| ORDER FOR SUPPLIES OR SERVICES  |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               | PAGE 1 OF 4                 |  |
|---|--|--|---|------------|------------------------------|-----------------------|---|-------------------------------------|----------------------------------|-------------------------------|-------------------------|-------------------------------|-----------------------------|--|
| CONTRACT/PURCH ORDER/AGREEMENT NO. 2. DELIVERY ORDER/CALL NO.   |  |  |   |            |                              | 3. DATE OF ORDER/CALL |   |                                     | 4. REQUISITION/PURCH REQUEST NO. |                               |                         | 5. PRIORITY                   |                             |  |
| SPE7M0-17-V-2765  |  |  |   |            |                              |                       | (YYYYMMMDD)<br>2016 DEC 07                            |                                     |                                  | 0066256179                    |                         |                               | DO-A1                       |  |
|   |  |  |   |            |                              |                       | 7. ADMINISTERED BY (If other than 6) CODE SPE7M0      |                                     |                                  |                               |                         | 10                            | 8. DELIVERY FOB             |  |
| DLA LAND AND MARITIME<br>MARITIME SUPPLY CHAIN ESOC BUYS  |  |  |   |            |                              |                       | DLA LAND AND MARITIME MARITIME SUPPLY CHAIN ESOC BUYS |                                     |                                  |                               |                         |                               | DESTINATION                 |  |
| COLUMBUS OH 43218-3990  |  |  |   |            |                              |                       | PO BOX 3990<br>COLUMBUS OH 43218-3990                 |                                     |                                  |                               |                         |                               | X OTHER                     |  |
| Local A   | dmin: Willia   | ım Manni   | ng PMCMKKD Tel: 614-692-974               |            | USA Criticality: C PAS: None |                       |   |                                     |                                  |                               | (See Schedule if other) |                               |                             |  |
| Email: DLA.Maritime.Postaward.FMSE2@dla.mil  9. CONTRACTOR  CODE 81982  |  |  |   |            |                              |                       | FACILITY 10. DELIVER TO FOR                           |                                     |                                  | го гов Р                      | OINT BY (Date)          | 11. X IF BUSINESS IS          |                             |  |
| 0022 01002  |  |  |   |            |                              |                       |   |                                     |                                  | YYYMMI<br>30                  | иdd)<br>10 DAYS         | SMALL                         |                             |  |
| HYDRO-AIRE, INC.  |  |  |   |            |                              |                       |   |                                     |                                  | 12. DISCOUNT TERMS            |                         |                               | SMALL DISAD-<br>VANTAGED    |  |
| NAME AND 3000 WINONA AVE BURBANK CA 91504-2540  |  |  |   |            |                              |                       |   | Net 30 days                         |                                  |                               | WOMEN-OWNED             |                               |                             |  |
| ADDRESS USA   |  |  |   |            |                              |                       |   | 13. MAIL INVOICES TO THE ADDRESS IN |                                  |                               |                         | N BLOCK                       |                             |  |
|   |  |  |   |            |                              |                       |   |                                     | Se                               | e Block                       | 15                      |                               |                             |  |
| 14. SHIP TO CODE 15   |  |  |   |            |                              | 15. PA                | YMENT WILL BE MADE BY CODE SL4701                     |                                     |                                  |                               |                         |                               | MARK ALL                    |  |
|   |  |  |   |            |                              |                       | DEF FIN AND ACCOUNTING SVC                            |                                     |                                  |                               |                         |                               | PACKAGES AND<br>PAPERS WITH |  |
| SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE P O BOX 182317  |  |  |   |            |                              |                       |   |                                     |                                  |                               | IDENTIFICATION          |                               |                             |  |
| COLUMBUS OH 43218-2317  |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         | NUMBERS IN<br>BLOCKS 1 AND 2. |                             |  |
| USA USA   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| 16.<br>TYPE   | CALL   |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               | ered contract.              |  |
| OF  | PURCH  | PURCHASE V   |   |            |                              |                       |   |                                     |                                  |                               | terms specified herein. |                               |                             |  |
| ORDER   | RDER OF STANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUS BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. |  |   |            |                              |                       |   |                                     |                                  |                               |                         | PREVIOUSLY HAVE               |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   | NAME C   | ME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               | DATE SIGNED                 |  |
