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Luis R Perez
10. DATE 02-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Luis R Perez

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE
Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE
Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07099

BLM NUMBER: HAE076099

AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT

2. EFFECTIVE DATES:
a. Beginning 2008 Agreement Period
b. Ending September 30, 2009

3. BUSINESS INFORMATION:

LAVA RIVER FORESTRY INC
PO BOX 42
SALEM, OR 97308

4. DESIGNATED DISPATCH LOCATION ADDRESS: ***(location of Crew where hired)***

110 KING AVE
NYSSA, OR 97913

a. FEIN: 68-0622167
b. Business Phone: 503-838-4334
c. DUNS: 621439491

d. Business Owner: LUIS R. PEREZ

5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $43.00

7. Dispatch Contact Name: LUIS R PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-881-2197	503-508-6928	503-881-2197	503-838-1153 ~~503-589-8036~~	

Dispatch Contact Name: MARIA I PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-4334	503-510-4935	503-510-4935	503-838-1153 ~~503-589-8036~~	

8. If commissary is available at fire camps, Use by Contractor's Personnel is:
☐ AUTHORIZED ☒ NOT AUTHORIZED by CONTRACTOR

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) Luis R Perez
10. DATE 02-14-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Luis R Perez

12. ODF CONTRACT MANAGER SIGNATURE Burke Mayer
13. DATE 6/4/08

14. ODF CONTRACT MANAGER'S NAME AND TITLE

Burke Mayer, Interim Chief Procurement Officer

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE Steve Shapiro
16. DATE 6/9/08

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer