

**ORDER FOR SUPPLIES OR SERVICES**

|  |  |  |  |   |  |   |  |  |                       |   |                   |                        |  |  |  |
|--|--|--|--|---|--|---|--|--|-----------------------|---|-------------------|------------------------|--|--|--|
| <b>1. CONTRACT PURCH ORDER/AGREEMENT NO.</b><br>W52H09-04-P-0615   |  |  |  | <b>2. DELIVERY ORDER/CALL NO.</b>   |  | <b>3. DATE OF ORDER/CALL (YYYYMMDD)</b><br>2004SEP16  |  | <b>4. REQUISITION/PURCH REQUEST NO.</b><br>SEE SCHEDULE                  |                       | <b>5. PRIORITY</b><br>DOA5  |                   |                        |  |  |  |
| <b>6. ISSUED BY</b><br>TACOM-ROCK ISLAND<br>AMSTA-LC-CFA-B<br>MICHELE LAERMANS (309)782-6070<br>ROCK ISLAND IL 61299-7630<br>EMAIL: LAERMANS@RIA.ARMY.MIL                                      |  |  |  | CODE W52H09   |  | <b>7. ADMINISTERED BY (if other than 6)</b><br>DCMA HARTFORD<br>130 DARLIN ST<br>EAST HARTFORD CT 06108-3234<br>SCD: C PAS: NONE ADP PT: HQ0337 |  |  |                       | CODE S0701A   |                   |                        |  |  |  |
| <b>9. CONTRACTOR</b><br>KELL-STROM TOOL CO., INC.<br>214 CHURCH STREET<br>WETHERSFIELD, CT. 06109-2316<br>NAME AND ADDRESS<br>TYPE BUSINESS: Other Small Business Performing in U.S.           |  |  |  | CODE 75245  |  | FACILITY  |  | <b>10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)</b><br>SEE SCHEDULE     |                       | <b>8. DELIVERY FOB</b><br><input type="checkbox"/> DESTINATION<br><input checked="" type="checkbox"/> OTHER (See Schedule if other) |                   |                        |  |  |  |
| <b>14. SHIP TO</b><br>SEE SCHEDULE   |  |  |  | CODE  |  | <b>15. PAYMENT WILL BE MADE BY</b><br>DFAS COLUMBUS CENTER<br>NORTH ENTITLEMENT OPERATIONS<br>PO BOX 182266<br>COLUMBUS OH 43218-2266           |  |  |                       | CODE HQ0337   |                   |                        |  |  |  |
| <b>11. X IF BUSINESS IS</b><br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMAN-OWNED                               |  |  |  | <b>12. DISCOUNT TERMS</b><br>0.50% 10 Days<br>Net 30 Days   |  | <b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b><br>See Block 15  |  |  |                       |   |                   |                        |  |  |  |
| <b>16. TYPE OF ORDER</b><br>DELIVERY/ CALL<br>PURCHASE X   |  |  |  | THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.<br>Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation W52H0904T0472, Dated _____, furnish the following on terms specified herein.<br>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. |  |   |  |  |                       |   |                   |                        |  |  |  |
| 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:   |  |  |  |   |  |   |  |  |                       |   |                   |                        |  |  |  |
| <b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b><br>SEE SCHEDULE   |  |  |  |   |  |   |  |  |                       |   |                   |                        |  |  |  |
| <b>18. ITEM NO.</b>  |  | <b>19. SCHEDULE OF SUPPLIES/SERVICE</b><br>SEE SCHEDULE<br>CONTRACT TYPE:<br>Firm-Fixed-Price<br>KIND OF CONTRACT:<br>Supply Contracts and Priced Orders |  |   |  | <b>20. QUANTITY ORDERED/ACCEPTED*</b>   |  | <b>21. UNIT</b>  | <b>22. UNIT PRICE</b> |   | <b>23. AMOUNT</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>24. UNITED STATES OF AMERICA</b><br>DEE ANN DEWINTER /SIGNED/<br>DEWINTER@RIA.ARMY.MIL (309)782-3801<br>BY: CONTRACTING/ORDERING OFFICER   |  |   |  | <b>25. TOTAL</b>   |                       |   |                   | \$2,025.00             |  |  |  |
| <b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b><br><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<br><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><br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                   |  |  |                       | <b>34. CHECK NUMBER</b>   |                   |                        |  |  |  |
| <b>a. DATE (YYYYMMDD)</b>  |  | <b>b. SIGNATURE AND TITLE OF CERTIFYING OFFICER</b>  |  |   |  |   |  |  |                       | <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>  |                   |                        |  |  |  |

|   |  |                    |
|---|--|--------------------|
| <b>CONTINUATION SHEET</b>                                       | <b>Reference No. of Document Being Continued</b><br><b>PIIN/SIIN</b> W52H09-04-P-0615 <b>MOD/AMD</b> | <b>Page 2 of 5</b> |
| <b>Name of Offeror or Contractor:</b> KELL-STROM TOOL CO., INC. |  |                    |