| If th   | If this box is marked, supplier must sign Acceptance and return the following number of copies:  |  |   |            |                              |                       |   |                                     |                                  |                               | (YYYYMMMDD)             |                               |                             |  |
|   |  |  | APPROPRIATION DATA/                       |            | Tale lollowing flambe        | o. oop                | 100.  |                                     |                                  |                               |                         |                               |                             |  |
| 11.700  | 00.111   | O AIND   | AIT NOT KIATION DATA                      | LOUAL GOL  |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| BX: 97X4930 5CBX 001 2620 S33189  |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES  |  |  |   |            |                              |                       |   | 20. QUANTITY 21. 22. UNIT PRICE     |                                  | JNIT PRICE                    | 23. AMOUNT              |                               |                             |  |
| 10.1121   |  | 19. SCHEDULE OF SUPPLIES/SERVICES  |   |            |                              |                       |   | ACCEP                               |                                  | UNIT                          |                         |                               |                             |  |
|   |  | THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS IN  |   |            |                              |                       | DICATED IN  | 19                                  |                                  |                               |                         |                               |                             |  |
|   |  | THE DLA MASTER SOLICITATION FOR AUTOMATED SIMF ACQUISITIONS REVISION 33 (SEPTEMBER 19, 2016) WHICE |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  | FOUND ON THE WEB AT http://www.dla.mil/Portals/104/Doc   |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  | J7Acquisition/Master%20Solicitation%20REV_33_SEP_16.pdf  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  | Awaı   | d sent EDI, Do not dup                    |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| * If auai   | ntity acce   | nted hv  | the Government is                         | 24. UNITED | STATES OF AMERI              | CA                    |   |                                     | ~/                               | )^                            |                         | 25. TOTAL                     |                             |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X.  Rebecca Merz                        |  |  |   |            |                              |                       | The S   | becci                               | n //                             | r I .or                       | W                       | 26.                           |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               | )<br>FFICER             | DIFFERENCES                   |                             |  |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| INSPECTED RECEIVED ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:  |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |  |   |            |                              |                       | c. DATE d. PRINTED NAME AND TITLE OF AUTHORIZED GOVE  |                                     |                                  |                               |                         | RNMENT REPRESENTATIVE         |                             |  |
|   |  |  |   |            | (YYYYMMMDD)                  |                       |   |                                     |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         |                               |                             |  |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE  |  |  |   |            |                              |                       | 8. SHIP. NO.  | 29. D.O. VOUCHER NO. 30. INITIALS   |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       | 1   |                                     |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       | PARTIAL   | 32. PAID BY 33. AMOUNT VE           |                                  |                               | ERIFIED CORRECT FOR     |                               |                             |  |
| f. TELEPHONE NUMBER g. E-MAIL ADDRESS   |  |  |   |            |                              |                       | FINAL   |                                     |                                  |                               |                         |                               |                             |  |
| AS LOCATIVE THE ACCOUNT IS CORRECT AND DOCUMENT   |  |  |   |            |                              | 31                    | I. PAYMENT  | 34. CHECK NUN                       |                                  |                               | MBER                    |                               |                             |  |
| 36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.     a. DATE    b. SIGNATURE AND TITLE OF CERTIFYING OFFICER |  |  |   |            |                              | _                     | COMPLETE  |                                     |                                  |                               | D.110 110               |                               |                             |  |
| a. DATE D. SIGNATURE AND TITLE OF CERTIFYING OFFICER (YYYYMMMDD)  |  |  |   |            | -                            | PARTIAL<br>FINAL      | 35. BILL OF LA  |                                     |                                  | IDING NO.                     |                         |                               |                             |  |
| 37. REC   | EIVED  | 38. RI   | 38. RECEIVED BY (Print) 39. DATE RECEIVED |            |                              | ED 40                 |   |                                     |                                  | ACCOUNT NUMBER 42. S/R VOUCHE |                         |                               | IFR NO.                     |  |
| AT (YYYYMMMDD) TAINERS  |  |  |   |            |                              |                       |   | 5/10 /4                             |                                  |                               |                         |                               |                             |  |
|   |  |  |   |            |                              |                       |   |                                     |                                  |                               |                         | 1                             |                             |  |

