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

1. AGREEMENT NUMBER: IFCA07110

BLM NUMBER: HAE076110

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:

M Q FRANCO REFORESTATION
8457 DARLEY RD SE
AUMSVILLE, OR 97325

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

108936 HWY 97N
CHEMULT, OR 97731

a. FEIN: 93-0961277
b. Business Phone: 503-749-2288
c. DUNS: 196712095

d. Business Owner: MANUEL Q FRANCO

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

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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): Manuel Q Franco
10. DATE: 2/26/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE): MANUEL Q FRANCO

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: IFCA07111 BLM NUMBER: HAE076111 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 607 PORTAGE AVE MATTAWA, WA 99349	
a. FEIN: 93-0961277 / b. Business Phone: 503-749-2288	c. DUNS: 196712095	
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07111a BLM NUMBER: HAE076111a 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 607 PORTAGE AVE MATTAWA, WA 99349	
a. FEIN: 93-0961277 / b. Business Phone: 503-749-2288	c. DUNS: 196712095	
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07111b BLM NUMBER: HAE076111b 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* UNDEV LAND BEHIND 112 MAINS ST AUMSVILLE, OR 97325	
a. FEIN: 93-0961277	b. Business Phone: 503-749-2288	c. DUNS: 196712095
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07111c BLM NUMBER: HAE076111c 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* UNDEV LAND BEHIND 112 MAINS ST AUMSVILLE, OR 97325	
a. FEIN: 93-0961277 / b. Business Phone: 503-749-2288	c. DUNS: 196712095	
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07111d BLM NUMBER: HAE076111d 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1050 THRIFTY WAY ONTARIO, OR 97914	
a. FEIN: 93-0961277	b. Business Phone: 503-749-2288	c. DUNS: 196712095
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07112 BLM NUMBER: HAE076112 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1940 ORCHARD HOME DR MEDFORD, OR 97501	
a. FEIN: 93-0961277 / b. Business Phone: 503-749-2288	c. DUNS: 196712095	
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07113 BLM NUMBER: HAE076113 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 53469 APPLETON RD MILTON FREEWATER, OR 97862	
a. FEIN: 93-0961277 / b. Business Phone: 503-749-2288	c. DUNS: 196712095	
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07114
IFCA07119

BLM NUMBER: HAE076114

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:

M Q FRANCO REFORESTATION
8457 DARLEY RD SE
AUMSVILLE, OR 97325

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

53469 APPLETON RD
MILTON FREEWATER, OR 97862

a. FEIN: 93-0961277

b. Business Phone: 503-749-2288

c. DUNS: 196712095

d. Business Owner:

MANUEL Q FRANCO

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

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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)
Manuel Q Franco

10. DATE
2/26/08

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

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: IFCA07115 BLM NUMBER: HAE076115 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: M Q FRANCO REFORESTATION 8457 DARLEY RD SE AUMSVILLE, OR 97325	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 450 YAKIMA VALLEY HWY PARKER, WA 98939	
a. FEIN: 93-0961277 / b. Business Phone: 503-749-2288	c. DUNS: 196712095	
d. Business Owner: MANUEL Q FRANCO	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: MANUEL Q FRANCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-749-2288	503-580-6631	503-580-6631	503-749-4040	

Dispatch Contact Name: LEONEL R ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-991-1865	503-991-1865	503-991-1865	503-749-4040	

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) Manuel Q Franco	10. DATE 2/26/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) MANUEL Q FRANCO	
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: IFCA07028

BLM NUMBER: HAE076028

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:

MENASHA FOREST MANAGEMENT SERV LLC
PO BOX 588
NORTH BEND, OR 97459

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

1610 SHERIDAN AVE
NORTH BEND, OR 97459

a. FEIN: 55-0810468
b. Business Phone: 541-756-1193
c. DUNS: 006643089

d. Business Owner: JOHN GILLELAND

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

6. HOURLY RATE: $36.00

7. Dispatch Contact Name: ROB LASKEY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-756-1193	541-751-0886	541-294-0045	541-756-7833	

Dispatch Contact Name: MIKE ENYEART

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-756-1193	541-756-6580	541-294-0453	541-756-7833	

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) Michael E Enyeart / Manager
10. DATE 01/29/08

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

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: IFCA07029 BLM NUMBER: HAE076029 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: MENASHA FOREST MANAGEMENT SERV LLC 29772 CLEAR LAKE RD EUGENE, OR 97402	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 29772 CLEAR LAKE RD EUGENE, OR 97402
a. FEIN: 55-0810468 b. Business Phone: 541-688-1900	c. DUNS: 615691107
d. Business Owner: JOHN GILLELAND	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1 6. HOURLY RATE: $40.00

