| ORDER FOR SUPPLIES OR SERVICES                                                                                                                              |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       | PAGE 1 OF 4             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------|----------------------------|-------------------------------------|--------------------|---------------------------------------------------------------|------------------------|-----------------------------|----------------|-------------------------------|-----------------------|-------------------------|--|
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO. SPE5E2-16-V-6414                                                                                                      |                                                                                                                                                                                            |                                                      |                       | 2. DELIVERY ORDER/CALL NO. |                                     |                    | 3. DATE OF ORDE<br>(YYYYMMMDD)<br>2016 MAY                    | 0062224024             |                             |                | H REQUEST NO.                 | 5. PRIORITY DO-C9     |                         |  |
| 6. ISSUED BY CODE SPE5E2 7.                                                                                                                                 |                                                                                                                                                                                            |                                                      |                       |                            |                                     | 7. AD              | 7. ADMINISTERED BY (If other than 6)                          |                        |                             |                | SPE5E                         | 8. DELIVERY FOB       |                         |  |
| DLA TROOP SUPPORT                                                                                                                                           |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | DLA TROOP SUPPORT                                             |                        |                             |                |                               |                       | DESTINATION             |  |
| 700 ROBBINS AVENUÉ                                                                                                                                          |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | HARDWARE (ACO II-1) 700 ROBBINS AVENUE PHILADELPHIA PA 19111  |                        |                             |                |                               |                       | X OTHER                 |  |
| USA                                                                                                                                                         |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | Criticality: C PAS: None                                      |                        |                             |                |                               |                       | (See Schedule if other) |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      | DLA.MIL               |                            | FACILITY 10. DELIVER TO FOB POINT E |                    |                                                               |                        |                             | OINT BY (Date) | ,                             |                       |                         |  |
| 9. CONTRACTOR CODE 81982  HYDRO-AIRE, INC.                                                                                                                  |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | ACILITY                                                       |                        | (YYYYMMMDD)<br>170 DAYS ADO |                |                               | , ,                   | 11. X IF BUSINESS IS    |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        | 12. DISCOUNT TERMS          |                |                               | ADO                   | SMALL DISAD-            |  |
| NAME 3000 WINONA AVE<br>AND BURBANK CA 91504-2540                                                                                                           |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | N                                                             |                        |                             | Net 30 days    |                               |                       | VANTAGED WOMEN-OWNED    |  |
| ADDRESS USA                                                                                                                                                 |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | 13. MAIL INVOICES TO THE ADDR                                 |                        |                             |                |                               | THE ADDRESS II        | N BLOCK                 |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            | See Block 15                        |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| 14. SHIP TO CODE 15.                                                                                                                                        |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | 5. PAYMENT WILL BE MADE BY CODE SL4701                        |                        |                             |                |                               |                       | MARK ALL                |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            | DEF FIN AND ACCOUNTING SVC          |                    |                                                               |                        |                             |                | PACKAGES AND<br>PAPERS WITH   |                       |                         |  |
| SEI                                                                                                                                                         | E SCHEI                                                                                                                                                                                    | DULE, D                                              | O NOT SHIP TO ADD     | DRESSES ON                 | N THIS PAGE                         | SM<br>O BOX 182317 |                                                               |                        |                             |                |                               | IDENTIFICATION        |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            | COLUMBUS OH 43218-2317<br>USA       |                    |                                                               |                        |                             |                | NUMBERS IN<br>BLOCKS 1 AND 2. |                       |                         |  |
| 16 DELIVERY/ This delivery order/call is issued on another Covernment agency or in accordance with and subject to terms and conditions of above numbered or |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       | ered contract           |  |
| TYPE                                                                                                                                                        | CALL                                                                                                                                                                                       | ALL .                                                |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| OF<br>ORDER                                                                                                                                                 | PURCHASE X Reference your Offer/Quote dated 2016 FEB 12, furnish the following on ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                | <u> </u>                      |                       |                         |  |
| 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:                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                | (YYYYMMMDD)                   |                       |                         |  |
| 17. AC                                                                                                                                                      | COUNTIN                                                                                                                                                                                    | G AND A                                              | PPROPRIATION DATA/I   | LOCAL USE                  |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| BX:                                                                                                                                                         | 97X493                                                                                                                                                                                     | 0 5CBX                                               | 001 2620 S33189       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| 2.4.57.4.655 532.435. <b>202</b> 5 666 166                                                                                                                  |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               | 20. QUA                | NTITY                       |                |                               |                       | OO AMOUNT               |  |