SUPPLEMENTAL INFORMATION

1. This AWARD is for the following: 500 EACH CONTACT, ELECTRICAL (NSN 5999-00-895-6493, PN 8267787)

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN W52H09-04-P-0615 MOD/AMD

Name of Offeror or Contractor: KELL-STROM TOOL CO., INC.

| ITEM NO           | SUPPLIES/SERVICES  | QUANTITY        | UNIT            | UNIT PRICE      | AMOUNT        |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |
|-------------------|--|-----------------|-----------------|-----------------|---------------|-----------------|--------------|-----|----------------|--------|---|--|---|-------------------|-----------------|-----------------|-----|-----|-------------|-----|----|------------|-------------|
| 0001              | SUPPLIES OR SERVICES AND PRICES/COSTS<br><br>NSN: 5999-00-895-6493<br>FSCM: 19200<br>PART NR: 8267787<br>SECURITY CLASS: Unclassified  |                 |                 |                 |               |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |
| 0001AA            | <u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u><br><br>NOUN: CONTACT,ELECTRICAL<br>PRON: M141F795M1 PRON AMD: 03 ACRN: AA<br>AMS CD: 070011KFKW6<br><br><u>Packaging and Marking</u><br><br><u>Inspection and Acceptance</u><br>INSPECTION: Origin ACCEPTANCE: Origin<br><br><u>Deliveries or Performance</u><br>DOC SUPPL<br><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>W52H094173A051</td> <td>W25G1U</td> <td>J</td> <td></td> <td>1</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>500</td> <td>18-FEB-2005</td> </tr> </table> FOB POINT: Destination<br><br>SHIP TO: <u>PARCEL POST ADDRESS</u><br>(W25G1U) XU TRANSPORTATION OFFICER<br>DDSP NEW CUMBERLAND FACILITY<br>BUILDING MISSION DOOR 113 134<br>NEW CUMBERLAND PA 17070-5001<br><br><u>CONTRACT/DELIVERY ORDER NUMBER</u><br>W52H09-04-P-0615/0000 | <u>REL CD</u>   | <u>MILSTRIP</u> | <u>ADDR</u>     | <u>SIG CD</u> | <u>MARK FOR</u> | <u>TP CD</u> | 001 | W52H094173A051 | W25G1U | J |  | 1 | <u>DEL REL CD</u> | <u>QUANTITY</u> | <u>DEL DATE</u> | 001 | 500 | 18-FEB-2005 | 500 | EA | \$ 4.05000 | \$ 2,025.00 |
| <u>REL CD</u>     | <u>MILSTRIP</u>  | <u>ADDR</u>     | <u>SIG CD</u>   | <u>MARK FOR</u> | <u>TP CD</u>  |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |
| 001               | W52H094173A051   | W25G1U          | J               |                 | 1             |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |
| <u>DEL REL CD</u> | <u>QUANTITY</u>  | <u>DEL DATE</u> |                 |                 |               |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |
| 001               | 500  | 18-FEB-2005     |                 |                 |               |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |
| 0002              | <u>DATA ITEM</u><br><br>SECURITY CLASS: Unclassified<br><br>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   |                 |                 | \$ ** NSP **    | \$ ** NSP **  |                 |              |     |                |        |   |  |   |                   |                 |                 |     |     |             |     |    |            |             |

CONTINUATION SHEET

Reference No. of Document Being Continued  
PIIN/SIIN W52H09-04-P-0615 MOD/AMD

Name of Offeror or Contractor: KELL-STROM TOOL CO., INC.

| ITEM NO | SUPPLIES/SERVICES   | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|------------|--------|
|         | <p>delivery information.<br/>A DD250 IS NOT REQUIRED</p> <p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u><br/>INSPECTION: Origin      ACCEPTANCE: Destination</p> |          |      |            |        |

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

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**PIIN/SIIN** W52H09-04-P-0615

**MOD/AMD**

**Name of Offeror or Contractor:** KELL-STROM TOOL CO., INC.

CONTRACT ADMINISTRATION DATA

| LINE   | PRON/<br>AMS CD/<br><u>ITEM</u> | <u>ACRN</u> | <u>STAT</u> | <u>ACCOUNTING CLASSIFICATION</u> | JOB<br>ORDER<br><u>NUMBER</u> | <u>ACCOUNTING STATION</u> | <u>OBLIGATED AMOUNT</u> |
|--------|---------------------------------|-------------|-------------|----------------------------------|-------------------------------|---------------------------|-------------------------|
| 0001AA | M141F795M1<br>070011KFKW6       | AA          | 2           | 97 X4930AC6G 6D                  | 26FB S11116                   | W52H09 \$                 | 2,025.00                |
| TOTAL  |                                 |             |             |                                  |                               |                           | \$ 2,025.00             |

| <u>SERVICE NAME</u> | <u>TOTAL BY ACRN</u> | <u>ACCOUNTING CLASSIFICATION</u> | JOB<br><u>STATION</u> | <u>OBLIGATED AMOUNT</u> |
|---------------------|----------------------|----------------------------------|-----------------------|-------------------------|
| Army                | AA                   | 97 X4930AC6G 6D                  | 26FB S11116           | W52H09 \$ 2,025.00      |
| TOTAL               |                      |                                  |                       | \$ 2,025.00             |