7. Dispatch Contact Name: DAVID MCCLOSKY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-607-0984	541-953-8224	541-688-0363	

Dispatch Contact Name: BRETT WISELY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-895-3492	541-228-5486	541-688-0363	

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) Michael E Emyeart Manager	10. DATE 01/29/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Michael E Emyeart	
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: IFCA07030

BLM NUMBER: HAE076030

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:

MENASHA FOREST MANAGEMENT SERV LLC
29772 CLEAR LAKE RD
EUGENE, OR 97402

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

29772 CLEAR LAKE RD
EUGENE, OR 97402

a. FEIN: 55-0810468
b. Business Phone: 541-688-1900
c. DUNS: 615691107
d. Business Owner: JOHN GILLELAND
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $40.00

7. Dispatch Contact Name: DAVID MCCLOSKY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-607-0984	541-953-8224	541-688-0363	

Dispatch Contact Name: BRETT WISELY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-895-3492	541-228-5486	541-688-0363	

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) Michael E Emyeart / Manager
10. DATE 01/29/08

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

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: IFCA07031

BLM NUMBER: HAE076031

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:

MENASHA FOREST MANAGEMENT SERV LLC
29772 CLEAR LAKE RD
EUGENE, OR 97402

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

29772 CLEAR LAKE RD
EUGENE, OR 97402

a. FEIN: 55-0810468
b. Business Phone: 541-688-1900
c. DUNS: 615691107

d. Business Owner: JOHN GILLELAND

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

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: DAVID MCCLOSKY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-607-0984	541-953-8224	541-688-0363	

Dispatch Contact Name: BRETT WISELY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-895-3492	541-228-5486	541-688-0363	

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) Michael E Enyeart / Manager
10. DATE 01/29/08

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

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: IFCA07032

BLM NUMBER: HAE076032

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:

MENASHA FOREST MANAGEMENT SERV LLC
29772 CLEAR LAKE RD
EUGENE, OR 97402

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

29772 CLEAR LAKE RD
EUGENE, OR 97402

a. FEIN: 55-0810468
b. Business Phone: 541-688-1900
c. DUNS: 615691107

d. Business Owner: JOHN GILLELAND

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

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: DAVID MCCLOSKY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-607-0984	541-953-8224	541-688-0363	

Dispatch Contact Name: BRETT WISELY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-688-1900	541-895-3492	541-228-5486	541-688-0363	

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) Michael E Enyeart / Manager
10. DATE 01/29/08

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

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: IFCA07017

BLM NUMBER: HAE076017

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:

MILLER TIMBER SERVICES INC
PO BOX 638
PHILOMATH, OR 97370

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

24745 ALSEA HWY
PHILOMATH, OR 97370

a. FEIN: 93-0771356
b. Business Phone: 541-929-2840
c. DUNS: 16-123-6146

d. Business Owner: LEE E MILLER

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

6. HOURLY RATE: $41.00

7. Dispatch Contact Name: LEE E MILLER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-929-2840	541-929-2840	541-740-9393	541-929-4489	

Dispatch Contact Name: MIKE CAPANNA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-929-2840	541-929-2840	541-740-4795	541-929-4489	

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)
Susan I Neuman

10. DATE 2-6-08

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

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: IFCA07018

BLM NUMBER: HAE076018

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:

MILLER TIMBER SERVICES INC
PO BOX 638
PHILOMATH, OR 97370

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

24745 ALSEA HWY
PHILOMATH, OR 97370

a. FEIN: 93-0771356
b. Business Phone: 541-929-2840
c. DUNS: 16-123-6146

d. Business Owner: LEE E MILLER

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

6. HOURLY RATE: $41.00

7. Dispatch Contact Name: LEE E MILLER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-929-2840	541-929-2840	541-740-9393	541-929-4489	

Dispatch Contact Name: MIKE CAPANNA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-929-2840	541-929-2840	541-740-4795	541-929-4489	

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)
Susan I Neuman

10. DATE 2-6-08

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

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: IFCA07019 BLM NUMBER: HAE076019 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: MILLER TIMBER SERVICES INC PO BOX 638 PHILOMATH, OR 97370	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 24745 ALSEA HWY PHILOMATH, OR 97370	
a. FEIN: 93-0771356	b. Business Phone: 541-929-2840	c. DUNS: 16-123-6146
d. Business Owner: LEE E MILLER	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $41.00

7. Dispatch Contact Name: LEE E MILLER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-929-2840	541-929-2840	541-740-9393	541-929-4489	

Dispatch Contact Name: MIKE CAPANNA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-929-2840	541-929-2840	541-740-4795	541-929-4489	

