

| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                                                                                                                                              | PAGE 1 OF 4                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br>SPE7M0-14-V-H195                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2. DELIVERY ORDER/CALL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2014 SEP 10                                                                                                                           | 4. REQUISITION/PURCH REQUEST NO.<br>0054616611 |
| 5. PRIORITY<br>DO-C9                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. ISSUED BY<br>DLA LAND AND MARITIME<br>MARITIME SUPPLY CHAIN ESOC BUYS<br>PO BOX 3990<br>COLUMBUS OH 43218-3990<br>USA<br>Local Admin: Sheiann Ross PMCMMSGF Tel: 614-692-2816 Fax: 614-693-1679<br>Email: SHEIANN.ROSS@DLA.MIL                                                                                                                                                                                                                                                                         |                                                                                                                  | 7. ADMINISTERED BY (If other than 6)<br>DLA LAND AND MARITIME<br>MARITIME SUPPLY CHAIN ESOC BUYS<br>PO BOX 3990<br>COLUMBUS OH 43218-3990<br>USA<br>Criticality: C PAS: None |                                                |
| 8. DELIVERY FOB<br>DESTINATION<br><input checked="" type="checkbox"/> OTHER<br>(See Schedule if other)                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 9. CONTRACTOR<br>CODE 81982<br>FACILITY<br>HYDRO-AIRE, INC. DBA<br>3000 WINONA AVE<br>BURBANK CA 91504-2540<br>NAME AND ADDRESS USA                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br>195 DAYS ADO                                                                                                             |                                                |
| 11. X IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISAD-<br>VANTAGED<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>CODE<br>SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15. PAYMENT WILL BE MADE BY<br>CODE SL4701<br>DEF FIN AND ACCOUNTING SVC<br>BSM<br>P O BOX 369031<br>COLUMBUS OH 43236-9031<br>USA                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                  | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.                                                                                                  |                                                |
| 16. TYPE OF ORDER<br>DELIVERY/ CALL<br>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 2014 AUG 12, 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 (YYYYMMDD)                                                                                                                                                       |                                                |
| 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                                 |
|                                                                                                                                                                                              | THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DLA MASTER SOLICITATION FOR EPROCUREMENT AUTOMATED SIMPLIFIED ACQUISITIONS (PART 13) REVISION 24 (AUGUST 06, 2014) WHICH CAN BE FOUND ON THE WEB AT <a href="http://www.dla.mil/Acquisition/Documents/EProcurement_DLA_Automated_Master_Solicitation_REV24_06AUG2014.docx">http://www.dla.mil/Acquisition/Documents/EProcurement_DLA_Automated_Master_Solicitation_REV24_06AUG2014.docx</a><br><br>Award sent EDI, Do not duplicate shipment |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 48                                                                                                               |                                                                                                                                                                              |                                                |
| * 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>Cecil Wells<br>CECIL.WELLS@DLA.MIL<br>BY: PMCMSA3                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                  | 25. TOTAL<br>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                |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 31. PAYMENT                                                                                                      | 34. CHECK NUMBER                                                                                                                                                             |                                                |
| a. DATE (YYYYMMDD)                                                                                                                                                                           | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COMPLETE<br><input type="checkbox"/><br>PARTIAL<br><input type="checkbox"/><br>FINAL<br><input type="checkbox"/> | 35. BILL OF LADING NO.                                                                                                                                                       |                                                |
| 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**

SECTION B

PR: 0054616611  
SUPPLIES/SERVICES:  
  
4730009152714  
  
STRAINER ELEMENT,SE  
  
STRAINER ELEMENT, SEDIMENT.  
  
NO DATA IS AVAILABLE. THE ALTERNATE OFFEROR IS  
REQUIRED TO PROVIDE A COMPLETE DATA PACKAGE  
INCLUDING DATA FOR THE APPROVED AND ALTERNATE  
PART FOR EVALUATION.  
  
HYDRO-AIRE, INC. DBA 81982 P/N 60-37150

| CLIN | PR         | PRLI | UI | QUANTITY | UNIT PRICE | CURRENCY | TOTAL PRICE |
|------|------------|------|----|----------|------------|----------|-------------|
| 0001 | 0054616611 | 0001 | EA | 48.000   |            |          |             |

NSN/MATERIAL:4730009152714  
  
QTY VARIANCE: PLUS 00.00% MINUS 00.00%  
  
INSPECTION POINT: DESTINATION  
  
ACCEPTANCE POINT: DESTINATION  
  
PREP FOR DELIVERY:  
  
PKGING DATA-QUP:001  
  
SHALL BE PACKAGED STANDARD COMMERCIAL 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: 2015 MAR 24  
  
PARCEL POST ADDRESS:  
  
SW3211  
DLA DISTRIBUTION DEPOT OKLAHOMA  
3301 F AVE CEN REC BLDG 506 DR 22  
TINKER AFB OK 73145-8000  
US  
  
FOR TRANSPORTATION ASSISTANCE SEE DLAD 52.247-9034. FOR FIRST DESTINATION TRANSPORTATION (FDT)  
AWARDS SEE DLAD 52.247-9059 AND

CONTINUED ON NEXT PAGE

SECTION B

CLIN: 0001 PR: 0054616611 PRLI: 0001 CONT'D

CONTRACT INSTRUCTIONS INSTEAD.

FREIGHT SHIPPING ADDRESS:

SW3211  
DLA DISTRIBUTION DEPOT OKLAHOMA  
3301 F AVE CEN REC BLDG 506 DR 22  
TINKER AFB OK 73145-8000  
US

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