

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b> DAAE20-02-A-0011				<b>2. DELIVERY ORDER/CALL NO.</b> 0006		<b>3. DATE OF ORDER/CALL (YYYYMMDD)</b> 2004FEB09		<b>4. REQUISITION/PURCH REQUEST NO.</b> SEE SCHEDULE		<b>5. PRIORITY</b> DXA5	
<b>6. ISSUED BY</b> TACOM-ROCK ISLAND AMSTA-LC-CAC-C IRENE MAWSON (309)782-3810 ROCK ISLAND IL 61299-7630 EMAIL: MAWSONI@RIA.ARMY.MIL				<b>CODE</b> W52H09		<b>7. ADMINISTERED BY (if other than 6)</b> DCMA LONG ISLAND 605 STEWART AVE GARDEN CITY NY 11530-4761				<b>CODE</b> S3309A	
<b>9. CONTRACTOR</b> H & R PARTS CO LLC 800 AXINN AVE P.O. BOX CS-9401 GARDEN CITY, NY. 11530-9401				<b>CODE</b> 5P784		<b>FACILITY</b>		<b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b> SEE SCHEDULE		<b>8. DELIVERY FOB</b> <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
<b>NAME AND ADDRESS</b>				<b>SCD: A</b>		<b>PAS: NONE</b>		<b>ADP PT: HQ0337</b>		<b>11. X IF BUSINESS IS</b> <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED	
<b>14. SHIP TO</b> SEE SCHEDULE				<b>CODE</b>		<b>15. PAYMENT WILL BE MADE BY</b> DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266				<b>CODE</b> HQ0337	
<b>16. TYPE OF ORDER</b>				<b>DELIVERY/ CALL</b> <input checked="" type="checkbox"/>		<b>THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.</b>					
<b>PURCHASE</b>				Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____.		furnish the following on terms specified herein.					
<b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>											
<b>NAME OF CONTRACTOR</b>			<b>SIGNATURE</b>			<b>TYPED NAME AND TITLE</b>			<b>DATE SIGNED (YYYYMMDD)</b>		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. ITEM NO.</b>		<b>19. SCHEDULE OF SUPPLIES/SERVICE</b>				<b>20. QUANTITY ORDERED/ ACCEPTED*</b>		<b>21. UNIT</b>	<b>22. UNIT PRICE</b>		<b>23. AMOUNT</b>
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders									
<b>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</b>				<b>24. UNITED STATES OF AMERICA</b> ROXANNE SPURGETIS /SIGNED/ SPURGETISR@RIA.ARMY.MIL (309)782-4886				<b>25. TOTAL</b>		\$28,880.56	
				<b>BY:</b>				<b>26. DIFFERENCES</b>			
<b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b> <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED											
<b>b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>c. DATE (YYYYMMDD)</b>		<b>d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>			
<b>e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE</b>						<b>28. SHIP. NO.</b>		<b>29. D.O. VOUCHER NO.</b>		<b>30. INITIALS</b>	
<b>f. TELEPHONE NUMBER</b>			<b>g. E-MAIL ADDRESS</b>			<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>32. PAID BY</b>		<b>33. AMOUNT VERIFIED CORRECT FOR</b>	
<b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>						<b>31. PAYMENT</b>		<b>34. CHECK NUMBER</b>			
<b>a. DATE (YYYYMMDD)</b>			<b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		<b>35. BILL OF LADING NO.</b>			
<b>37. RECEIVED AT</b>		<b>38. RECEIVED BY (Print)</b>		<b>39. DATE RECEIVED (YYYYMMDD)</b>		<b>40. TOTAL CONTAINERS</b>		<b>41. S/R ACCOUNT NUMBER</b>		<b>42. S/R VOUCHER NO.</b>	