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) Susan I Neuman	10. DATE 2-6-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Susan I Neuman	
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: IFCA07108

BLM NUMBER: HAE076108

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:

MOSQUEDA REFORESTATION INC
518 CITATION DR NE
SALEM, OR 97301

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

3545 PORTLAND RD NE
SALEM, OR 97301

a. FEIN: 450504613
b. Business Phone: 503-371-1316
c. DUNS: 02-163-0061
d. Business Owner: MANUEL MOSQUEDA
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $45.00

7. Dispatch Contact Name: JOSE MOSQUEDA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-931-7461	971-239-8891	503-559-0185	503-391-6887	

Dispatch Contact Name: FRANCISCO MOSQUEDA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-~~371-1316~~ 399-7934	503-~~371-1316~~ 399-7934	503-931-7855	503-391-6887	

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): Manuel Mosqueda
10. DATE: 2-18-08

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

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: IFCA07127

BLM NUMBER: HAE076127

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:

NAP FORESTRY
314 JEANETTE AVE
MEDFORD, OR 97501

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

6650 TOLO RD
CENTRAL POINT, OR 97502

a. FEIN: 36-4531598
b. Business Phone: 541-941-4105
c. DUNS: 169608267

d. Business Owner: NORBERTO AYALA

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

6. HOURLY RATE: $42.00

7. Dispatch Contact Name: NORBERTO AYALA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-941-4105	541-941-4105	541-941-4105	541-282-9534	

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 02-19-08

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

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: IFCA07116

BLM NUMBER: HAE076116

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:

NORTH PACIFIC FORESTRY INC
PO BOX 7280
SALEM, OR 97301

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

2735 PORTLAND RD NE
SALEM, OR 97301

a. FEIN: 93-1317467
b. Business Phone: 503-763-0570
c. DUNS: 020656380

d. Business Owner: SALVADOR A. PEREZ

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

6. HOURLY RATE: $42.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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 02/19/08

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

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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07117 BLM NUMBER: HAE076117 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: NORTH PACIFIC FORESTRY INC PO BOX 7280 SALEM, OR 97301	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 2735 PORTLAND RD NE SALEM, OR 97301	
a. FEIN: 93-1317467 / b. Business Phone: 503-763-0570	c. DUNS: 020656380	
d. Business Owner: SALVADOR A. PEREZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $42.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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 02/19/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Eloy A 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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07118 BLM NUMBER: HAE076118 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: NORTH PACIFIC FORESTRY INC PO BOX 7280 SALEM, OR 97301	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 2735 PORTLAND RD NE SALEM, OR 97301	
a. FEIN: 93-1317467 / b. Business Phone: 503-763-0570	c. DUNS: 020656380	
d. Business Owner: SALVADOR A. PEREZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $42.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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 02/19/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Eloy A Perez	
12. ODF CONTRACT MANAGER SIGNATURE [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 [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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07119 BLM NUMBER: HAE076119 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: NORTH PACIFIC FORESTRY INC PO BOX 7280 SALEM, OR 97301	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 2735 PORTLAND RD NE SALEM, OR 97301	
a. FEIN: 93-1317467 / b. Business Phone: 503-763-0570	c. DUNS: 020656380	
d. Business Owner: SALVADOR A. PEREZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $42.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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 02/19/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Eloy A 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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07120

BLM NUMBER: HAE076120

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:

NORTH PACIFIC FORESTRY INC
PO BOX 7280
SALEM, OR 97301

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

2639 KIRTLAND RD
CENTRAL POINT, OR 97502

a. FEIN: 93-1317467
b. Business Phone: 503-763-0570
c. DUNS: 020656380

d. Business Owner: SALVADOR A. PEREZ

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

6. HOURLY RATE: $43.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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 02/19/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Eloy A 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 S 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: IFCA07121 BLM NUMBER: HAE076121 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: NORTH PACIFIC FORESTRY INC PO BOX 7280 SALEM, OR 97301	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 344 COOPER ST MATTAWA, WA 99349	
a. FEIN: 93-1317467 / b. Business Phone: 503-763-0570	c. DUNS: 020656380	
d. Business Owner: SALVADOR A. PEREZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $44.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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 02/19/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Eloy A 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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07122 BLM NUMBER: HAE076122 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: NORTH PACIFIC FORESTRY INC PO BOX 7280 SALEM, OR 97301	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 344 COOPER ST MATTAWA, WA 99349	
a. FEIN: 93-1317467	b. Business Phone: 503-763-0570	c. DUNS: 020656380
d. Business Owner: SALVADOR A. PEREZ	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $44.00

