

ORDER FOR SUPPLIES OR SERVICES

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|--|-----------------------------------|--|---|----------------------------|
| 1. CONTRACT PURCH ORDER/AGREEMENT NO. W52H09-04-P-0299 | 2. DELIVERY ORDER/CALL NO. | 3. DATE OF ORDER/CALL (YYYYMMDD) 2004APR29 | 4. REQUISITION/PURCH REQUEST NO. SEE SCHEDULE | 5. PRIORITY DOA5 |
|--|-----------------------------------|--|---|----------------------------|

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|--|-------------|--------|---|-------------|--------|--|
| 6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CFA-B CINDY AHRENS (309)782-4372 ROCK ISLAND IL 61299-7630 EMAIL: AHRENSC@RIA.ARMY.MIL | CODE | W52H09 | 7. ADMINISTERED BY (if other than 6) DCMA PHILADELPHIA 700 ROBBINS AVENUE BLDG 4-A PO BOX 11427 PHILADELPHIA PA 19111-0427 | CODE | S3915A | 8. DELIVERY FOB <input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other) |
| | | | SCD: C PAS: NONE ADP PT: HQ0337 | | | |

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|--|-------------|-------|-----------------|--|---|
| 9. CONTRACTOR E.W. YOST COMPANY 340 N. WALES ROAD P.O. BOX 2136 BLUE BELL, PA. 19422-1324 | CODE | 8H739 | FACILITY | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE | 11. X IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMAN-OWNED |
| | | | | 12. DISCOUNT TERMS Net 30 Days | |
| | | | | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 15 | |
| TYPE BUSINESS: Other Small Business Performing in U.S. | | | | | |

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|------------------------------------|-------------|--|---|-------------|--------|---|
| 14. SHIP TO SEE SCHEDULE | CODE | | 15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS PO BOX 182266 COLUMBUS OH 43218-2266 | CODE | HQ0337 | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2 |
|------------------------------------|-------------|--|---|-------------|--------|---|

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|--------------------------|-----------------------|---|--|--|--|--|
| 16. TYPE OF ORDER | DELIVERY/ CALL | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT. | | | | |
| | | Reference your <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written Quotation W52H0904T0169, Dated _____, furnish the following on terms specified herein. | | | | |
| | PURCHASE | 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. | | | | |

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|--|------------------|-----------------------------|-------------------------------|
| NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED (YYYYMMDD) |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | |

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| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE |
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| 18. ITEM NO. | 19. SCHEDULE OF SUPPLIES/SERVICE | 20. QUANTITY ORDERED/ ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|--------------|---|---------------------------------|----------|----------------|------------|
| | SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price KIND OF CONTRACT: Supply Contracts and Priced Orders | | | | |

| | | | |
|--|---|------------------------|-------------|
| * 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. | 24. UNITED STATES OF AMERICA DEE ANN DEWINTER /SIGNED/ DEWINTER@RIA.ARMY.MIL (309)782-3801 BY: _____ CONTRACTING/ORDERING OFFICER | 25. TOTAL | \$24,050.00 |
| | | 26. DIFFERENCES | |

27a. QUANTITY IN COLUMN 20 HAS BEEN
 INSPECTED RECEIVED ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED

| | | |
|---|---------------------------|--|
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | c. DATE (YYYYMMDD) | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
|---|---------------------------|--|

| | | | |
|---|----------------------|-----------------------------|---------------------|
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | 28. SHIP. NO. | 29. D.O. VOUCHER NO. | 30. INITIALS |
|---|----------------------|-----------------------------|---------------------|

| | | | | |
|----------------------------|--------------------------|--|--------------------|--|
| f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR |
|----------------------------|--------------------------|--|--------------------|--|

| | | |
|--|---|-------------------------|
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | 34. CHECK NUMBER |
|--|---|-------------------------|

| | | |
|---------------------------|---|-------------------------------|
| a. DATE (YYYYMMDD) | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO. |
|---------------------------|---|-------------------------------|

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|------------------------|--------------------------------|-------------------------------------|-----------------------------|-------------------------------|----------------------------|
| 37. RECEIVED AT | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYYYMMDD) | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NUMBER | 42. S/R VOUCHER NO. |
|------------------------|--------------------------------|-------------------------------------|-----------------------------|-------------------------------|----------------------------|

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|---------------------------|--|--------------------|
| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN W52H09-04-P-0299 MOD/AMD | Page 2 of 5 |
|---------------------------|--|--------------------|

Name of Offeror or Contractor: E.W. YOST COMPANY

SUPPLEMENTAL INFORMATION

1. This award is for 37 each Cross Leveling Mech (NSN 1015-01-437-1083, PN 11579990).
2. First article test report is required.
3. A 100% option provision is included. FOB origin clauses apply to the option quantity only.

