

| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PAGE 1 OF 7                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br>SPE4A7-16-V-0302                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. DELIVERY ORDER/CALL NO.                                                          | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2015 NOV 30                                                                                                                                    | 4. REQUISITION/PURCH REQUEST NO.<br>0061276761                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5. PRIORITY<br>DO-A1                                                                                                                           |
| 6. ISSUED BY<br>DLA AVIATION<br>ASC SUPPLIER OPER AE AND AF DIV<br>8000 JEFFERSON DAVIS HWY<br>RICHMOND VA 23297<br>USA<br>Local Admin: MOHAMMAD AKHTAR PARWC21 Tel: 804-279-3568 Fax: 804-279-6055<br>Email: MOHAMMAD.AKHTAR@DLA.MIL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE<br>SPE4A7                                                                      | 7. ADMINISTERED BY (If other than 6)<br>DCMA LOS ANGELES<br>16111 PLUMMER STREET,BUILDING 10, 2<br>BLDG 10, 2ND FLOOR<br>NORTH HILLS CA 91343-2036<br>USA<br>Criticality: C PAS: None |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CODE<br>S0512A                                                                                                                                 |
| 9. CONTRACTOR<br><br>NAME AND ADDRESS<br>HYDRO-AIRE, INC. DBA<br>3000 WINONA AVE<br>BURBANK CA 91504-2540<br>USA                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE<br>81982                                                                       | FACILITY<br>81982                                                                                                                                                                     | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br>235 DAYS ADO                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8. DELIVERY FOB<br>DESTINATION<br><input type="checkbox"/> OTHER<br>(See Schedule if other)                                                    |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       | 12. DISCOUNT TERMS<br>Net 30 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. X IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Block 15                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |
| 14. SHIP TO<br><br>SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE                                                                                | 15. PAYMENT WILL BE MADE BY<br>DEF FIN AND ACCOUNTING SVC<br>BSM<br>P O BOX 182317<br>COLUMBUS OH 43218-2317<br>USA                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CODE<br>SL4701                                                                                                                                 |
| 16. TYPE OF ORDER                                                                                                                                                                                                                     | DELIVERY/ CALL                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PURCHASE                                                                            | <input checked="" type="checkbox"/>                                                                                                                                                   | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your Offer/Quote dated 2015 NOV 30, furnish the following on terms specified herein.<br><b>ACCEPTANCE.</b> 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                |
| If this box is marked, supplier must sign Acceptance and return the following number of copies:                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       | DATE SIGNED<br>(YYYYMMDD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><br>BX: 97X4930 5CBX 001 2620 S33189                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |
| 18. ITEM NO.                                                                                                                                                                                                                          | 19. SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                     | 20. QUANTITY ORDERED/ACCEPTED*                                                                                                                                                        | 21. UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 22. UNIT PRICE                                                                                                                                 |
|                                                                                                                                                                                                                                       | THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DLA MASTER SOLICITATION FOR EPROCUREMENT AUTOMATED SIMPLIFIED ACQUISITIONS (PART 13) REVISION 30 (NOVEMBER 19, 2015) WHICH CAN BE FOUND ON THE WEB AT <a href="http://www.dla.mil/Portals/104/Documents/J7Acquisition/Master_Solicitation_REV-30_NOV_15.pdf">http://www.dla.mil/Portals/104/Documents/J7Acquisition/Master_Solicitation_REV-30_NOV_15.pdf</a><br><br>Award sent EDI, Do not duplicate shipment |                                                                                     | 13                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |
| * 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<br>Matthew Wood<br>Matthew.Wood@dla.mil<br>BY: PAR0008 |                                                                                                                                                                                       | <br>CONTRACTING/ORDERING OFFICER                                                                                                                                                                                                                                                                                                                                                                                      | 25. TOTAL                                                                                                                                      |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 26. DIFFERENCES                                                                                                                                |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | c. DATE<br>(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                                                                   | 32. PAID BY                                                                                                                                                                           | 33. AMOUNT VERIFIED CORRECT FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 31. PAYMENT                                                                         |                                                                                                                                                                                       | 34. CHECK NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COMPLETE                                                                            |                                                                                                                                                                                       | 35. BILL OF LADING NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                |
| a. DATE<br>(YYYYMMDD)                                                                                                                                                                                                                 | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     | 37. RECEIVED AT                                                                                                                                                                       | 38. RECEIVED BY (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 39. DATE RECEIVED<br>(YYYYMMDD)                                                                                                                |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     | 40. TOTAL CONTAINERS                                                                                                                                                                  | 41. S/R ACCOUNT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 42. S/R VOUCHER NO.                                                                                                                            |

