

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 09/25/2009	2. CONTRACT NO. (If any)	6. SHIP TO: Anthony Matarazzi		
3. ORDER NO. DTMA1V09452	4. REQUISITION/REFERENCE NO. PR600090101	a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-620		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 1200 New Jersey Ave SE, MAR380 W26-429		b. STREET ADDRESS 1200 New Jersey Ave., SE MAR620, W25-209/212		
Washington DC 20590		c. CITY Washington	d. STATE DC	e. ZIP CODE 20590

7. TO: a. NAME OF CONTRACTOR john.droge@safenet-inc.com	f. SHIP VIA
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b. COMPANY NAME Safenet Government Solutions, LLC			8. TYPE OF ORDER	
c. STREET ADDRESS 359 Van Ness Way			<input checked="" type="checkbox"/> a. PURCHASE	<input type="checkbox"/> b. DELIVERY - 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.
d. CITY Torrance	e. STATE CA	f. ZIP CODE 90501-1435	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.	

9. ACCOUNTING AND APPROPRIATION DATA - 7009 - 1750HQ - 2009 - 10 - PEDO - - E6000000 - 160000 - - 26840 - - 6100 - 6600 - - -	10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-620
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))	12. F.O.B. POINT Destination
<input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. EMERGING SMALL BUSINESS	

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 03/31/2010	16. DISCOUNT TERMS
a. INSPECTION	b. ACCEPTANCE			

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)
	SEE LINE ITEM DETAIL					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOT. (Cont. pages) 17(i) GRAND TOTAL \$18,000.00
	21. MAIL INVOICE TO: Tammy Curnett				
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				
	b. STREET ADDRESS (or P.O. Box) MARAD A/P Branch, AMZ-150 PO Box 25710				
	c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125		

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

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

DATE OF ORDER 09/25/2009	CONTRACT NO.	ORDER NO. DTMA1V09452
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ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	KSV-21 ENHANCED CRYPTO CARD, PART NO 0N703130-1 F.O.B. ORGIN <i>Delivery Date</i> <i>Start Date</i> <i>End Date</i> 03/31/2010 09/25/2009 03/31/2010 Reference Requisition: PR600090101	60.00	EA	300.000	18,000.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$18,000.00

Line Item Detail	Title SAFENET GOVERNMENT	Document Number DTMA1V09452	Page 4 of 5
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Detail

Line Item Number	Description	Ship Code	Invoice Code	Quantity	Unit of Issue	Unit Price	Total Cost (Includes Disc)
0001	KSV-21 ENHANCED CRYPTO CARD, PART NO 0N703130-1 F.O.B. ORGIN			60.00	EA	\$300.000	\$ 18,000.00

Ref Req No: PR600090101

Contract Type: Other (Awards - None other apply)

Delivery Date: 03/31/2010

Period of Performance: 09/25/2009 to 03/31/2010

Extended Description:

Line Type: Priced

Period Type: Base Period

Product/Service Code: 7035

SIC Code: 3577

NAICS Code: 334119

Description

Company:	Model Number:	Inspection/Acceptance
Prod./Cat. Number:	NSN:	Location:
Drawing Number:	Recycled Product:	Level:
Spec. Number:	Color:	
Serial Number:	Size:	
Piece Number:		

Pricing

		Estimates					
Base Fee:	.000	Min. Profit Fee:	.000	Quantity:	.000	Est. Cost:	.000
Award Fee:	.000	Max. Profit Fee:	.000	Min. Quantity:	.000	Est. Cost - Low:	.000
Fixed Fee:	.000	Target Profit Fee:	.000	Max. Quantity:	.000	Est. Cost - High:	.000
Ceiling:	.000	Taxes:	.000	Variation in Quantity:	.000	Target Cost:	.000
						Target Price:	.000

Funding

Funding Strip	Expiration Date	Funded Amount
- 7009 - 1750HQ - 2009 - 10 - PEDO - - E6000000 - 160000 - - 26840 - - 6100 - 6600 - - -		18,000.00

Line Item Detail

Title

SAFENET GOVERNMENT

Document Number

DTMA1V09452

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Address Information

F.O.B. Destination

Additional Markings:



Direct Sales Order Form

KSV-21 Enhanced Crypto Card

Fax to: (310) 533-6561 or Email: Laura.Haas@safenet-inc.com

(Please print all entries)

Item(s) Ordered: ALL Sections MUST be completed before order will be accepted

	Product/Part Number	Quantity	Unit Price	Ext. Price
1.	KSV-21 Enhanced Crypto Card, Part No. 0N703130-1	60	\$300.00	\$18,000.00
2.				
<i>Note: All prices are FOB Origin.</i>				TOTAL COST
				\$18,000.00

Program and End Customer Information

Name of Program USDOT/MARAD Secure Voice Program	End Customer's Name Anthony J. Matarazzi	Telephone / E-Mail Address 202-366-2776 Anthony.Matarazzi@dot.gov
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Government Contract No. and Government Employee Contact Information

Contract Number N/A	Gov't Employee Name Anthony J. Matarazzi	Gov't E-Mail Address Anthony.Matarazzi@dot.gov
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Billing Information

Sales Tax Status <input type="checkbox"/> Taxable (include tax rate) <input type="checkbox"/> Exempt (Send Tax-Exempt Certificate with order)	Method of Payment <input checked="" type="checkbox"/> Invoice (Terms: Net 30 Days.) <input type="checkbox"/> Visa or Master Card
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Credit Card Information (if applicable)

Visa or Master Card Number	Expiration Date	Security Code
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The Security Code is the last three digits usually printed in the signature block on the back of the card

Name (as shown on the credit card)	Company	Telephone () -	Fax () -
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Street Address to which Credit Card is Issued		Building/Suite No.
City	State	ZIP Code

Shipping Instructions (COMSEC Information):

Name (COMSEC Custodian) Anthony J. Matarazzi	Telephone 202-366-2776	COMSEC Account No 819128
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Company Organization Name USDOT/Maritime Administration	Street Address (of COMSEC Custodian) 1200 New Jersey Ave. SE, W25-209/212		
City Washington	State DC	ZIP Code 20590	

 Signature

 9/24/2009
 Date

Transcript No.:	Approval No.:
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