| 18. ITE                                                                                                                                                     | M NO.                                                                                                                                                                                      | 19. SCHEDULE OF SUPPLIES/SERVICES                    |                       |                            |                                     |                    |                                                               | ORDE<br>ACCEF          |                             | 21.<br>UNIT    | 22. (                         | JNIT PRICE            | 23. AMOUNT              |  |
|                                                                                                                                                             |                                                                                                                                                                                            | <br>  THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS I |                       |                            |                                     |                    | DICATED IN                                                    | 14                     | 14                          |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      | DLA MASTER SOLIC      |                            |                                     | 14                 | 14                                                            |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            | WHIC                                                 | H CAN BE FOUND O      | .mil/P                     | ortals/104/                         |                    |                                                               |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            | Docun                                                | nents/J7Acquisition/M | .R_16.                     | pdf                                 |                    |                                                               |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            | Award                                                | sent EDI, Do not dup  |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      | ne Government is      | CA                         |                                     | •                  |                                                               | <br>n                  |                             | 25. TOTAL      |                               |                       |                         |  |
| same as quantity ordered, indicate by X.  If different, enter actual quantity accepted below  STEVEN.J.LANE@DLA.MI                                          |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | IL Steven & have 26.                                          |                        |                             |                |                               | 26.<br>DIFFERENCES    |                         |  |
| quantity ordered and encircle.  BY: PHPHBAE CONTRACTING/ORDERING OFFICER  DIFFERENCES                                                                       |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN ACCEPTED, AND CONFORMS TO                                                                                               |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| INSPECTED RECEIVED THE CONTRACT EXCEPT AS NOTED:                                                                                                            |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| b. SIG                                                                                                                                                      | SNATURE                                                                                                                                                                                    | F OF AUTHORIZED GOVERNMENT REPRESENTATIVE            |                       |                            |                                     |                    | c. DATE (YYYYMMMDD) d. PRINTED NAME AND TITLE OF AUTHORIZED C |                        |                             |                | ITHORIZED GOVEF               | RNMENT REPRESENTATIVE |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                  |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | 28. SHIP. NO. 29. D.O. VOUCHER NO. 30. INITIA                 |                        |                             |                | 30. INITIALS                  |                       |                         |  |
| O. 1417 ti                                                                                                                                                  | ILIIVO ABI                                                                                                                                                                                 | JILLOO O                                             |                       |                            |                                     | -                  |                                                               | Journal St. Hall       |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | PARTIAL                                                       | 32. PAID BY 33. AMOUNT |                             |                | 33. AMOUNT VI                 | ERIFIED CORRECT FOR   |                         |  |
| f. TELEPHONE NUMBER                                                                                                                                         |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | FINAL                                                         | 32.1 AID B1            |                             |                |                               |                       |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | 1. PAYMENT                                                    | 34. CHECK NUI          |                             |                | MBER                          |                       |                         |  |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.                                                                                               |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | COMPLETE                                                      |                        |                             |                |                               |                       |                         |  |
| a. DATE (YYYYMMMDD) b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                            |                                                                                                                                                                                            |                                                      |                       |                            |                                     | PARTIAL            | AL 35. BILL OF                                                |                        |                             |                | 35. BILL OF LA                | DING NO.              |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    | FINAL                                                         |                        |                             |                |                               |                       |                         |  |
| 37. REC                                                                                                                                                     | CEIVED                                                                                                                                                                                     | 38. RECEIVED BY (Print) 39.                          |                       |                            | 39. DATE RECEIVE                    |                    | ). TOTAL CON-<br>TAINERS                                      | 41. S/R A              | CCOU                        | COUNT NUMBER   |                               | 42. S/R VOUCHER NO.   |                         |  |
|                                                                                                                                                             |                                                                                                                                                                                            |                                                      |                       |                            |                                     |                    |                                                               |                        |                             |                |                               |                       |                         |  |

