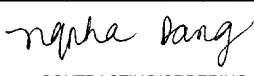


| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   |                                |                                                                  |                                                                   |                                                                                                                                                | PAGE 1 OF 5                                                                                            |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br>SPE5E7-16-V-0951                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2. DELIVERY ORDER/CALL NO. |                                                                                                                                                       | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2015 NOV 30                                                                                                                |                                | 4. REQUISITION/PURCH REQUEST NO.<br>0061276906                   |                                                                   | 5. PRIORITY<br>DO-C9                                                                                                                           |                                                                                                        |            |
| 6. ISSUED BY<br>DLA TROOP SUPPORT<br>HARDWARE (ACQ I-1)<br>700 ROBBINS AVENUE<br>PHILADELPHIA PA 19111<br>USA<br>Local Admin: KATHLEEN LEUZZI PHPHDAH Tel: 215-737-2176 Fax: 215-737-5227<br>Email: KATHLEEN.LEUZZI@DLA.MIL             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE SPE5E7                |                                                                                                                                                       | 7. ADMINISTERED BY (If other than 6)<br>DLA TROOP SUPPORT<br>HARDWARE (ACQ I-1)<br>700 ROBBINS AVENUE<br>PHILADELPHIA PA 19111<br>USA<br>Criticality: C PAS: None |                                |                                                                  | CODE SPE5E7                                                       |                                                                                                                                                | 8. DELIVERY FOB<br>DESTINATION<br><input checked="" type="checkbox"/> OTHER<br>(See Schedule if other) |            |
| 9. CONTRACTOR<br>HYDRO-AIRE, INC. DBA<br>3000 WINONA AVE<br>BURBANK CA 91504-2540<br>NAME AND ADDRESS USA                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | CODE 81982                 |                                                                                                                                                       | FACILITY                                                                                                                                                          |                                | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br>170 DAYS ADO |                                                                   | 11. X IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |                                                                                                        |            |
|                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   |                                | 12. DISCOUNT TERMS<br>Net 30 days                                |                                                                   |                                                                                                                                                |                                                                                                        |            |
|                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   |                                | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br>See Block 15        |                                                                   |                                                                                                                                                |                                                                                                        |            |
| 14. SHIP TO<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 SL4701                                                       |                                                                                                                                                | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.                            |            |
| 16. TYPE OF ORDER                                                                                                                                                                                                                       |  | DELIVERY/ CALL                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                            | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |                                                                                                                                                                   |                                |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
|                                                                                                                                                                                                                                         |  | PURCHASE <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            | Reference your Offer/Quote dated 2015 NOV 24, furnish the following on terms specified herein.                                                        |                                                                                                                                                                   |                                |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   |                                |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
| NAME OF CONTRACTOR                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | SIGNATURE                                                                                                                                             |                                                                                                                                                                   |                                |                                                                  | TYPED NAME AND TITLE                                              |                                                                                                                                                | DATE SIGNED (YYYYMMDD)                                                                                 |            |
| If this box is marked, supplier must sign Acceptance and return the following number of copies:                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   |                                |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br>BX: 97X4930 5CBX 001 2620 S33189                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   |                                |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
| 18. ITEM NO.                                                                                                                                                                                                                            |  | 19. SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            |                                                                                                                                                       |                                                                                                                                                                   | 20. QUANTITY ORDERED/ACCEPTED* |                                                                  | 21. UNIT                                                          | 22. UNIT PRICE                                                                                                                                 |                                                                                                        | 23. AMOUNT |
|                                                                                                                                                                                                                                         |  | 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 |                            |                                                                                                                                                       |                                                                                                                                                                   | 148                            |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
| * 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>HA DANG<br>HA.DANG@DLA.MIL<br>BY: PHPHCDG                                                                             |                                                                                                                                                                   |                                |                                                                  | 25. TOTAL                                                         |                                                                                                                                                |                                                                                                        |            |
|                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            | <br>CONTRACTING/ORDERING OFFICER                                  |                                                                                                                                                                   |                                |                                                                  | 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 (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 (YYYYMMDD)                                                                                                                                                                                                                      |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |                                                                                                                                                       |                                                                                                                                                                   | PARTIAL                        |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
|                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |                                                                                                                                                       |                                                                                                                                                                   | FINAL                          |                                                                  |                                                                   |                                                                                                                                                |                                                                                                        |            |
| 37. RECEIVED AT                                                                                                                                                                                                                         |  | 38. RECEIVED BY (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                            | 39. DATE RECEIVED (YYYYMMDD)                                                                                                                          |                                                                                                                                                                   | 40. TOTAL CONTAINERS           |                                                                  | 41. S/R ACCOUNT NUMBER                                            |                                                                                                                                                | 42. S/R VOUCHER NO.                                                                                    |            |

DFARS 252.225-7001, BUY AMERICAN ACT--BALANCE OF PAYMENTS PROGRAM APPLIES.

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.

CONTINUED ON NEXT PAGE

|                    |                                                |                        |
|--------------------|------------------------------------------------|------------------------|
| CONTINUATION SHEET | ORDER NUMBER / CALL NUMBER<br>SPE5E7-16-V-0951 | Page of Pages<br>3   5 |
|--------------------|------------------------------------------------|------------------------|

## SECTION B

PR: 0061276906  
SUPPLIES/SERVICES:

5310010463913

NUT, SLEEVE

NUT, SLEEVE  
HYDRO-AIRE INC (81982)  
BURBANK, CA.  
P/N 84011

THIS ITEM IS IDENTIFIED AS A COMMERCIAL ITEM - (TO INCLUDE 'COMMERCIAL OF A TYPE')

MIL-STD-130N, 16 Nov 2012  
IDENTIFICATION MARKING OF U.S. MILITARY PROPERTY

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/T hose 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.

ADEQUATE DATA FOR EVALUATION OF ALTERNATE OFFERS IS NOT AVAILABLE AT THE PROCUREMENT AGENCY. THE OFFEROR MUST PROVIDE A COMPLETE DATA PACKAGE INCLUDING DATA FOR THE APPROVED AND ALTERNATE PART FOR EVALUATION.

CRITICAL APPLICATION ITEM

**CONTINUED ON NEXT PAGE**

SECTION B

HYDRO-AIRE, INC. DBA 81982 P/N 84011

| CLIN | PR         | PRLI | UI | QUANTITY | UNIT PRICE | CURRENCY | TOTAL PRICE |
|------|------------|------|----|----------|------------|----------|-------------|
| 0001 | 0061276906 | 0001 | EA | 148.000  |            |          |             |

NSN/MATERIAL:5310010463913

QTY VARIANCE: PLUS 00.00% MINUS 00.00%

INSPECTION POINT: DESTINATION

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.
- ,,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 MAY 18

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  
HILL AFB UT 84056-5734  
US

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CONTINUED ON NEXT PAGE

**SECTION B**

CLIN: 0001 PR: 0061276906 PRLI: 0001 CONT'D