

ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 11/17/2009	2. CONTRACT NO. (If any)	6. SHIP TO: David Sobolewski		
3. ORDER NO. DTMA4V10001	4. REQUISITION/REFERENCE NO. PRWR1000006	a. NAME OF CONSIGNEE TS STATE OF MICHIGAN		
5. ISSUING OFFICE (Address correspondence to) DOT/Maritime Administration, WR Acquisition 201 Mission Street, Suite 1800 San Francisco CA 94105-1905		b. STREET ADDRESS Great Lakes Maritime Academy		
		c. CITY Traverse City	d. STATE MI	e. ZIP CODE 49686

7. TO:	f. SHIP VIA
a. NAME OF CONTRACTOR DUNS # 622670149 THRU 07/22/10	

b. COMPANY NAME AMERICAN BUREAU OF SHIPPING		8. TYPE OF ORDER		
c. STREET ADDRESS 16855 NORTHCHASE DR STE 100		<input checked="" type="checkbox"/> a. PURCHASE 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.		
d. CITY HOUSTON	e. STATE TX	f. ZIP CODE 77060-6010	<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.	

9. ACCOUNTING AND APPROPRIATION DATA - 2010 - X1750 - SMR 120 - SM - R107 - 0 - 0000 - 160000 - - - - 25431 - 6100 - 6600 -	10. REQUISITIONING OFFICE DOT/Maritime Administration, Western Region
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11. BUSINESS CLASSIFICATION (Check appropriate box(es))	12. F.O.B. POINT
<input type="checkbox"/> a. SMALL <input checked="" 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	Destination

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	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)
	21. MAIL INVOICE TO: Susan Wong				
	a. NAME DOT/ Enterprise Services Center (ESC) OFO/FAA, Oklahoma City				
	b. STREET ADDRESS (or P.O. Box) MARAD A/P WR Invoices Branch, AMZ-150 PO Box 25710,				
	c. CITY Oklahoma City	d. STATE OK	e. ZIP CODE 73125	\$10,000.00	17(i) GRAND TOTAL

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

PAGE NO.
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DATE OF ORDER 11/17/2009	CONTRACT NO.	ORDER NO. DTMA4V10001
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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	<p><i>TSSM ABS REGULATORY FEES DUNS # 622670149 THRU 07/22/10 PRWR1000006</i></p> <p>SOM 10 ABS REGULATORY SURVEY FEES</p> <p>Not to exceed total to provide the technical services in accordance with Regulatory Body requirements for TS State of Michigan ABS classification as follows: Annual Hull Survey; Annual Machinery Survey; Annual Automation Survey Annual Load Line Survey; Automation Test Procedures Verification Survey Propulsion Upgrades Verification Survey; Sea and Dock Trial Attendance, as may be required, in support of Automation and Propulsion Upgrades. ABS surveyors fee's and travel expenses in accordance with Federal Travel Regulations. According to regulatory requirements, TS State of Michigan is subjected to annual inspections and surveys. Deficiencies noted during the course of these inspections are repaired and/or corrected in accordance with regulatory body requirements to the satisfaction of the attending surveyor. Regulatory fees that are generated out of these inspections are to be funded and paid to ABS. In addition, TS State of Michigan will be subjected to CMS fees, as may be applicable.</p> <p align="center"><i>Start Date End Date</i> 01/01/2010 12/31/2010</p> <p>Reference Requisition: PRWR1000006 <i>DIST: VENDOR/COTR/CO/FCO</i></p>	1.00	NTE	10,000.000	10,000.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i) ➡ \$10,000.00