

**ORDER FOR SUPPLIES OR SERVICES**

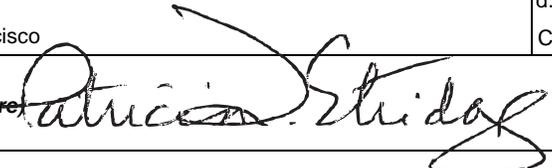
**IMPORTANT: Mark all packages and papers with contract and/or order numbers.**

|   |               |  |                                  |   |  |  |
|---|---------------|--|----------------------------------|---|--|--|
| 1. DATE OF ORDER<br>08/17/2004  |               | 2. CONTRACT NO. (If any)<br>DTMA8C00023      |                                  | 6. SHIP TO: MICHAEL WILLIAMS  |  |  |
| 3. ORDER NO.<br>CLS29W04026   |               | 4. REQUISITION/REFERENCE NO.<br>PRW R0400326 |                                  | a. NAME OF CONSIGNEE<br>DOT/Maritime Administration, WR Operations  |  |  |
| 5. ISSUING OFFICE (Address correspondence to)<br><br>DOT/Maritime Administration, WR Acquisition<br>201 Mission Street, Suite 2200<br><br>San Francisco CA 94105-1905 |               |  |                                  | b. STREET ADDRESS<br>CAPE INSCRIPTION   |  |  |
| 7. TO:  |               | c. CITY<br>LONG BEACH                        |                                  | d. STATE<br>CA  | e. ZIP CODE  |  |
| a. NAME OF CONTRACTOR<br><b>Ms. Patticia Murphy</b>   |               |  |                                  | f. SHIP VIA   |  |  |
| b. COMPANY NAME<br><b>Crowley Liner Services, Inc.</b>  |               |  |                                  | 8. TYPE OF ORDER  |  |  |
| c. STREET ADDRESS<br><b>9487 Regency Square Blvd., P O Box 2110</b>   |               |  |                                  | <input type="checkbox"/> a. PURCHASE<br>REFERENCE YOUR: _____<br><br>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. |  | <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<br><b>Jacksonville</b>  |               | e. STATE<br><b>FL</b>                        | f. ZIP CODE<br><b>32203-2110</b> |   | 10. REQUISITIONING OFFICE<br><br>DOT/Maritime Administration, Western Region |  |
| 9. ACCOUNTING AND APPROPRIATION DATA<br>- 04 - X303 - 9 - 04 - 83 - - 22INS0 - 4100 - - 254S - - 0483 - 0043H - - -   |               |  |                                  | 11. BUSINESS CLASSIFICATION (Check appropriate box(es))   |  |  |
|   |               |  |                                  | <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL   |  | <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED  |
| 12. F.O.B. POINT<br>Destination   |               | 14. GOVERNMENT B/L NO.                       |                                  | 15. DELIVER TO F.O.B. POINT<br>ON OR BEFORE (Date)  |  | 16. DISCOUNT TERMS<br><br>10 days %<br>20 days %<br>30 days %<br>days %  |
| 13. PLACE OF  |               |  |                                  | 03/30/2005  |  |  |
| a. INSPECTION   | b. ACCEPTANCE |  |                                  |   |  |  |

17. SCHEDULE (See reverse for Rejections)

| ITEM NO.<br>(a) | SUPPLIES OR SERVICES<br>(b) | QUANTITY ORDERED<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(f) | QUANTITY ACCEPTED<br>(g) |
|-----------------|-----------------------------|-------------------------|-------------|-------------------|---------------|--------------------------|
|                 | <b>SEE LINE ITEM DETAIL</b> |                         |             |                   |               |                          |

|                                     |   |  |                           |                      |                 |             |  |
|-------------------------------------|---|--|---------------------------|----------------------|-----------------|-------------|--|
| SEE BILLING INSTRUCTIONS ON REVERSE | 18. SHIPPING POINT  |  | 19. GROSS SHIPPING WEIGHT |                      | 20. INVOICE NO. |             | 17(h) TOT.<br>(Cont. pages)<br><br>17(i) GRAND TOTAL |
|                                     | 21. MAIL INVOICE TO: Ms. Susan Wong                           |  |                           |                      |                 |             |  |
|                                     | a. NAME<br>DOT/Maritime Administration, WR Finance            |  |                           |                      |                 |             |  |
|                                     | b. STREET ADDRESS (or P.O. Box)<br>201 Mission St, Suite 2200 |  |                           |                      |                 |             |  |
| c. CITY<br>San Francisco            |   |  | d. STATE<br>CA            | e. ZIP CODE<br>94105 |                 | \$75,000.00 |  |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 22. UNITED STATES OF AMERICA BY (Signature)  |  |  | 23. NAME (Typed)<br>Patricia L. Etridge<br>TITLE: CONTRACTING/ORDERING OFFICER |  |  |  |  |
|---|--|--|--|--|--|--|--|



**ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION**

PAGE NO.  
3 of 3

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

|                             |                             |                          |
|-----------------------------|-----------------------------|--------------------------|
| DATE OF ORDER<br>08/17/2004 | CONTRACT NO.<br>DTMA8C00023 | ORDER NO.<br>CLS29W04026 |
|-----------------------------|-----------------------------|--------------------------|

| ITEM NO.<br>(a) | SUPPLIES OR SERVICES<br>(b)   | QUANTITY<br>ORDERED<br>(c) | UNIT<br>(d) | UNIT<br>PRICE<br>(e) | AMOUNT<br>(f) | QUANTITY<br>ACCEPTED<br>(g) |
|-----------------|---|----------------------------|-------------|----------------------|---------------|-----------------------------|
| 0001            | <p><i>CLIN 5002AL CAPE INSCRIPTION GRP 29 PH V</i></p> <hr/> <p>CLIN 5002AL CAPE INSCRIPTION GRP 29 PH V Reimbursable Items</p> <hr/> <p>FURNISH LABOR, MATERIAL, SERVICES AND OWN STAFF AS DIRECTED TO DEACTIVATE THE VESSEL FROM OIF III, IN ACCORDANCE WITH THE SHIP MANAGER CONTRACT AND DEACTIVATION PLAN.</p> <p>THIS FUNDING DOCUMENT IS YOUR AUTHORIZATION TO ISSUE SUBCONTRACTS, USING YOUR SMALL PURCHASE PROCUREMENT PROCEDURES.</p> <p>THE WORK/SERVICES AUTHORIZED HEREIN SHALL BE ACCOMPLISHED UTILIZING THE SHIP MANAGER'S OWN WORKFORCE.</p> <p><i>Delivery Date</i><br/>03/30/2005</p> <p>Reference Requisition: PRWR0400326</p> <p><i>Electronic DISTRIBUTION:</i><br/>4400 S Wong, 4700 K. Dwyer/M. Williams; Ship Manager</p> <hr/> | 1.00                       | JOB         | 75,000.000           | 75,000.00     |                             |

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17i)** ⇒ \$75,000.00