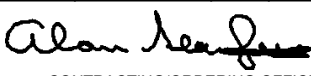


| ORDER FOR SUPPLIES OR SERVICES                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           |                                                                                                                                                                             |                                                       |                                                                   |                             | PAGE 1 OF 4                                                                                                                                           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. CONTRACT/PURCH ORDER/AGREEMENT NO.</b><br>SPE7M5-16-V-0920                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>2. DELIVERY ORDER/CALL NO.</b> |                                                                                                                                                       | <b>3. DATE OF ORDER/CALL</b><br>(YYYYMMDD)<br>2015 NOV 17 |                                                                                                                                                                             | <b>4. REQUISITION/PURCH REQUEST NO.</b><br>0061052492 |                                                                   | <b>5. PRIORITY</b><br>DO-C9 |                                                                                                                                                       |  |
| <b>6. ISSUED BY</b><br>DLA LAND AND MARITIME<br>ACTIVE DEVICES DIVISION<br>PO BOX 3990<br>COLUMBUS OH 43218-3990<br>USA<br>Local Admin: William Manning PMCMKKD Tel: 614-692-9748 Fax: 614-692-2474<br>Email: DLA.Maritime.Postaward.FMSE2@dla.mil |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | CODE <b>SPE7M5</b>                                                                                                                                    |                                                           | <b>7. ADMINISTERED BY</b> (If other than 6)<br>DLA LAND AND MARITIME<br>ACTIVE DEVICES DIVISION<br>PO BOX 3990<br>COLUMBUS OH 43218-3990<br>USA<br>Criticality: C PAS: None |                                                       |                                                                   |                             | CODE <b>SPE7M5</b>                                                                                                                                    |  |
| <b>9. CONTRACTOR</b><br><br>NAME AND ADDRESS<br>HYDRO-AIRE, INC. DBA<br>3000 WINONA AVE<br>BURBANK CA 91504-2540<br>USA                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           | CODE <b>81982</b>                                                                                                                                                           |                                                       | FACILITY                                                          |                             | <b>10. DELIVER TO FOB POINT BY</b> (Date)<br>(YYYYMMDD)<br>300 DAYS ADO                                                                               |  |
|                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           |                                                                                                                                                                             |                                                       | <b>12. DISCOUNT TERMS</b><br>Net 30 days                          |                             | <b>11. X IF BUSINESS IS</b><br><input type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |  |
|                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           |                                                                                                                                                                             |                                                       | <b>13. MAIL INVOICES TO THE ADDRESS IN BLOCK</b><br>See Block 15  |                             |                                                                                                                                                       |  |
| <b>14. SHIP TO</b><br><br>SEE SCHEDULE, DO NOT SHIP TO ADDRESSES ON THIS PAGE                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | CODE                                                                                                                                                  |                                                           | <b>15. PAYMENT WILL BE MADE BY</b><br>DEF FIN AND ACCOUNTING SVC<br>BSM<br>P O BOX 182317<br>COLUMBUS OH 43218-2317<br>USA                                                  |                                                       |                                                                   |                             | CODE <b>SL4701</b>                                                                                                                                    |  |
| <b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b>                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           |                                                                                                                                                                             |                                                       |                                                                   |                             |                                                                                                                                                       |  |
| <b>16. TYPE OF ORDER</b>                                                                                                                                                                                                                           |  | <b>DELIVERY/ CALL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |                                                           |                                                                                                                                                                             |                                                       |                                                                   |                             |                                                                                                                                                       |  |
| <b>PURCHASE</b>                                                                                                                                                                                                                                    |  | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | Reference your Offer/Quote dated 2015 NOV 06, furnish the following on terms specified herein.                                                        |                                                           |                                                                                                                                                                             |                                                       |                                                                   |                             |                                                                                                                                                       |  |
| <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)                                            |                             |                                                                                                                                                       |  |
| <b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b><br><br>BX: 97X4930 5CBX 001 2620 S33189                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           |                                                                                                                                                                             |                                                       |                                                                   |                             |                                                                                                                                                       |  |
| <b>18. ITEM NO.</b>                                                                                                                                                                                                                                |  | <b>19. SCHEDULE OF SUPPLIES/SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |                                                                                                                                                       |                                                           | <b>20. QUANTITY ORDERED/ ACCEPTED*</b>                                                                                                                                      |                                                       | <b>21. UNIT</b>                                                   |                             | <b>22. UNIT PRICE</b>                                                                                                                                 |  |
|                                                                                                                                                                                                                                                    |  | THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE DLA MASTER SOLICITATION FOR EPROCUREMENT AUTOMATED SIMPLIFIED ACQUISITIONS (PART 13) REVISION 29 (OCTOBER 1, 2015) WHICH CAN BE FOUND ON THE WEB AT <a href="http://www.dla.mil/Portals/104/Documents/J7Acquisition/Master_Solicitation_REV_29_OCT_15.pdf">http://www.dla.mil/Portals/104/Documents/J7Acquisition/Master_Solicitation_REV_29_OCT_15.pdf</a><br><br>Award sent EDI, Do not duplicate shipment |                                   |                                                                                                                                                       |                                                           | 7                                                                                                                                                                           |                                                       |                                                                   |                             |                                                                                                                                                       |  |
| * 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.                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           | <b>24. UNITED STATES OF AMERICA</b><br>Alan Searfoss<br>Alan.Searfoss@dla.mil<br>BY: PXCBE1                                                                                 |                                                       |                                                                   |                             | <b>25. TOTAL</b>                                                                                                                                      |  |
|                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           | <br>CONTRACTING/ORDERING OFFICER                                                        |                                                       |                                                                   |                             | <b>26. DIFFERENCES</b>                                                                                                                                |  |
| <b>27a. QUANTITY IN COLUMN 20 HAS BEEN</b><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                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           | <b>28. SHIP. NO.</b>                                                                                                                                                        |                                                       | <b>29. D.O. VOUCHER NO.</b>                                       |                             | <b>30. INITIALS</b>                                                                                                                                   |  |
| f. TELEPHONE NUMBER                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           | g. E-MAIL ADDRESS                                                                                                                                                           |                                                       | <b>32. PAID BY</b>                                                |                             | <b>33. AMOUNT VERIFIED CORRECT FOR</b>                                                                                                                |  |
| <b>36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.</b>                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                       |                                                           | <b>31. PAYMENT</b>                                                                                                                                                          |                                                       |                                                                   |                             | <b>34. CHECK NUMBER</b>                                                                                                                               |  |
| a. DATE (YYYYMMDD)                                                                                                                                                                                                                                 |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   |                                                                                                                                                       |                                                           | <input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL                                                                     |                                                       |                                                                   |                             | <b>35. BILL OF LADING NO.</b>                                                                                                                         |  |
| <b>37. RECEIVED AT</b>                                                                                                                                                                                                                             |  | <b>38. RECEIVED BY</b> (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | <b>39. DATE RECEIVED</b> (YYYYMMDD)                                                                                                                   |                                                           | <b>40. TOTAL CONTAINERS</b>                                                                                                                                                 |                                                       | <b>41. S/R ACCOUNT NUMBER</b>                                     |                             | <b>42. S/R VOUCHER NO.</b>                                                                                                                            |  |