MEASUREMENT AND TEST EQUIPMENT (M/TE) APPLIES (DLAD 52.246-9003).  
DFARS 252.225-7001, BUY AMERICAN ACT--BALANCE OF PAYMENTS PROGRAM APPLIES.  
PLACE of INSPECTION for PACKAGING:  
9A289  
DOUBLE J PACKAGING CO INC  
9834 GLENOAKS BLVD  
SUN VALLEY CA 91352-1046  
USA

Higher Level Contract Quality Requirements (FAR 52.246-11) and Higher Level Contract Quality Requirement(non-manufacturers) (DLAD 52.246-9043)

The contractors inspection system must comply with ISO 9001-2008.

This is a First Destination Transportation (FDT) program award. If this award is for FMS or has an APO/FPO ship-to address, these instructions do not apply and normal procedures should be followed.

1. CONUS AWARDEES SHIPPING TO ALL LOCATIONS: Transportation requirements for FDT awards are located in DLAD clauses 52.247-9059 F.o.b. Origin, Government Arranged Transportation and 52.247-9058, First Destination Transportation (FDT) Program - Shipments Originating Outside the contiguous United States (OCONUS).
2. OCONUS AWARDEE SHIPPING TO CONUS DESTINATION: If awardee is outside the continental United States (OCONUS) and is shipping to a location in the continental United States (CONUS), transportation requirements are located in DLAD clauses 52.247-9058, First Destination Transportation (FDT) Program - Shipments Originating Outside the contiguous United States (OCONUS) and 52.247-9059 F.O.B. Origin, Government Arranged Transportation.
3. OCONUS AWARDEE SHIPPING TO OCONUS LOCATION: If awardee is outside the continental United States (OCONUS) and is shipping to a location outside the continental United States (OCONUS), contact the Transportation Office at [delivery@dla.mil](mailto:delivery@dla.mil) with "FDT OCONUS Shipment" in the subject line for instructions. Transportation requirements are located in DLAD clauses 52.247-9058, First Destination Transportation (FDT) Program - Shipments Originating Outside the contiguous United States (OCONUS) and 52.247-9059 F.O.B. Origin, Government Arranged Transportation.
4. OCONUS AWARDEE WITH INSPECTION AND ACCEPTANCE AT ORIGIN: If awardee is outside the continental United States (OCONUS) and Inspection and Acceptance are at Origin, normal DCMA transportation procedures should be followed and paragraphs 1, 2 and 3 above do not apply.

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## SECTION B

PR: 0061276761  
SUPPLIES/SERVICES:

1650003216305

HOUSING, INDICATOR, H

HOUSING, INDICATOR, HYDRAULIC RESERVOIR.

### SAMPLING:

IF THE APPLICABLE (OEM OR MILITARY) DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES AN ACCEPTABLE QUALITY LEVEL (AQL), IT MAY BE USED TO ESTABLISH THE AUTHORIZED SAMPLE SIZE. HOWEVER THE SAMPLING ACCEPTANCE NUMBER SHALL BE REDUCED TO ZERO (0). EVEN THOUGH THE ACCEPTANCE LEVEL IS ELIMINATED, THE SAMPLE SIZE REMAINS THE SAME. UNLESS OTHERWISE SPECIFIED IN THE OEM OR MILITARY DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISIONS (QAPs) CHARACTERISTICS CLASSIFIED AS CRITICAL, MAJOR AND MINOR SHALL HAVE AN ASSIGNED AQL OF 0.10, 1.0, AND 4.0 RESPECTIVELY. ASQ H1331 TABLE 1 OR MIL-STD-1916 SHALL TAKE PRECEDENCE OVER MIL-STD-105 AND ASQ Z1.4. THESE PLANS ACCEPT ON ZERO DEFECTS AND REJECT THE ENTIRE LOT ON ONE DEFECT. A ZERO BASED SAMPLING PLAN SHALL BE USED, UNLESS OTHERWISE SPECIFIED BY CONTRACT.

Casting/forging may be required to manufacture this NSN. If a casting/forging is required, tooling is typically involved. The government may not have this special tooling. For sourcing, tooling, materials or other information, please contact the appropriate assistance team: (Aviation, C&E Supply Chains) DSCR.AFCAT@dla.mil; (Land & Maritime Supply Chains) DSCC.cast.forge@dla.mil

MIL-STD-130N(1) DATED 16 NOV 2012.  
IDENTIFICATION MARKING OF U.S. MILITARY PROPERTY

Configuration Change Management - Engineering Change Proposal, Requests for Variance (Deviation or Waiver) February 2015

#### 1. Requirements

A. The Configuration Change Management section of SAE EIA-649-1 Configuration Management Requirement for Defense Contracts, Paragraph 3.3, shall be used for Configuration Control of material purchased under this contract.