7. Dispatch Contact Name: SALVADOR & ELOY PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-763-0570	503-881-3125	503-881-2435	503-763-1729	

Dispatch Contact Name: SALVADOR,ELOY, ADRIAN PEREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-551-2139	503-881-2435	503-881-3125	503-763-1729	

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) Eloy A Perez	10. DATE 02/19/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Eloy A 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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07086

BLM NUMBER: HAE076086

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:

NORTH REFORESTATION INC
9930 HOFFMAN RD
MONMOUTH, OR 97361

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

1201 STRYKER RD LOT "B"
INDEPENDENCE, OR 97351

a. FEIN: 93-0932493

b. Business Phone: 503-838-0557

c. DUNS: 195210349

d. Business Owner:

JOSE B RINCON

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

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: JOSE B RINCON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-838-0557	503-838-4578	503-931-4025	503-606-0942	

Dispatch Contact Name: GERARDO RINCON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-580-5754				

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 2/18/08

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: IFCA07021

BLM NUMBER: HAE076021

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:

OREGON WOODS INC
PO BOX 11680
EUGENE, OR 97440

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

299 GARFIELD ST
EUGENE, OR 97402

a. FEIN: 93-1060340
b. Business Phone: 541-334-6634
c. DUNS: 80-935-9441

d. Business Owner: RICK HERSON

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

6. HOURLY RATE: $38.86

7. Dispatch Contact Name: RICK HERSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-334-6634	541-485-5521	541-517-8701	541-334-6590	

Dispatch Contact Name: GENEVIEVE SCHAACK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-334-6634	541-746-2337	541-844-9067	541-334-6590	

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) Rick Herson
10. DATE 1/28/08

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

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: IFCA07022

BLM NUMBER: HAE076022

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:

OREGON WOODS INC
PO BOX 11680
EUGENE, OR 97440

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

299 GARFIELD ST
EUGENE, OR 97402

a. FEIN: 93-1060340
b. Business Phone: 541-334-6634
c. DUNS: 80-935-9441

d. Business Owner: RICK HERSON

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

6. HOURLY RATE: $38.86

7. Dispatch Contact Name: RICK HERSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-334-6634	541-485-5521	541-517-8701	541-334-6590	

Dispatch Contact Name: GENEVIEVE SCHAACK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-334-6634	541-746-2337	541-844-9067	541-334-6590	

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) Rick Herson
10. DATE 1/28/08

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

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: IFCA07023 BLM NUMBER: HAE076023 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: OREGON WOODS INC PO BOX 11680 EUGENE, OR 97440	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 299 GARFIELD ST EUGENE, OR 97402	
a. FEIN: 93-1060340	b. Business Phone: 541-334-6634	c. DUNS: 80-935-9441
d. Business Owner: RICK HERSON	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $38.86

7. Dispatch Contact Name: RICK HERSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-334-6634	541-485-5521	541-517-8701	541-334-6590	

Dispatch Contact Name: GENEVIEVE SCHAACK

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-334-6634	541-746-2337	541-844-9067	541-334-6590	

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) Rick Herson	10. DATE 1/28/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) RICK HERSON	
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: IFCA07087

BLM NUMBER: HAE076087

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:

P R REFORESTATION INC
288 44TH AVE NE
SALEM, OR 97301

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

3220-3230 PORTLAND RD NE
SALEM, OR 97305

a. FEIN: 90-0115058
b. Business Phone: 503-363-2489
c. DUNS: 187662726

d. Business Owner:

JOSE PORFIRIO RAMIREZ SALDANA

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

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: TERESA ORTIZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-871-5366 ~~503-540-3083~~	503-589-1338	503-871-5366	503-363-1198	

Dispatch Contact Name: JOSE PORFIRIO/JUAN RAMIREZ

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-580-0964	503-551-8701	503-551-8701	503-363-1198	

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)
Jose Porfirio Ramirez Saldana

10. DATE 2-27-2008

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Jose Porfirio Ramirez Saldana

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: IFCA07106 BLM NUMBER: HAE076106 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: PACIFIC COAST CONTRACTING INC PO BOX 3254 CENTRAL POINT, OR 97502	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 5041 UPTON RD CENTRAL POINT, OR 97502	
a. FEIN: 20-1973057	b. Business Phone: 541-664-2982	c. DUNS: 123880648
d. Business Owner: JUAN BAUTISTA	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $34.00

7. Dispatch Contact Name: JUAN BAUTISTA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-664-2982	541-941-3165	541-941-3165	541-664-9282	

Dispatch Contact Name: FRANCISCO OROZCO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-664-2982	541-621-9697	541-621-9697	541-664-9282	

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 Bautista	10. DATE 02-07-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) JUAN BAUTISTA	
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: IFCA07069