**CONTINUATION SHEET****Reference No. of Document Being Continued****Page 2 of 4**

PIIN/SIIN DAAE20-02-A-0011/0006

MOD/AMD

**Name of Offeror or Contractor:** H & R PARTS CO LLC

## SUPPLEMENTAL INFORMATION

1. THE PURPOSE OF THIS ORDER IS TO AWARD 47 EACH GUN AND SERVICE KITS, P/N: 9377014, NSN: 1015-01-210-3709..
2. THE DELIVERY SCHEDULE IS IN SECTION B.
3. DUE TO RECENT INCREASES IN WORKLOAD, SHIPMENTS TO DEFENSE DEPOT SUSQUEHANNA PENNSYLVANIA, (DDSP)(NEW CUMBERLAND) ARE EXPERIENNCING PROBLEMS RECEIVING CONTRACT DELIVERIES. TO AVOID DELIVERY DELAYS, ALL DELIVERIES SCHEDULED FOR DDSP (NEW CUMBERLAND) NOW REQUIRE AN APPOINTMENT. CONTRACTORS ARE REQUIRED TO SCHEDULE DELIVERY APPOINTMENTS BY CALLING DDSP CUSTOMER SERVICE HOTLINE 10 DAYS PRIOR TO DELIVERY DATE. THE DDSP CUSTOMRE SERVICE NUMBER IS 1-800-307-8496. APPOINTMENTS FOR FOB ORIGIN SHIPMENTS SHOULD BE COORDINATED WITH DCMA TRANSPORTATION. THE FOLLOWING INFORMATION WILL BE REQUIRED:
  - A. CONTRACT NUMBER
  - B. ITEM NAME (NOUN)
  - C. NSN
  - D. TOTAL WEIGHT AND CUBE
  - E. VENDOR
  - F. IDENTIFICATION OF CONSOLIDATION AND CONTAINERIZATION POINT (CCP) STOCK OR MISSION STOCK

ITEM F MAY BE OBTAINED BY CALLING THE CONTRACT SPECIALIST, IRENE MAWSON (309) 782-3810 OR THE ITEM MANAGER, DIANE MAYHALL (309) 782-6765.

PLEASE CONTACT THE CONTRACT SPECIALIST FOR ASSISTANCE REGARDING PROBLEMS MAKING APPOINTMENTS

\*\*\* END OF NARRATIVE A 001 \*\*\*

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-02-A-0011/0006 MOD/AMD

Name of Offeror or Contractor: H & R PARTS CO LLC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																									
0001	SUPPLIES OR SERVICES AND PRICES/COSTS  NSN: 1015-01-210-3709 FSCM: 19200 PART NR: 9377014 SECURITY CLASS: Unclassified																													
0001AA	<p><u>PRODUCTION QUANTITY</u></p> <p>NOUN: SERVICE KIT,GUN AND                      PRON: M131A186M1 PRON AMD: 02 ACRN: AA                      AMS CD: 060011JE</p> <p><u>Packaging and Marking</u></p> <p><u>Inspection and Acceptance</u>                      INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u></p> <table border="0"> <tr> <td>DOC</td> <td>SUPPL</td> <td></td> <td></td> <td></td> </tr> <tr> <td><u>REL CD</u></td> <td><u>MILSTRIP</u></td> <td><u>ADDR</u></td> <td><u>SIG CD</u></td> <td><u>MARK FOR</u></td> </tr> <tr> <td>001</td> <td>W52H093239H603</td> <td>W25G1U</td> <td>J</td> <td>1</td> </tr> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> <td></td> <td></td> </tr> <tr> <td>001</td> <td>47</td> <td>09-JUL-2004</td> <td></td> <td></td> </tr> </table> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u>                      (W25G1U) XU TRANSPORTATION OFFICER                      DDSP NEW CUMBERLAND FACILITY                      BUILDING MISSION DOOR 113 134                      NEW CUMBERLAND PA 17070-5001</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u>                      DAAE20-02-A-0011/0006</p>	DOC	SUPPL				<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	001	W52H093239H603	W25G1U	J	1	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>			001	47	09-JUL-2004			47	EA	\$ 614.48000	\$ 28,880.56
DOC	SUPPL																													
<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>																										
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**Name of Offeror or Contractor:** H & R PARTS CO LLC

CONTRACT ADMINISTRATION DATA

LINE	PRON/ AMS CD/ <u>ITEM</u>	<u>MIPR</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		JOB ORDER <u>NUMBER</u>	<u>ACCOUNTING</u> <u>STATION</u>	<u>OBLIGATED</u> <u>AMOUNT</u>
0001AA	M131A186M1		AA	2	97 X4930AC9G 6D	26KB S11116		W52H09 \$	28,880.56
	060011JE								
								TOTAL \$	28,880.56

<u>SERVICE</u> <u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>ACCOUNTING</u> <u>STATION</u>	<u>OBLIGATED</u> <u>AMOUNT</u>
Army	AA	97 X4930AC9G 6D	26KB S11116	W52H09	\$ 28,880.56
				TOTAL	\$ 28,880.56