B. Furnished item(s) shall conform to the approved configuration requirements/revision specified, unless a Pre-Production Request for Variance (deviation) or a Post-Production Request for Variance (waiver), is processed and approved as provided by Paragraph 3. in this Standard Text Object (STO). Hereafter, the term #Request for Variance (RFV)# will also include Requests for Deviations and Waivers.

2. The definitions from EIA-649-1 apply to items being procured under this solicitation/contract, with the following clarification of Deviation & Waiver:

A. Pre-Production RFV (previously known as deviation) requests permission to produce a product that does not conform to contract requirements/documentation for a limited amount of time and for specified effectivity. (A deviation differs from an engineering change in that an approved engineering change requires corresponding revision of the item's current approved configuration documentation, whereas a

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deviation does not.).

B. Post-Production RFV (previously known as waiver) requests approval of product found during manufacture, or after having been submitted for Government inspection or acceptance, that departs from specified requirements, but nevertheless is considered suitable for use "as is" or after repair by an approved method.

### 3. Contractor responsibilities.

A. An Engineering Change Proposal (ECP) is used to make permanent changes in the Government technical data package (TDP). Pending approval of an ECP, contractual relief should be requested in writing by the Contractor using a RFV.

B. Refer to FAR Part 48 Value Engineering for cost saving improvements to the Technical Data Package (TDP).

C. All ECPs submitted by the Contractor will be deemed routine. If the Contractor considers an ECP as an emergency or urgent; they shall include in their ECP submittal an explanation and all applicable supporting documentation. All ECPs will be reviewed for a determination on criticality, and, if concurred to be an emergency, the appropriate processing time-frame negotiated with the ESAs will be followed and the Contractor will be notified of anticipated response time.

D. For ECPs, Specification Change Notices (SCNs) or RFV, the Contractor must submit the applicable documentation listed in sub-paragraphs D.(1) through D.(4) to the Administrative Contracting Officer (ACO), with an information copy to the Procuring Contracting Officer (PCO). Failure to submit a complete legible package may result in return of the ECP/RFV without processing.

(1) Documentation listed in Paragraph 3.3.1 (for ECPs), 3.3.2 (RFV), 3.3.3 (for SCNs) or 3.3.4 (for Notices of Revision (NORs)) of the latest revision of EIA-649-1.

(2) DD Form 1692 (current revision) for ECP.

(3) DD Form 1694 (current revision) for RFV.

(4) DD Form 1695 (current revision) for NOR.

### 4. DLA#s responsibilities:

A. Upon receipt of the ECP or RFV, the PCO will ensure that the applicable product specialist receives the copy from DCMA.

B. Within five (5) working days from the date of receipt of the Contractor's ECP or RFV from DCMA, the PS must submit the requests and any supporting documentation via a 339 to the appropriate Engineering Support Activity (ESA), when applicable.

C. Routine ECPs will be processed within 90 days from receipt by the ESA. RFVs will be evaluated and processed within 30 days from receipt by the ESA or as negotiated with the ESA.

(1) The contractor will be notified in writing of approval by the return of an approved copy of the ECP or RFV. Approval will be reflected by signature of the contracting activity or a review activity specifically identified in the contract.

(2) The contractor will be notified in writing of disapproval including reason(s) for disapproval.

5. For an approved RFV or an approved ECP, when the request affects the Contract, a modification will be issued to the contract incorporating the applicable requirement changes. Only a Contracting Officer is authorized to issue a modification incorporating the approved RFV and/or ECP.

6. Questions regarding the status of previously submitted ECP or RFV should be directed to the PCO.

7. The submission of an ECP or RFV by the Contractor does not affect

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the required delivery date of the contract. If a delivery date change is needed, it must be negotiated with the Contracting Officer and documented via modification to the contract.