BLM NUMBER: HAE076069

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:

PACIFIC OASIS INC
1575 E NEVADA ST
ASHLAND, OR 97520

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

1575 EAST NEVADA ST
ASHLAND, OR 97520

a. FEIN: 91-1855038
b. Business Phone: 541-821-5429
c. DUNS: 942259896

d. Business Owner: STEPHEN DODDS

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

6. HOURLY RATE: $39.00

7. Dispatch Contact Name: REBEKAH DODDS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-821-1410	541-552-1919	541-821-5429	541-482-1956	541-488-4287

Dispatch Contact Name: PETER HAWLEY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-821-1410	541-821-5429	541-944-3230	541-482-1956	541-488-4287

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 2/10/08

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

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: IFCA07070

BLM NUMBER: HAE076070

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:

PACIFIC OASIS INC
1575 E NEVADA ST
ASHLAND, OR 97520

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

1615 HAMILTON LN
GRANTS PASS, OR 97520

a. FEIN: 91-1855038
b. Business Phone: 541-821-5429
c. DUNS: 942259896

d. Business Owner: STEPHEN DODDS

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

6. HOURLY RATE: $39.00

7. Dispatch Contact Name: REBEKAH DODDS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-821-1410	541-552-1919	541-821-5429	541-482-1956	541-488-4287

Dispatch Contact Name: PETER HAWLEY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-821-1410	541-821-5429	541-944-3230	541-482-1956	541-488-4287

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) Stephen Dodds
10. DATE 2/10/08

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

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: IFCA07012 BLM NUMBER: HAE076012 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: PATRICK ENVIRONMENTAL INC DBA PATRICK CORP PO BOX 758 REDMOND, OR 97756	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1199 NE HEMLOCK AVE REDMOND, OR 97756	
a. FEIN: 93-0669213	b. Business Phone: 541-923-0703	c. DUNS: 030804710
d. Business Owner: RICKEY L DICE	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $38.00

7. Dispatch Contact Name: RICK DICE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-923-0703	541-318-6339	541-915-6373	541-923-6070	

Dispatch Contact Name: GERRY ESSER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-923-0703	~~541-923-0096~~	541-915-6330	541-923-6070	

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 2/23/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Rickey L. Dice	
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: IFCA07013 BLM NUMBER: HAE076013 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: PATRICK ENVIRONMENTAL INC DBA PATRICK CORP PO BOX 758 REDMOND, OR 97756	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1199 NE HEMLOCK AVE REDMOND, OR 97756	
a. FEIN: 93-0669213	b. Business Phone: 541-923-0703	c. DUNS: 030804710
d. Business Owner: RICKEY L DICE	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $38.00

7. Dispatch Contact Name: RICK DICE

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-923-0703	541-318-6339	541-915-6373	541-923-6070	

Dispatch Contact Name: GERRY ESSER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-923-0703	~~541-923-0096~~	541-915-6330	541-923-6070	

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) Rickey L D	10. DATE 2/27/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Rickey L Dice	
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: IFCA07046

BLM NUMBER: HAE076046

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:

PONDEROSA REFORESTATION INC
PO BOX 1067
MEDFORD, OR 97501

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

369 OAK GROVE RD
MEDFORD, OR 97501

a. FEIN: 93-1013177
b. Business Phone: 541-601-1977
c. DUNS: 803684646

d. Business Owner: JUAN BENCOMO

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

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: JUAN BENCOMO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-601-1977	541-601-1977	541-601-1977	541-857-0267	

Dispatch Contact Name: OSWALDO BENCOMO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-941-2210	541-941-2210	541-941-2210	541-857-0267	

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 Bencomo
10. DATE 5-15-08

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

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: IFCA07020

BLM NUMBER: HAE076020

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:

PROFESSIONAL REFORESTATION OF OREGON INC
555 LOCKHART
COOS BAY, OR 97420

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

555 LOCKHART
COOS BAY, OR 97420

a. FEIN: 93-0749549
b. Business Phone: 541-269-5610
c. DUNS: 094305590

d. Business Owner: DANIEL ROBERTSON

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

6. HOURLY RATE: $36.00

7. Dispatch Contact Name: DANIEL ROBERTSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-269-5610	541-267-2768	541-404-5239	541-269-5105	

Dispatch Contact Name: JOHN MEYER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-269-5610	541-404-5240	541-404-5240	541-269-5105	

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)
Daniel M. Robertson President

