OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07016 BLM NUMBER: HAE076316 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DIAMOND FIRE PO BOX 704 SUTHERLIN, OR 97479	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 924 HWY 138 WEST SUTHERLIN, OR 97479	
a. FEIN: 93-1242987 / b. Business Phone: 541-459-5464	c. DUNS: 01-714-0570	
d. Business Owner: RICK SULFFRIDGE	5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $40.00

7. Dispatch Contact Name: MIKE SULFFRIDGE

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

Dispatch Contact Name: RICK SULFFRIDGE

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07017 BLM NUMBER: HAE076317 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DIAMOND FIRE PO BOX 704 SUTHERLIN, OR 97479	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 924 GILMAN RD MEDFORD, OR 97504	
a. FEIN: 93-1242987	b. Business Phone: 541-459-5464	c. DUNS: 01-714-0570
d. Business Owner: RICK SULFFRIDGE	5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $40.00

7. Dispatch Contact Name: MIKE SULFFRIDGE

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

Dispatch Contact Name: RICK SULFFRIDGE

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07018 BLM NUMBER: HAE076318 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: DIAMOND FIRE PO BOX 704 SUTHERLIN, OR 97479	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 924 HWY 138 WEST SUTHERLIN, OR 97479	
a. FEIN: 93-1242987 / b. Business Phone: 541-459-5464	c. DUNS: 01-714-0570	
d. Business Owner: RICK SULFFRIDGE	5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $40.00

7. Dispatch Contact Name: MIKE SULFFRIDGE

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

Dispatch Contact Name: RICK SULFFRIDGE

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

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

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

1. AGREEMENT NUMBER: IFCAIA07019

BLM NUMBER: HAE076319

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

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

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

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

914 MAIN ST
PHILOMATH, OR 97370

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

d. Business Owner: BOB FERGUSON

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $44.50

7. Dispatch Contact Name: BOB FERGUSON

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

Dispatch Contact Name: DENNIS SICKLES

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

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

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE) [signature]
10. DATE 2/15/08

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

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

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

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

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07020

BLM NUMBER: HAE076320

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

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

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

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

914 MAIN ST
PHILOMATH, OR 97370

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

d. Business Owner: BOB FERGUSON

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $44.50

7. Dispatch Contact Name: BOB FERGUSON

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

Dispatch Contact Name: DENNIS SICKLES

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

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

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2/15/08

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

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
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 – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07021

BLM NUMBER: HAE076321

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

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

3. BUSINESS INFORMATION:

FERGUSON MANAGEMENT CO SOUTH
PO BOX 1090
JEFFERSON, OR 97352

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

914 MAIN ST
PHILOMATH, OR 97370

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

d. Business Owner: BOB FERGUSON

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $44.50

7. Dispatch Contact Name: BOB FERGUSON

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

Dispatch Contact Name: DENNIS SICKLES

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

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

9. CONTRACTOR OR AUTHORIZED AGENT (SIGN HERE)

10. DATE 2/15/08

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

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
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 – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07014

BLM NUMBER: HAE076314

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

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

3. BUSINESS INFORMATION:

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

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

307/378 W SISTERS PARK DR
SISTERS, OR 97759

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

d. Business Owner: DONALD POLLARD

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $42.90

7. Dispatch Contact Name: DAN BOETTNER

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

Dispatch Contact Name: DON POLLARD

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

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

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

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

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

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

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

17. AUTHORIZED USA CONTRACTING OFFICER'S NAME AND TITLE

Steve Shapiro, Contracting Officer

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07015

BLM NUMBER: HAE076315

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

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

3. BUSINESS INFORMATION:

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

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

307/378 W SISTERS PARK DR
SISTERS, OR 97759

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

d. Business Owner: DONALD POLLARD

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $42.90

7. Dispatch Contact Name: DAN BOETTNER

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

Dispatch Contact Name: DON POLLARD

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

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

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

10. DATE 1/30/2008

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

12. ODF CONTRACT MANAGER SIGNATURE
Burke Mayer

13. DATE 6/4/08

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

15. AUTHORIZED USA CONTRACTING OFFICER SIGNATURE
Steve Shapiro

16. DATE 6/9/08

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07001 BLM NUMBER: HAE076301 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 405 N CANYON BLVD CANYON CITY, OR 97820	
a. FEIN: 93-0730231	b. Business Phone: 541-476-0033	c. DUNS: 095013975
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $52.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