8. The period of time for evaluation and approval/disapproval of an ECP and/or a RFV, as specified in Paragraph 4. C., shall not constitute excusable delay in the performance of this Contract by the Contractor or in any way relieve the contractor from compliance with the contract delivery schedule. The submission of an ECP and/or RFV by the Contractor shall not preclude the Government from exercising its rights under any clause of the Contract. (End)

### 52.246-11 Higher Level Contract Quality Requirement (Manufacturers)

FAR CLAUSE 52.246-11 APPLIES. A QUALITY MANAGEMENT PROGRAM MEETING THE REQUIREMENTS OF ISO 9001:2008; A PROGRAM COMPARABLE TO ISO 9001:2008 (EXAMPLE SAE AS 9100), THE FOLLOWING TAILORED VERSION OF ISO 9001:2008; OR A PROGRAM COMPARABLE TO THE TAILORED VERSION OF ISO 9001:2008 (EXAMPLE SAE AS 9003) IS REQUIRED. MIL-I-45208 AND MIL-Q-9858 ARE OBSOLETE AND NO LONGER CONSIDERED SUITABLE WHEN HIGHER LEVEL QUALITY IS REQUIRED. IN THE TAILORED VERSION OF THE ISO 9001:2008, ANY REFERENCES WHICH CITE THE ENTIRE INTERNATIONAL STANDARD ARE INTERPRETED AS EXCLUSIONS TO THIS DOCUMENT.  
DLA TAILORED HIGHER LEVEL QUALITY CLAUSE FROM ISO 9001:2008

- 4.1 General requirements, [excluding reference to 1.2 and excluding NOTE 3 c)]
- 4.2.1 General, [excluding subparagraph a)]
- 4.2.2 Quality manual, [excluding subparagraph a)]
- 4.2.3 Control of documents
- 4.2.4 Control of records
- 5.1 Management commitment
- 5.3 Quality policy
- 6.2.2 Competence, training and awareness
- 6.4 Work environment
- 7.1 Planning of product realization, [excluding NOTE 2]
- 7.2.1 Determination of requirements related to the product
- 7.2.2 Review of requirements related to the product
- 7.2.3 Customer communication
- 7.3.7 Control of design and development changes
- 7.4.1 Purchasing process
- 7.4.3 Verification of purchased product
- 7.5.1 Control of production and service provision
- 7.5.3 Identification and traceability
- 7.5.4 Customer property
- 7.5.5 Preservation of product
- 7.6 Control of monitoring and measuring equipment
- 8.1 General, [excluding subparagraph b) and subparagraph c)]
- 8.2.2 Internal audit
- 8.2.4 Monitoring and measurement of product
- 8.3 Control of nonconforming product
- 8.5.2 Corrective action
- 8.5.3 Preventive action

SAMPLING:

CRITICAL APPLICATION ITEM

HYDRO-AIRE, INC. DBA 81982 P/N 86223-1

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| CLIN | PR         | PRLI | UI | QUANTITY | UNIT PRICE | CURRENCY | TOTAL PRICE |
|------|------------|------|----|----------|------------|----------|-------------|
| 0001 | 0061276761 | 0001 | EA | 13.000   |            |          |             |

NSN/MATERIAL:1650003216305

QTY VARIANCE: PLUS 00.00% MINUS 00.00%

INSPECTION POINT: ORIGIN

ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY:

PKGING DATA-QUP:001

SHALL BE PACKAGED IN ACCORDANCE WITH ASTM D 3951.

Markings Paragraph  
 When ASTM D3951, Commercial Packaging is specified, the following apply:  
 •,,All Section "D" Packaging and Marking Clauses take precedence over ASTM D3951.  
 •,,In addition to requirements in MIL-STD-129, when Commercial Packaging is used, the Method of Preservation for all MIL-STD-129 marking and labeling shall be "CP" Commercial Pack.  
 •,,The Unit of Issue (U/I) and Quantity per Unit Pack (QUP) as specified in the contract take precedence over QUP in ASTM D3951.

DELIVER FOB: ORIGIN DELIVER BY: 2016 JUL 22

PLACE of INSPECTION for PACKAGING:  
 9A289  
 DOUBLE J PACKAGING CO INC  
 9834 GLENOAKS BLVD  
 SUN VALLEY CA 91352-1046  
 USA

PARCEL POST ADDRESS:  
 SW3210  
 DLA DISTRIBUTION DEPOT HILL  
 7537 WARDLEIGH RD  
 HILL AFB UT 84056-5734  
 US

FOR TRANSPORTATION ASSISTANCE SEE DLAD 52.247-9034. FOR FIRST DESTINATION TRANSPORTATION (FDT)  
 AWARDS SEE DLAD 52.247-9059 AND  
 CONTRACT INSTRUCTIONS INSTEAD.

FREIGHT SHIPPING ADDRESS:  
 SW3210  
 DLA DISTRIBUTION DEPOT HILL  
 7537 WARDLEIGH RD BLDG 849W

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HILL AFB UT 84056-5734  
US

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