

**ORDER FOR SUPPLIES OR SERVICES**

<b>1. Contract/Purch Order/Agreement No.</b>  DAAE20-99-D-0099	<b>2. Delivery Order/Call No.</b>  0002	<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001MAR14	<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE	<b>5. Priority</b>  DOA5
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<b>6. Issued By</b> TACOM-ROCK ISLAND AMSTA-LC-CTR-R KIM JONES (309)782-0571 ROCK ISLAND IL 61299-7630  EMAIL: JONESK@RIA.ARMY.MIL	<b>Code</b>	W52H09	<b>7. Administered By (If other than 6)</b> DCMC LONG ISLAND 605 STEWART AVENUE GARDEN CITY NY 11530-4761	<b>Code</b>	S3309A	<b>8. Delivery FOB</b>  <input checked="" type="checkbox"/> Destination <input type="checkbox"/> Other
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<b>9. Contractor</b>  ISLAND COMPONENTS GROUP INC 340 A CENTRAL AVE BOHEMIA NY 11716-0000  Name and Address	<b>Code</b>	40968	<b>Facility</b>	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE	<b>11. X If Business Is</b> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned
				<b>12. Discount Terms</b>	<b>13. Mail Invoices To the Address in Block</b> See Block 15

<b>14. Ship To</b> SEE SCHEDULE	<b>Code</b>		<b>15. Payment Will Be Made By</b> DFAS-COLUMBUS CENTER DFAS-CO-JNB/BUNKER HILL P O BOX 182077 COLUMBUS OH 43218-2077  Payment will be made by Electronic Funds Transfer	<b>Code</b>	SC1016	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>
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<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.
	<b>Purchase</b>		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.
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)
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If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE					
18. Item No.	19. Schedule Of Supplies/Service SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price	20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount
	KIND OF CONTRACT: Supply Contracts and Priced Orders				

<i>* 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.</i>	24. United States Of America  By: DEBRA JUHL /SIGNED/ JUHL@RIA.ARMY.MIL (309)782-3370	25. Total	\$178,800.00
		29. Differences	

<b>26. 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  Date _____ Signature Of Authorized Govt Representative _____	<b>27. Ship. No.</b>	<b>28. D.O. Voucher No.</b>	<b>30. Initials</b>	
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____	<input type="checkbox"/> Partial <input type="checkbox"/> Final	<b>32. Paid By</b>	<b>33. Amount Verified Correct For</b>	
	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>34. Check Number</b>	
		<b>35. Bill Of Lading No.</b>		

37. Received At	38. Received By	39. Date Received	40. Total Containers	41. S/R Account Number	42. S/R Voucher No.
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<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-99-D-0099/0002 <b>MOD/AMD</b>	<b>Page 2 of 4</b>
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**Name of Offeror or Contractor:** ISLAND COMPONENTS GROUP INC

SUPPLEMENTAL INFORMATION  
DELIVERY ORDER 0002 IS HEREBY AWARDED UNDER THE TERMS AND CONDITIONS OF CONTRACT DAAE20-99-D-0099.  
AWARD IS MADE FOR 400 EACH MOTOR, ALTERNATING UNDER CLIN 0001AA.

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

CONTINUATION SHEET

Reference No. of Document Being Continued  
 PIIN/SIIN DAAE20-99-D-0099/0002 MOD/AMD

Name of Offeror or Contractor: ISLAND COMPONENTS GROUP INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT																		
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p>																						
0001AA	<p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NSN: 6105-00-659-3036                      NOUN: MOTOR,ALTERNATING C                      FSCM: 24975                      PART NR: ERJ-4001A                      SECURITY CLASS: Unclassified                      PRON: M111CB18M1 PRON AMD: 01 ACRN: AA                      AMS CD: 0700116PRET</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> <p>DOC SUPPL</p> <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>W52H091072A551</td> <td>W45G19</td> <td>J</td> <td></td> <td>2</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>400</td> <td>13-AUG-2001</td> </tr> </table> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>FREIGHT ADDRESS</u>                      (W45G19) XU W390 RED RIVER MUNITIONS CTR                      RECEIVING BLDG 499                      10 ST AND K AVE                      TEXARKANA TX 75507-5000</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u>                      DAAE20-99-D-0099/0002</p>	<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>	001	W52H091072A551	W45G19	J		2	<u>DEL REL CD</u>	<u>QUANTITY</u>	<u>DEL DATE</u>	001	400	13-AUG-2001	400	EA	\$ 447.00000	\$ 178,800.00
<u>REL CD</u>	<u>MILSTRIP</u>	<u>ADDR</u>	<u>SIG CD</u>	<u>MARK FOR</u>	<u>TP CD</u>																		
001	W52H091072A551	W45G19	J		2																		
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001	400	13-AUG-2001																					

**CONTINUATION SHEET**

**Reference No. of Document Being Continued**

**PIIN/SIIN** DAAE20-99-D-0099/0002 **MOD/AMD**

**Name of Offeror or Contractor:** ISLAND COMPONENTS GROUP INC

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG				JOB	ACCOUNTING	OBLIGATED
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>		<u>ORDER</u>	<u>STATION</u>	<u>AMOUNT</u>
						<u>NUMBER</u>		
0001AA	M111CB18M1	AA	2	97	X4930AC6G 6D	26FB S1111611CB18	W52H09	\$ 178,800.00
	0700116PRET							
							TOTAL	\$ 178,800.00

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G 6D	26FB	S1111611CB18	W52H09	\$ 178,800.00
						TOTAL	\$ 178,800.00