

ORDER FOR SUPPLIES OR SERVICES

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

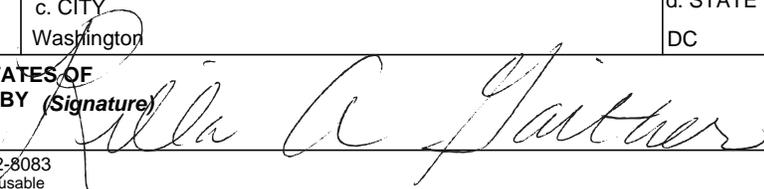
1. DATE OF ORDER 07/26/2004	2. CONTRACT NO. (If any)	6. SHIP TO: Murray A. Bloom		
3. ORDER NO. DTMA1N04078	4. REQUISITION/REFERENCE NO. PR200040019	a. NAME OF CONSIGNEE DOT/Maritime Administration, MAR-220		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, MAR-380 400 Seventh Street, SW., Room 7310		b. STREET ADDRESS 400 7th St., SW		
Washington DC 20590		c. CITY Washington	d. STATE DC	e. ZIP CODE 20590
7. TO: a. NAME OF CONTRACTOR		f. SHIP VIA		
b. COMPANY NAME Lexis-Nexis		8. TYPE OF ORDER		
c. STREET ADDRESS 1150 18th St NW, Suite 699		<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 Washington,	e. STATE DC	REFERENCE YOUR: dtd 7/16/04	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.	
	f. ZIP CODE 20036	10. REQUISITIONING OFFICE DOT/Maritime Administration, MAR-220		
9. ACCOUNTING AND APPROPRIATION DATA - 69 - 4750 - 1 - 04 - 010 - - GAL012 - 122000 - - 252E - - - - -		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		

12. F.O.B. POINT Destination	13. PLACE OF	14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 09/30/2005	16. DISCOUNT TERMS 10 days % 20 days % 30 days % days %
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)
	21. MAIL INVOICE TO: John G. Hoban				
	a. NAME DOT/Maritime Administration, MAR-330				
	b. STREET ADDRESS (or P.O. Box) 400 Seventh Street, SW., Room 7325				
	c. CITY Washington	d. STATE DC	e. ZIP CODE 20590	\$5,000.00	17(i) GRAND TOTAL

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

PAGE NO.
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DATE OF ORDER 07/26/2004	CONTRACT NO.	ORDER NO. DTMA1N04078
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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	Annual Subscription - Volume Bonus Plan Government Purchase Card - Prepay <i>Delivery Date</i> <i>Start Date</i> <i>End Date</i> 09/30/2005 07/20/2004 09/30/2005 Reference Requisition: PR200040019	5,000.00	EA	1.000	5,000.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ⇒ \$5,000.00