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 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.

CONTINUATION SHEET

## ORDER NUMBER / CALL NUMBER SPE5E2-16-V-6414

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## SECTION B

PR: 0062224931 SUPPLIES/SERVICES:

5305003291783

SETSCREW

SETSCREW

HYDRO-AIRE INC (81982) P/N 86073

WHEN THE PURCHASE ORDER TEXT (POT)
DESCRIBES THE REQUIRED PRODUCT(S) BY NAME AND
PART NUMBER OF A SPECIFIC ENTITY, BY THE NAMES
AND PART NUMBERS OF A NUMBER OF SPECIFIC
ENTITIES, OR BY THE NAME(S) AND PART NUMBER(S)
OF SPECIFIC ENTITY/ENTITIES AS MODIFIED BY
ADDITIONAL REQUIREMENTS SET FORTH IN THE POT
ONLY THAT/THOSE PRODUCT(S) HAVE BEEN DETERMINED
TO MEET THE NEEDS OF THE GOVERNMENT AND ARE
ACCEPTABLE. SUCH PRODUCT(S) ARE EXACT
PRODUCT(S) AS DEFINED IN DLAD 52.217-9002,
CONDITIONS FOR EVALUATION AND ACCEPTANCE OF
OFFERS FOR PART NUMBERED ITEMS.

A VENDOR OFFER/QUOTATION, BID WITHOUT EXCEPTION, IS A CERTIFICATION THAT THE EXACT PRODUCT, MANUFACTURED AND/OR SUPPLIED BY ONE OF THE ENTITIES CITED IN THE POT WILL BE FURNISHED UNDER THE CONTRACT OR ORDER. ANY PRODUCT NOT MANUFACTURED AND/OR SUPPLIED BY ONE OF THE ENTITIES CITED IN THE POT IS AN ALTERNATE PRODUCT, EVEN THOUGH IT MIGHT BE MANUFACTURED IN ACCORDANCE WITH THE DRAWING(S) AND/OR SPECIFICATIONS OF ONE OF THE ENTITIES CITED IN THE POT.

IF AN ALTERNATE PRODUCT IS FURNISHED UNDER A CONTRACT OR ORDER FOR AN EXACT PRODUCT, THE ALTERNATE PRODUCT WILL BE AN UNAUTHORIZED SUBSTITUTION, AND MAY YIELD CRIMINAL PENALTIES IN ADDITION TO ANY CIVIL REMEDIES AVAILABLE TO THE GOVERNMENT.

HYDRO-AIRE, INC. 81982 P/N 86073

<u>CLIN PR PRLI UI QUANTITY UNIT PRICE CURRENCY TOTAL PRICE</u> 0001 0062224931 0001 EA 14.000

NSN/MATERIAL:5305003291783

QTY VARIANCE: PLUS 00.00% MINUS 00.00%

INSPECTION POINT: DESTINATION

CONTINUED ON NEXT PAGE

**CONTINUATION SHEET** 

## ORDER NUMBER / CALL NUMBER SPE5E2-16-V-6414

Page of Pages

| 4

## SECTION B

CLIN: 0001 PR: 0062224931 PRLI: 0001 CONT'D

ACCEPTANCE POINT: DESTINATION

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.
- ullet ,, 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 NOV 07

PARCEL POST ADDRESS:

SW3210 DLA DISTRIBUTION DEPOT HILL 7537 WARDLEIGH RD HILL AFB UT 84056-5734

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 HILL AFB UT 84056-5734 US