10. DATE 1-24-08

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: IFCA07092 BLM NUMBER: HAE076092 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: R & R CONTRACTING INC 4313 RIDGEWAY DR SE TURNER, OR 97392	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 10215 RICKREALL RD RICKREALL, OR 97371	
a. FEIN: 93-1291645	b. Business Phone: 503-743-2720	c. DUNS: 157630315
d. Business Owner: AMADOR ROCHA G	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: AMADOR ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-559-5689	503-743-2720	503-559-5689	503-743-9134	

Dispatch Contact Name: FEDERICO ROCHA F

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-559-4973	503-769-2947	503-559-4973	503-749-4040	

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) Amador Rocha G	10. DATE 02/01/2008
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) AMADOR ROCHA G.	
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: IFCA07093 BLM NUMBER: HAE076093 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: R & R CONTRACTING INC 4313 RIDGEWAY DR SE TURNER, OR 97392	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 10215 RICKREALL RD RICKREALL, OR 97371	
a. FEIN: 93-1291645 / b. Business Phone: 503-743-2720	c. DUNS: 157630315	
d. Business Owner: AMADOR ROCHA G	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $45.00

7. Dispatch Contact Name: AMADOR ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-559-5689	503-743-2720	503-559-5689	503-743-9134	

Dispatch Contact Name: FEDERICO ROCHA F

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-559-4973	503-769-2947	503-559-4973	503-749-4040	

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) Amador Rocha G.	10. DATE 02/01/2008
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) AMADOR ROCHA G.	
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: IFCA07094

BLM NUMBER: HAE076094

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:

R & R CONTRACTING INC
4313 RIDGEWAY DR SE
TURNER, OR 97392

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

360 W ROLLING HILLS DR
EAGLE POINT, OR 97524

a. FEIN: 93-1291645
b. Business Phone: 503-743-2720
c. DUNS: 157630315

d. Business Owner: AMADOR ROCHA G

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

6. HOURLY RATE: $45.00

7. Dispatch Contact Name: AMADOR ROCHA G

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-559-5689	503-743-2720	503-559-5689	503-743-9134	

Dispatch Contact Name: FEDERICO ROCHA F

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-559-4973	503-769-2947	503-559-4973	503-749-4040	

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) A. Rocha G.
10. DATE 02/01/2008

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

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: IFCA07107 BLM NUMBER: HAE076107 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: SG ENTERPRISES INC 995 WINTER ST NE SALEM, OR 97301	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 1050 NE 3RD ST PRINEVILLE, OR 97754	
a. FEIN: 93-1290526	b. Business Phone: 503-362-9188	c. DUNS: 144716284
d. Business Owner: SANDRA GRACIA	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $41.00

7. Dispatch Contact Name: SANDRA GARCIA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-362-9188	503-881-5352	503-881-5352	503-362-6671	

Dispatch Contact Name: REYES GARCIA

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-831-4713	503-831-4713	503-931-4143	503-362-6671	

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 1/31/2008
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Sandra Garcia	
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: IFCA07035

BLM NUMBER: HAE076035

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:

STRATA FORESTRY INC
100 WEST Q ST
SPRINGFIELD, OR 97477

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

100 WEST Q ST
SPRINGFIELD, OR 97477

a. FEIN: 93-0755519
b. Business Phone: 541-726-0845
c. DUNS: 019690122

d. Business Owner: KEITH LAWSON

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

6. HOURLY RATE: $37.80

7. Dispatch Contact Name: KEITH LAWSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-726-0845	541-726-1988	541-954-9502	541-726-9067	

Dispatch Contact Name: BILL LILLES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-726-0845	541-746-5592	541-915-5394	541-726-9067	

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 02/26/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Keith Lawson - 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: IFCA07033 BLM NUMBER: HAE076033 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: SUMMITT FORESTS INC 1257 SISKIYOU BLVD PMB #218 ASHLAND, OR 97520	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 5065 S PACIFIC HWY PHOENIX, OR 97535	
a. FEIN: 680197970	b. Business Phone: 541-535-8920	c. DUNS: 608261764
d. Business Owner: SCOTT NELSON	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $39.00

7. Dispatch Contact Name: SCOTT NELSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-535-8920	541-535-8920	541-944-0260	541-535-9970	

Dispatch Contact Name: DINAH WALKER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-535-8920	541-535-8920	541-621-3358	541-535-9970	

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 2/7/08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Scott Nelson 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: IFCA07034

BLM NUMBER: HAE076034

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:

SUMMITT FORESTS INC
1257 SISKIYOU BLVD PMB #218
ASHLAND, OR 97520

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

5065 S PACIFIC HWY
PHOENIX, OR 97535

a. FEIN: 680197970
b. Business Phone: 541-535-8920
c. DUNS: 608261764
d. Business Owner: SCOTT NELSON
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $39.00

