

| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                | PAGE 1 OF 5                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. CONTRACT/PURCH ORDER/AGREEMENT NO.<br>SPE7M0-16-V-E838                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2. DELIVERY ORDER/CALL NO.                                                                                                                            |                                                                                                                                                                              | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br>2016 AUG 25                                                                                             | 4. REQUISITION/PURCH REQUEST NO.<br>0064821828                              |
| 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: William Manning PMCMKDD Tel: 614-692-9745 Fax: 614-692-2474<br>Email: DLA.Maritime.Postaward.FMSE2@dla.mil |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE<br>SPE7M0                                                                                                                                        | 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 |                                                                                                                                                | CODE<br>SPE7M0                                                              |
| 9. CONTRACTOR<br><br>NAME AND ADDRESS<br>HYDRO-AIRE, INC.<br>3000 WINONA AVE<br>BURBANK CA 91504-2540<br>USA                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE<br>81982                                                                                                                                         | FACILITY                                                                                                                                                                     | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br>210 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><br>SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CODE                                                                                                                                                  | 15. PAYMENT WILL BE MADE BY<br>DEF FIN AND ACCOUNTING SVC<br>BSM<br>P O BOX 182317<br>COLUMBUS OH 43218-2317<br>USA                                                          |                                                                                                                                                | CODE<br>SL4701                                                              |
|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                | 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 2016 AUG 05, 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<br>(YYYYMMDD)                                                   |
| <input type="checkbox"/>                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | If this box is marked, supplier must sign Acceptance and return the following number of copies:                                                       |                                                                                                                                                                              |                                                                                                                                                |                                                                             |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><br>BX: 97X4930 5CBX 001 2620 S33189                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                |                                                                             |
| 18. ITEM NO.                                                                                                                                                                                                                                        | 19. SCHEDULE OF SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                       | 20. QUANTITY ORDERED/ACCEPTED*                                                                                                                                               | 21. UNIT                                                                                                                                       | 22. UNIT PRICE                                                              |
|                                                                                                                                                                                                                                                     | THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DLA MASTER SOLICITATION FOR EPROCUREMENT AUTOMATED SIMPLIFIED ACQUISITIONS (PART 13) REVISION 32 (MARCH 9, 2016) WHICH CAN BE FOUND ON THE WEB AT <a href="http://www.dla.mil/Portals/104/Documents/J7Acquisition/Master_Solicitation_REV_32_MAR_16.pdf">http://www.dla.mil/Portals/104/Documents/J7Acquisition/Master_Solicitation_REV_32_MAR_16.pdf</a><br><br>Award sent EDI, Do not duplicate shipment |                                                                                                                                                       | 27                                                                                                                                                                           |                                                                                                                                                |                                                                             |
| * 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>Lori Conley<br>LORI.CONLEY@DLA.MIL<br>BY: PMCMSA8                                                                     |                                                                                                                                                                              | 25. TOTAL                                                                                                                                      |                                                                             |
|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                                                                                                                              | 26. DIFFERENCES                                                                                                                                |                                                                             |
|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CONTRACTING/ORDERING OFFICER                                                                                                                          |                                                                                                                                                                              |                                                                                                                                                |                                                                             |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                |                                                                             |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | c. DATE<br>(YYYYMMDD)                                                                                                                                                        | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                              |                                                                             |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | 28. SHIP. NO.                                                                                                                                                                | 29. D.O. VOUCHER NO.                                                                                                                           | 30. INITIALS                                                                |
| f. TELEPHONE NUMBER                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | g. E-MAIL ADDRESS                                                                                                                                                            | 32. PAID BY                                                                                                                                    | 33. AMOUNT VERIFIED CORRECT FOR                                             |
|                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                                       |                                                                                                                                                | 34. CHECK NUMBER                                                            |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                | 35. BILL OF LADING NO.                                                      |
| a. DATE<br>(YYYYMMDD)                                                                                                                                                                                                                               | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                       |                                                                                                                                                                              |                                                                                                                                                |                                                                             |
| 37. RECEIVED AT                                                                                                                                                                                                                                     | 38. RECEIVED BY (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 39. DATE RECEIVED<br>(YYYYMMDD)                                                                                                                       | 40. TOTAL CONTAINERS                                                                                                                                                         | 41. S/R ACCOUNT NUMBER                                                                                                                         | 42. S/R VOUCHER NO.                                                         |

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: 0064821828  
SUPPLIES/SERVICES:  
  
6685003393275  
  
INDICATOR,OVER TEMP  
  
INDICATOR, OVER TEMPERATURE  
  
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.  
  