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

Dispatch Contact Name: DAVE HANNIBAL

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07002 BLM NUMBER: HAE076302 AGREEMENT NO. MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT	2. EFFECTIVE DATES: a. Beginning 2008 Agreement Period	b. Ending September 30, 2009
3. BUSINESS INFORMATION: GRAYBACK FORESTRY INC PO BOX 838 MERLIN, OR 97532	4. DESIGNATED DISPATCH LOCATION ADDRESS: *(location of Crew where hired)* 3613 HIGHWAY 30 LA GRANDE, OR 97850	
a. FEIN: 93-0730231 / b. Business Phone: 541-476-0033	c. DUNS: 095013975	
d. Business Owner: MICHAEL D WHEELOCK	5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $52.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

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

Dispatch Contact Name: RAY OSIPOVICH

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. **AGREEMENT NUMBER:** IFCAIA07003

BLM NUMBER: HAE076303

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

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

3. **BUSINESS INFORMATION:**

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

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

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

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

d. **Business Owner:** MICHAEL D WHEELOCK

5. **NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION:** 1

6. **HOURLY RATE:** $52.00

7. **Dispatch Contact Name:** MICHAEL D WHEELOCK

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

Dispatch Contact Name: MILT COYLE

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

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

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

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

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

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. **AGREEMENT NUMBER:** IFCAIA07004

BLM NUMBER: HAE076304

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

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

3. **BUSINESS INFORMATION:**

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

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

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

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

d. **Business Owner:** MICHAEL D WHEELOCK

5. **NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION:** 1

6. **HOURLY RATE:** $52.00

7. **Dispatch Contact Name:** MICHAEL D WHEELOCK

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

Dispatch Contact Name: MILT COYLE

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

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

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

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

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

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07005

BLM NUMBER: HAE076305

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

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

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

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

1150 ORT LN
MERLIN, OR 97532

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

d. Business Owner: MICHAEL D WHEELOCK

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $52.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

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

Dispatch Contact Name: MILT COYLE

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

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

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

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

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

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07006

BLM NUMBER: HAE076306

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

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

3. BUSINESS INFORMATION:

GRAYBACK FORESTRY INC
PO BOX 838
MERLIN, OR 97532

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

1150 ORT LN
MERLIN, OR 97532

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

d. Business Owner: MICHAEL D WHEELOCK

5. NUMBER OF 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1

6. HOURLY RATE: $52.00

7. Dispatch Contact Name: MICHAEL D WHEELOCK

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

Dispatch Contact Name: MILT COYLE

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

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

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

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

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

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

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

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

OREGON DEPARTMENT OF FORESTRY
INTERAGENCY FIREFIGHTING CREW AGREEMENT
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07011 BLM NUMBER: HAE076311 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 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $70.00

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 – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07025 BLM NUMBER: HAE076325 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: 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 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $51.00

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
AGREEMENT AWARD SUMMARY – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07012

BLM NUMBER: HAE076312

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 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1
6. HOURLY RATE: $44.00

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 Hers—
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 – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07013 BLM NUMBER: HAE076313 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 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $44.00

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 Hers	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 – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07007 BLM NUMBER: HAE0763007 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 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $65.00

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	~~541-923-6096~~	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 2/27/08
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 – INITIAL ATTACK CREW

1. AGREEMENT NUMBER: IFCAIA07023 BLM NUMBER: HAE076323 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 10 PERSON CREWS FOR DESIGNATED DISPATCH LOCATION: 1	6. HOURLY RATE: $39.00

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	