*** END OF NARRATIVE A 001 ***

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN W52H09-04-P-0299 MOD/AMD

Name of Offeror or Contractor: E.W. YOST COMPANY

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT | | | | | | | | | | | | | | | | | | |
|-------------------|---|-----------------|-----------------|-----------------|---------------|-----------------|--------------|-----|--|--|--|--|---|-------------------|-----------------|-----------------|-----|---|-------------|---|----|--------------|--------------|
| 0001 | SUPPLIES OR SERVICES AND PRICES/COSTS NSN: 1015-01-437-1083 FSCM: 19206 PART NR: 11579990 SECURITY CLASS: Unclassified | | | | | | | | | | | | | | | | | | | | | | |
| 0001AA | <u>FIRST ARTICLE TEST REPORT</u> NOUN: FIRST ARTICLE TEST REPORT <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Destination <u>Deliveries or Performance</u> DOC SUPPL <table border="0"> <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> <td><u>TP CD</u></td> </tr> <tr> <td>001</td> <td></td> <td></td> <td></td> <td></td> <td>3</td> </tr> </table> <table border="0"> <tr> <td><u>DEL REL CD</u></td> <td><u>QUANTITY</u></td> <td><u>DEL DATE</u></td> </tr> <tr> <td>001</td> <td>1</td> <td>30-SEP-2004</td> </tr> </table> FOB POINT: Destination SHIP TO: (Z55555) TACOM-ROCK ISLAND ATTN AMSTA-LC-CFA ROCK ISLAND IL 61299-7630 <u>CONTRACT/DELIVERY ORDER NUMBER</u> W52H09-04-P-0299/0000 | <u>REL CD</u> | <u>MILSTRIP</u> | <u>ADDR</u> | <u>SIG CD</u> | <u>MARK FOR</u> | <u>TP CD</u> | 001 | | | | | 3 | <u>DEL REL CD</u> | <u>QUANTITY</u> | <u>DEL DATE</u> | 001 | 1 | 30-SEP-2004 | 1 | LO | \$ ** NSP ** | \$ ** NSP ** |
| <u>REL CD</u> | <u>MILSTRIP</u> | <u>ADDR</u> | <u>SIG CD</u> | <u>MARK FOR</u> | <u>TP CD</u> | | | | | | | | | | | | | | | | | | |
| 001 | | | | | 3 | | | | | | | | | | | | | | | | | | |
| <u>DEL REL CD</u> | <u>QUANTITY</u> | <u>DEL DATE</u> | | | | | | | | | | | | | | | | | | | | | |
| 001 | 1 | 30-SEP-2004 | | | | | | | | | | | | | | | | | | | | | |
| 0001AB | <u>PRODUCTION QUANTITY</u> NOUN: CROSS LEVELING MECH PRON: M141F427M1 PRON AMD: 02 ACRN: AA AMS CD: 06001168ATM <u>Packaging and Marking</u> <u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin | 37 | EA | \$ 650.00000 | \$ 24,050.00 | | | | | | | | | | | | | | | | | | |

CONTINUATION SHEET

Reference No. of Document Being Continued
 PIIN/SIIN W52H09-04-P-0299 MOD/AMD

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Name of Offeror or Contractor: E.W. YOST COMPANY

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|---------------------|---------------------|
| 0002 | <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H093204A606 W25G1U J 1 <u>DEL REL CD QUANTITY DEL DATE</u> 001 37 31-JAN-2005</p> <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> W52H09-04-P-0299/0000</p> <p><u>DATA ITEM</u></p> <p>SECURITY CLASS: Unclassified</p> <p>Contractor will prepare and deliver the technical data in accordance with the requirements, quantities and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic delivery information.</p> <p>A DD250 IS NOT REQUIRED</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Destination</p> | | | <p>\$ ** NSP **</p> | <p>\$ ** NSP **</p> |

CONTINUATION SHEET

Reference No. of Document Being Continued

PIIN/SIIN W52H09-04-P-0299

MOD/AMD

Name of Offeror or Contractor: E.W. YOST COMPANY

CONTRACT ADMINISTRATION DATA

| LINE | PRON/ AMS CD/ ITEM | OBLG ACRN | STAT | ACCOUNTING CLASSIFICATION | JOB ORDER NUMBER | ACCOUNTING STATION | OBLIGATED AMOUNT |
|--------|---------------------------|--------------|------|---------------------------|------------------------|-----------------------|---------------------|
| 0001AB | M141F427M1 06001168ATM | AA | 2 | 97 X4930AC9G 6D | 26KB S11116 | W52H09 \$ | 24,050.00 |
| TOTAL | | | | | | | \$ 24,050.00 |

| SERVICE NAME | TOTAL BY ACRN | ACCOUNTING CLASSIFICATION | JOB ORDER NUMBER | ACCOUNTING STATION | OBLIGATED AMOUNT |
|-----------------|---------------|---------------------------|------------------------|-----------------------|---------------------|
| Army | AA | 97 X4930AC9G 6D | 26KB S11116 | W52H09 | \$ 24,050.00 |
| TOTAL | | | | | \$ 24,050.00 |