7. Dispatch Contact Name: SCOTT NELSON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-535-8920	541-535-8920	541-944-0260	541-535-9970	

Dispatch Contact Name: DINAH WALKER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-535-8920	541-535-8920	541-621-3358	541-535-9970	

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 2/7/08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Scott Nelson 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: IFCA07001

BLM NUMBER: HAE076001

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:

TIMBERLINE CORP
PO BOX 713
RIDDLE, OR 97469

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

311 SHADY LN
RIDDLE, OR 97469

a. FEIN: 26-0019019
b. Business Phone: 541-874-3104
c. DUNS: 848784047

d. Business Owner: KARYN D MCNEIL

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

6. HOURLY RATE: $36.00

7. Dispatch Contact Name: KARYN MCNEIL

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-874-3104	541-874-3104	541-860-2595	541-874-3522	

Dispatch Contact Name: KRIS LEWIS

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-874-2072	541-874-2072	541-430-5182		

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) Karyn D McNeil
10. DATE 2-11-08

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

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: IFCA07079

BLM NUMBER: HAE076079

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:

TOM FERY FARM INC
PO BOX 361
STAYTON, OR 97383

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

14591 NE ARNDT RD
AURORA, OR 97002

a. FEIN: 93-1262675
b. Business Phone: 503-949-9090
c. DUNS: 94-425-3442

d. Business Owner: THOMAS FERY

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

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: THOMAS FERY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-949-9090	503-769-7496	503-949-9090	503-769-8496	503-949-3111

Dispatch Contact Name: ROBIN WINSTON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
971-275-6137	503-678-2512	971-275-6137	503-678-2528	

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) Thomas Fery
10. DATE 02/04/2008

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: IFCA07080

BLM NUMBER: HAE076080

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:

TOM FERY FARM INC
PO BOX 361
STAYTON, OR 97383

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

14591 NE ARNDT RD
AURORA, OR 97002

a. FEIN: 93-1262675
b. Business Phone: 503-949-9090
c. DUNS: 94-425-3442

d. Business Owner: THOMAS FERY

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

6. HOURLY RATE: $40.00

7. Dispatch Contact Name: THOMAS FERY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-949-9090	503-769-7496	503-949-9090	503-769-8496	503-949-3111

Dispatch Contact Name: ROBIN WINSTON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
971-275-6137	503-678-2512	971-275-6137	503-678-2528	

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) Thomas Fery
10. DATE 02/04/2008

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: IFCA07081

BLM NUMBER: HAE076081

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:

TOM FERY FARM INC
PO BOX 361
STAYTON, OR 97383

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

11528 STAYTON RD
STAYTON, OR 97383

a. FEIN: 93-1262675
b. Business Phone: 503-949-9090
c. DUNS: 94-425-3442
d. Business Owner: THOMAS FERY
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $40.00

7. Dispatch Contact Name: THOMAS FERY

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-949-9090	503-769-7496	503-949-9090	503-769-8496	503-949-3111

Dispatch Contact Name: ROBIN WINSTON

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
971-275-6137	503-678-2512	971-275-6137	503-678-2528	

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) Thomas Fery
10. DATE 02/04/2008

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
EXTENSION SUMMARY - CREWS

1. AGREEMENT NUMBER: IFCA07055

BLM NUMBER: HAE076055

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:

TORRES CONTRACTING INC
PO BOX 7434
SALEM, OR 97303

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

4023 SALEM INDUSTRIAL DR NE
SALEM, OR 97303

a. FEIN: 93-1283943
b. Business Phone: 503-393-7287
c. DUNS: 094329492

d. Business Owner:

DOLORES TORRES

Dolores Torres

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

6. HOURLY RATE: $44.00

7. Dispatch Contact Name: DOLORES TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-559-5021	503-393-2999	

Dispatch Contact Name: ANNA OR RICARDO TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-551-1999	503-393-2999	

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)
Dolores Torres President

10. DATE 02-18-08

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

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: IFCA07056

BLM NUMBER: HAE076056

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:

TORRES CONTRACTING INC
PO BOX 7434
SALEM, OR 97303

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

4023 SALEM INDUSTRIAL DR NE
SALEM, OR 97303

a. FEIN: 93-1283943
b. Business Phone: 503-393-7287
c. DUNS: 094329492

d. Business Owner:

DOLORAS TORRES

Dolores Torres

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

6. HOURLY RATE: $44.00

7. Dispatch Contact Name: DOLORES TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-559-5021	503-393-2999	

Dispatch Contact Name: ANNA OR RICARDO TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-551-1999	503-393-2999	

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)
Dolores Torres President

10. DATE 02-18-08

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

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: IFCA07057

BLM NUMBER: HAE076057

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:

