

ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 05/05/2011	2. CONTRACT NO. (If any) DTMA8C05003	6. SHIP TO: a. NAME OF CONSIGNEE U.S. DOT/Maritime Administration
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3. ORDER NO. KEY03A2011021	4. REQUISITION/REFERENCE NO. MA-PR615-20110454
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5. ISSUING OFFICE (Address correspondence to) U.S.DOT/ Maritime Administration Atlantic Div. Acquisition Office MAR-380-2 7737 Hampton Blvd Building 19 Suite 300 NORFOLK VA 23505-1204	b. STREET ADDRESS Atlantic Division Operations 7737 Hampton Blvd Building 19 Suite 300
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c. CITY Norfolk	d. STATE VA	e. ZIP CODE 23505-1204
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7. TO: Louis A. Cavaliere a. NAME OF CONTRACTOR Keystone Shipping Services, Inc.	f. SHIP VIA
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b. COMPANY NAME	8. TYPE OF ORDER <input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY
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c. STREET ADDRESS 901 Market St Ste 312	REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.
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d. CITY Wilmington	e. STATE DE	f. ZIP CODE 19801-3013
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9. ACCOUNTING AND APPROPRIATION DATA See Schedule	10. REQUISITIONING OFFICE U.S. DOT/ Maritime Administration
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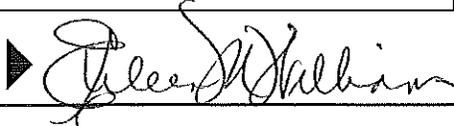
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS	<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED	12. F.O.B. POINT Destination
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13. PLACE OF a. INSPECTION Destination	b. ACCEPTANCE Destination	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
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17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	CAPE RISE FY11 M&C CLAIM PC-127200					
	Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:			
	a. NAME MARAD A/P INVOICES			\$5,000.00
	b. STREET ADDRESS (or P.O. Box) P.O. BOX 25710			
c. CITY OKLAHOMA CITY	d. STATE OK	e. ZIP CODE 73125	\$5,000.00	17(i) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) EILEEN WILLIAMS TITLE: CONTRACTING/ORDERING OFFICER
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

2

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DATE OF ORDER
05/05/2011

CONTRACT NO.
DTMA8C05003

ORDER NO.
KEY03A2011021

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0603AE	<p>Admin Office: U. S. DOT Maritime Administration Atlantic Div. Acquisition Office MAR-380.2 7737 Hampton Blvd Building 19 Suite 300 Norfolk VA 23505-1204</p> <p>Mark For: CAPE RISE C/O Earl Industries 2 Harper Avenue Portsmouth VA 23707</p> <p>Accounting Info: 70XR161710.2011.93140CLM00.1161000000.25432. 61006600 / 7011613140CLM0 Period of Performance: 05/05/2011 to 09/30/2011</p> <p>RISE FY11 M&C CLAIM PC-127200</p> <p>CAPE RISE FY 11 M&C CLAIM PC-127200 THE PURPOSE OF THIS PROJECT KEY-RIS11-7004A IS TO PROVIDE FOR THE SUPPORT OF THE MAINTENANCE AND CURE CLAIM FOR THE SHIP MANAGERS CREW MEMBERS CLAIM NUMBER PC-127200.</p> <p>The total amount of award: \$5,000.00. The obligation for this award is shown in box 17(i).</p>	1	LO	5,000.00	5,000.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$5,000.00