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: 0061052492  
SUPPLIES/SERVICES:

5945009452330

SOLENOID,ELECTRICAL

SOLENOID,ELECTRICAL

SAMPLING:  
IF THE APPLICABLE (OEM OR MILITARY) DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISION (QAP) SPECIFIES AN ACCEPTABLE QUALITY LEVEL (AQL), IT MAY BE USED TO ESTABLISH THE AUTHORIZED SAMPLE SIZE. HOWEVER THE SAMPLING ACCEPTANCE NUMBER SHALL BE REDUCED TO ZERO (0). EVEN THOUGH THE ACCEPTANCE LEVEL IS ELIMINATED, THE SAMPLE SIZE REMAINS THE SAME. UNLESS OTHERWISE SPECIFIED IN THE OEM OR MILITARY DRAWING, SPECIFICATION, STANDARD, OR QUALITY ASSURANCE PROVISIONS (QAPs) CHARACTERISTICS CLASSIFIED AS CRITICAL, MAJOR AND MINOR SHALL HAVE AN ASSIGNED AQL OF 0.10, 1.0, AND 4.0 RESPECTIVELY. ASQ H1331 TABLE 1 OR MIL-STD-1916 SHALL TAKE PRECEDENCE OVER MIL-STD-105 AND ASQ Z1.4. THESE PLANS ACCEPT ON ZERO DEFECTS AND REJECT THE ENTIRE LOT ON ONE DEFECT. A ZERO BASED SAMPLING PLAN SHALL BE USED, UNLESS OTHERWISE SPECIFIED BY CONTRACT.

"ANY TECHNICAL DATA PROVIDED AS A RESULT OF THIS SOLICITATION IS NOT COMPLETE AND WILL BE PROVIDED FOR REFERENCE PURPOSES ONLY."

THE PROCUREMENT AGENCY HAS DATA ADEQUATE FOR EVALUATION PURPOSES, BUT LIMITED RIGHTS APPLY. THE OFFEROR NEEDS TO PROVIDE ONLY ITS DATA FOR EVALUATION.

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

HYDRO-AIRE, INC. DBA 81982 P/N 58829

| CLIN | PR         | PRLI | UI | QUANTITY | UNIT PRICE | CURRENCY | TOTAL PRICE |
|------|------------|------|----|----------|------------|----------|-------------|
| 0001 | 0061052492 | 0001 | EA | 7.000    |            |          |             |

NSN/MATERIAL:5945009452330

QTY VARIANCE: PLUS 00.00% MINUS 00.00%

INSPECTION POINT: DESTINATION

SECTION B

CLIN: 0001 PR: 0061052492 PRLI: 0001 CONT'D

ACCEPTANCE POINT: DESTINATION

PREP FOR DELIVERY:

PKGING DATA-QUP:001

SHALL BE PACKAGED IN ACCORDANCE WITH ASTM D 3951.

Markings Paragraph

When ASTM D3951, Commercial Packaging is specified, the following apply:

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

DELIVER FOB: ORIGIN DELIVER BY: 2016 SEP 12

PARCEL POST ADDRESS:

SW3113  
DLA DISTRIBUTION CHERRY POINT  
PHANTOM RD BLDG 147 BAY A  
CHERRY POINT NC 28533-5040  
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:

SW3113  
DLA DISTRIBUTION CHERRY POINT  
PHANTOM RD BLDG 147 BAY A  
CHERRY POINT NC 28533-5040  
US

\*\*\*\*\*