MERCURY OR MERCURY CONTAINING COMPOUNDS SHALL  
NOT BE INTENTIONALLY ADDED TO(>,<)> OR COME IN DIRECT  
CONTACT WITH(>,<)> ANY HARDWARE OR SUPPLIES FURNISHED  
UNDER THIS CONTRACT. EXCEPTION: FUNCTIONAL MERCURY  
USED IN BATTERIES, FLUORESCENT LIGHTS, REQUIRED  
INSTRUMENTS; SENSORS OR CONTROLS; WEAPON SYSTEMS;  
AND CHEMICAL ANALYSIS REAGENTS SPECIFIED BY NAVSEA.  
PORTABLE FLUORESCENT LAMPS AND PORTABLE INSTRUMENTS  
CONTAINING MERCURY SHALL BE SHOCK PROOF AND CONTAIN  
A SECOND BOUNDARY OF CONTAINMENT OF THE MERCURY OR  
MERCURY COMPOUND. (IAW NAVSEA 5100-003D) .  
  
  
CRITICAL APPLICATION ITEM  
  
HYDRO-AIRE, INC. 81982 P/N 86270  
  

| CLIN | PR         | PRLI | UI | QUANTITY | UNIT PRICE | CURRENCY | TOTAL PRICE |
|------|------------|------|----|----------|------------|----------|-------------|
| 0001 | 0064821828 | 0001 | EA | 27.000   |            |          |             |

  
NSN/MATERIAL:6685003393275  
  
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 HAZARDOUS  
MATERIALS PACKAGING REQUIREMENTS.  
  
PACKAGING: PACKAGING FOR HAZARDOUS MATERIALS  
SHALL COMPLY WITH APPLICABLE REGULATIONS, I.E.,  
TITLE 49 CODE OF FEDERAL REGULATIONS,  
INTERNATIONAL CIVIL AVIATION ORGANIZATION (ICAO)  
TECHNICAL INSTUCTIONS (EXCLUDING PARAGRAPH 1.4  
OF CHAPTERS 1 AND 3), AND INTERNATIONAL MARITIME  
DANGEROUS GOODS CODE (IMDG). BOTH ICAO AND IMDG

CONTINUED ON NEXT PAGE

|                    |                                                |                        |
|--------------------|------------------------------------------------|------------------------|
| CONTINUATION SHEET | ORDER NUMBER / CALL NUMBER<br>SPE7M0-16-V-E838 | Page of Pages<br>4   5 |
|--------------------|------------------------------------------------|------------------------|

## SECTION B

CLIN: 0001 PR: 0064821828 PRLI: 0001 CONT'D

COMPLY WITH UNITED NATIONS (UN) RECOMMENDATIONS ON TRANSPORT OF DANGEROUS GOODS. WHEN A); CONTRACT/ORDER FOR HAZARDOUS MATERIALS REQUIRES SHIPMENT THROUGH A MILITARY AERIAL PORT FOR TRANSPORT VIA MILITARY AIRCRAFT, PACKAGING SHALL COMPLY WITH DLAI 4145.3, PREPARING HAZARDOUS MATERIALS FOR MILITARY AIR SHIPMENT.

LABELING AND MARKING: ALL INTERIOR AND EXTERIOR CONTAINERS SHALL BE LABELED AND MARKED AS SPECIFIED IN THE REFERENCED PRODUCT SPECIFICATION, AND/OR AS SPECIFIED IN SECTION D OF THE CONTRACT OR ORDER. IN ADDITION, ALL LABELING AND MARKING SHALL COMPLY WITH THE REQUIREMENTS OF MIL-STD-129, 49 CFR, 29 CFR, AND, AS APPLICABLE, ICAO TECHNICAL INSTRUCTIONS, IMDG ANNEX 1, AND/OR DLAI 4145.3.

CERTIFICATION: ALL PACKAGING PERFORMANCE TEST REQUIREMENTS SHALL BE SUPPORTED BY CERTIFICATES AND REPORTS ATTESTING TO DATE OF TESTING AND DATA RESULTS OBTAINED FROM TESTING. THE CONTRACTOR'S SIGNED CERTIFICATION THAT PACKAGE CONFIGURATION MEETS 49 CFR, AND, AS APPLICABLE, ICAO, IMDG AND/OR DLAI 4145.3 REQUIREMENTS, SHALL BE INCLUDED ON THE DD FORM 250 (MATERIAL INSPECTION AND RECEIVING REPORT), OR ANY SUITABLE ALTERNATE COMMERCIAL PACKING LIST. ALL CERTIFICATES/REPORTS SHALL BE AVAILABLE FOR INSPECTION BY AUTHORIZED U. S. GOVERNMENT REPRESENTATIVES FOR A PERIOD OF NOT LESS THAN 3 YEARS FROM THE DATE OF SHIPMENT.

IF THE MATERIAL IS NOT CONSIDERED HAZARDOUS, IN ACCORDANCE WITH FED-STD-313, THE MATERIAL SHALL BE COMMERCIALY PACKAGED IN ACCORDANCE WITH "ASTM D3951."

### 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: 2017 MAR 23

PARCEL POST ADDRESS:

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

**CONTINUED ON NEXT PAGE**

SECTION B

CLIN: 0001 PR: 0064821828 PRLI: 0001 CONT'D

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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