TORRES CONTRACTING INC
PO BOX 7434
SALEM, OR 97303

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

4023 SALEM INDUSTRIAL DR NE
SALEM, OR 97303

a. FEIN: 93-1283943
b. Business Phone: 503-393-7287
c. DUNS: 094329492

d. Business Owner:

DOLORAS TORRES

Dolores Torres

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

6. HOURLY RATE: $44.00

7. Dispatch Contact Name: DOLORES TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-559-5021	503-393-2999	

Dispatch Contact Name: ANNA OR RICARDO TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-551-1999	503-393-2999	

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)
Dolores Torres President

10. DATE
02-18-08

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

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: IFCA07058 BLM NUMBER: HAE076058 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: TORRES CONTRACTING INC PO BOX 7434 SALEM, OR 97303	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 4023 SALEM INDUSTRIAL DR NE SALEM, OR 97303	
a. FEIN: 93-1283943 / b. Business Phone: 503-393-7287	c. DUNS: 094329492	
d. Business Owner: DOLORAS TORRES Dolores Torres	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $44.00

7. Dispatch Contact Name: DOLORES TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-559-5021	503-393-2999	

Dispatch Contact Name: ANNA OR RICARDO TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-551-1999	503-393-2999	

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) Dolores Torres	10. DATE 02-18-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Dolores Torres	
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: IFCA07059 BLM NUMBER: HAE076059 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: TORRES CONTRACTING INC PO BOX 7434 SALEM, OR 97303	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 4023 SALEM INDUSTRIAL DR NE SALEM, OR 97303	
a. FEIN: 93-1283943 / b. Business Phone: 503-393-7287	c. DUNS: 094329492	
d. Business Owner: DOLORAS TORRES Dolores Torres	5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $44.00

7. Dispatch Contact Name: DOLORES TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-559-5021	503-393-2999	

Dispatch Contact Name: ANNA OR RICARDO TORRES

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-463-1574	503-463-1574	503-551-1999	503-393-2999	

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) Dolores Torres President	10. DATE 02-18-08
11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE) Dolores Torres	
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: IFCA07103

BLM NUMBER: HAE076103

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:

W F HONER TIMBERLAND MGMT
PO BOX 4026
COOS BAY, OR 97420

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

729 D ST
COOS BAY, OR 97420

a. FEIN: 93-0797596
b. Business Phone: 541-267-5999
c. DUNS: 119718518
d. Business Owner: WILLIAM F. HONER
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $32.00

7. Dispatch Contact Name: WILLIAM F HONER

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-267-5999	541-297-9429	541-815-2083	541-267-5999	541-266-3397

Dispatch Contact Name: KATY COURTRIGHT

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
541-267-6439	541-267-6439	541-297-9429	541-267-6439	541-266-3397

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 2-11-08

11. CONTRACTOR OR AUTHORIZED AGENT'S NAME (PRINT HERE)
Wm. F. Honer III

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: IFCA07088

BLM NUMBER: HAE076088

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:

WILD FIRE SERVICES INC
402 N 41ST ST
YAKIMA, WA 98901

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

105 S NACHES AVE
YAKIMA, WA 98901

a. FEIN: 20-0716073
b. Business Phone: 509-248-6468
c. DUNS: 130478758

d. Business Owner: KARLA LOGOZZO

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

6. HOURLY RATE: $36.00

7. Dispatch Contact Name: TIM LOGOZZO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
509-949-2825	509-248-6468	509-949-2825	509-248-6468	

Dispatch Contact Name: KARLA LOGOZZO

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
509-949-1655	509-248-6468	509-949-1655	509-248-6468	

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) Karla Logozzo
10. DATE 2-12-08

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

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: IFCA07090

BLM NUMBER: HAE076090

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:

WOODPECKER
19207 ALLINSON
HUBBARD, OR 97032

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

1185 E COLLEGE ST
MT ANGEL, OR 97062

a. FEIN: 93-1029403
b. Business Phone: 503-678-2474
c. DUNS: 186158440
d. Business Owner: ANDRON USOLTSEFF
5. NUMBER OF 20 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $44.75

7. Dispatch Contact Name: ANDRON USOLTSEFF

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
971-338-8226	971-338-8226	503-984-1784	503.678.0203 ~~503-678-2481~~	

Dispatch Contact Name: ROSIE USOLTSEFF

a. Telephone Number: *(Daytime)*	b. Telephone Number: *(Evening)*	c. Cell Number:	d. Fax Number:	e. Pager Number:
503-984-4519	503-984-4519	503-984-4519	503.678.0203 ~~503-678-2481~~	

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): Andron
10. DATE: 2-25-08

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

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