1 4

DFARS 252.225-7036 ALTERNATE IV, BUY AMERICAN ACT--FREE TRADE AGREEMENTS--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.

SPE7M0-17-V-2765

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

CONTINUATION SHEET

## ORDER NUMBER / CALL NUMBER SPE7M0-17-V-2765

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## SECTION B

PR: 0066256179 SUPPLIES/SERVICES:

4820000831262

VALVE, SAFETY RELIEF

VALVE, SAFETY RELIEF. ALUMINUM ALLOY BODY.
RP001: DLA PACKAGING REQUIREMENTS FOR PROCUREMENT

RA001: THIS DOCUMENT INCORPORATES TECHNICAL AND/OR QUALITY REQUIREMENTS (IDENTIFIED BY AN 'R' OR AN 'I' NUMBER) SET FORTH IN FULL TEXT IN THE DLA MASTER LIST OF TECHNICAL AND QUALITY REQUIREMENTS FOUND ON THE WEB AT: http://www.dla.mil/HQ/Acquisition/Offers/eProcurement.aspx. FOR SIMPLIFIED ACQUISITIONS, THE REVISION OF THE MASTER IN EFFECT ON THE SOLICITATION ISSUE DATE OR THE AWARD DATE CONTROLS. FOR LARGE ACQUISITIONS, THE REVISION OF THE MASTER IN EFFECT ON THE RFP ISSUE DATE APPLIES UNLESS A SOLICITATION AMENDMENT INCORPORATES A FOLLOW-ON REVISION, IN WHICH CASE THE AMENDMENT DATE CONTROLS.

RQ002: CONFIGURATION CHANGE MANAGEMENT - ENGINEERING CHANGE PROPOSAL REQUEST FOR VARIANCE (DEVIATION OR WAIVER)

RO011: REMOVAL OF GOVERNMENT IDENTIFICATION FROM NON-ACCEPTED SUPPLIES

SIZE 1/4 INCH, 2800 PSI OPENING PRESSURE.

CLASS 3 THREADS APPLY TO THIS NSN.

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.

CRITICAL APPLICATION ITEM

HYDRO-AIRE, INC. 81982 P/N A90154

<u>CLIN PR PRLI UI QUANTITY UNIT PRICE CURRENCY TOTAL PRICE</u> 0001 0066256179 0001 EA 19.000

NSN/MATERIAL:4820000831262

QTY VARIANCE: PLUS 00.00% MINUS 00.00%

INSPECTION POINT: DESTINATION
ACCEPTANCE POINT: DESTINATION

CONTINUED ON NEXT PAGE

**CONTINUATION SHEET** 

## ORDER NUMBER / CALL NUMBER SPE7M0-17-V-2765

Page of Pages

1 | 4

## SECTION B

CLIN: 0001 PR: 0066256179 PRLI: 0001 CONT'D

PREP FOR DELIVERY:

PKGING DATA-QUP:001

SHALL BE PACKAGED IN ACCORDANCE WITH ASTM D 3951.

Markings Paragraph

ASTM D3951.

When ASTM D3951, Commercial Packaging is specified, the following apply:
•,,All Section "D" Packaging and Marking Clauses take precedence over

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

DELIVER FOB: ORIGIN DELIVER BY: 2017 OCT 03

PARCEL POST ADDRESS:

SW3218
DLA DISTRIBUTION SAN DIEGO
3581 CUMMINGS ROAD BLDG 3581
SAN DIEGO CA 92136-3581
SAN DIEGO CA 92136-3581
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:

SW3218
DLA DISTRIBUTION SAN DIEGO
3581 CUMMINGS ROAD BLDG 3581
SAN DIEGO CA 92136-3581
SAN DIEGO CA 92136-3581
US