Company Name: Doyon Akal JV I

Contract Number: HSCEDM-08-D-00003 (HSCEDM08D00003)

Requisition/Reference Number: FMI-09-024 (FMI09024)

Period of Performance: 10/1/2008 through 7/31/2010

Latest Modification Processed: P00010

Services Provided:

Provides detention and food services at the Krome Service Processing Center. It also provides transportation activities for detainees identified through the Secure Communities Criminal Alien Identification Process (SCAIP).

AMENDMENT OF SOLICITATION/MODIFI	CATION OF CONI	'RACT	1. CONTRACT ID CODE		AGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DAT		4. REQUISITION/PURCHASE REQ. NO.	E DEAT	1 5 ECT NO. (If applicable)
	10/01/2008	1	EMI-09-024		ωστιπο, μι αμμισαμα)
3. ISSUED BY CODE			7. ADMINISTERED BY (If other than Item 6)	CODE	ICE/DM/DC-DC
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Washington DC 20536			Washington DC 20536		
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			HSCEDM-08-D-00003		
			HSCEDM-09-J-00009	-11-44%-	
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CODE b2High	-		09/17/2008		· ·
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The above numbered solicitation is amended as set Offers must acknowledge receipt of this amendment) is not extended. By completing
Items 8 and 15, and returning o	opies of the amendmen	t; (b) By acknowledg	ing receipt of this amendment on each copy of th	e offer submitte	ed; or (c) By
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF					
virtue of this amendment you desire to change an off				m or letter mal	kes reference
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Period of Performance: 10/01/2008 to 08/03/2009				A Description of the second distance of
0002	Detention and Food Services in accordance with				0.00
0002	Statement of Objectives and Performance Work				0.00
	Statements GUARANTEED MINIMUM - 250 BEDS				
	Mater The memory monthly with mum in				
	Note: The guaranteed monthly minimum is calculated as follows:				
		уруу .			
	250 beds * the bed/day rate * 30 days =				
	guaranteed monthly minimum				
	Note: The contractor shall serve three meals per				
	24 hour period to each detainee (breakfast, lunch				
	and dinner). Any of these meals may be				
	substituted as required (e.g. air flight meal,				
	special diet meal and/or therapeutic diet meal) Product/Service Code: S206				-
	Product/Service Description: GUARD SERVICES				
	Accounting Info:				
	B2High				
İ	\$0.00 (Subject to Availability of Funds)	1			
					2.02
0003	Detention and Food Services in accordance with Statement of Objectives and Performance Work				0.00
	Statements above the guaranteed minimum (>250)				2
	Bed/day rate is Unit Price				
	Note: The contractor shall serve three meals per				
	24 hour period to each detainee (breakfast, lunch				
	and dinner). Any of these meals may be				
	substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal)				
	Product/Service Code: S206	ļ			
	Product/Service Description: GUARD SERVICES				
	Accounting Info:				
	b2High				
	\$0.00 (Subject to Availability of Funds)				
0004	TRANSPORTATION (in accordance with Statement of				0.00
	Objectives and Performance Work Statement)				
	Product/Service Code: S206 Continued				. (
					2/1 CPT-cha
					14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-

NSN 7540-01-152-8067

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

HEET

HSCEDM-08-D-00003/HSCEDM-09-J-00009

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (E)
(<i>1</i> 7)	(B) Product/Service Description: GUARD SERVICES		(0)	(<i>I</i> .: <i>)</i>	(F)
	Accounting Info: 52High \$0.00 (Subject to Availability of Funds)				
0007	The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control.				0.00
	Fully burdened labor rate. Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
	Accounting Info: b2High				
	\$0.00 (Subject to Availability of Funds)				
· · ·	Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.				
÷	 In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods: 				
	Please edit language to read:				
	a. By mail: DHS, ICE				
-	Burlington Finance Center P.O. Box 1620				
-	Williston, VT 05495-1620				
	b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)				
· · ·	c. By e-mail at: Invoice.Consolidation@dhs.gov		and the second se		
	Continued				
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CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF HSCEDM-08-D-00003/HSCEDM-09-J-00009 4 5

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F) 1
_	Invoices submitted by other than these three				
	methods will be returned. Contractor Taxpayer				
	Identification Number (TIN) must be registered in				
	the Central Contractor Registration	1	1 1		
	(http://www.ccr.gov) prior to award and shall be				
	notated on every invoice submitted to ICE/OAQ on				
	or after mm/dd/yyyy to ensure prompt payment			*	
	provisions are met. The ICE program office	ļ			
	identified in the delivery order/contract shall	· ·			
	also be notated on every invoice.				
	2. In accordance with Section I, Contract				
	Clauses, FAR 52.212-4 (g)(1), Contract Terms and	i i		1. ¹⁰	
	Conditions, Commercial Items, or FAR 52.232-25		1		
	(a) (3), Prompt Payment, as applicable, the				
	information required with each invoice submission				
	is as follows:	1	1 1	l l	
	is as follows:	Í			
	De inverse much include.			1	
	An invoice must include:				
	(i) Name and address of the Contractor;		Į Į		
	(ii) Invoice date and number;				
	(iii) Contract number, contract line item number		1		
	and, if applicable, the order number;				
	(iv) Description, quantity, unit of measure, unit				
	price and extended price of the items delivered;				
	(v) Shipping number and date of shipment,				
	including the bill of lading number and weight of				
	shipment if shipped on Government bill of lading;				
	(vi) Terms of any discount for prompt payment				
	offered;			i i	
	(vii) Name and address of official to whom				
	payment is to be sent;				
	(viii) Name, title, and phone number of person to			·	
	notify in event of defective invoice; and				
	(ix) Taxpayer Identification Number (TIN). The				
	Contractor shall include its TIN on the invoice				й. С
	only if required elsewhere in this contract. (See				
	paragraph 1 above.)		1		
	(x) Electronic funds transfer (EFT) banking				•
	information.				
	(A) The Contractor shall include EFT banking				
	information on the invoice only if required				
	elsewhere in this contract.				
	(B) If EFT banking information is not required to				
	be on the invoice, in order for the invoice to be				
	a proper invoice, the Contractor shall have				
	submitted correct EFT banking information in				
	accordance with the applicable solicitation				
	provision, contract clause (e.g., 52.232-33,				
	Payment by Electronic Funds Transfer; Central			Ì	
	Continued			5. C	
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NSN 7540-01-152-8067

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

HEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08~D-00003/HSCEDM-09-J-00009

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

TEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(<i>E</i> ')
	Contractor Registration, or 52.232-34, Payment by				
	Electronic Funds Transfer; Other Than Central				
	Contractor Registration), or applicable agency procedures.				
	(C) EFT banking information is not required if				
÷	the Government waived the requirement to pay by				
	EFT.				
	Invaigne without the shows information way be]			
	Invoices without the above information may be returned for resubmission.				
	3. All other terms and conditions remain the same.				
	Description Officer (COMP, Preh Pr. 655)				
	Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods				
	and/or services. Upon receipt of goods/services,				
	complete the applicable FFMS reports or DFC will				
•	not process the payment.				
	The total amount of award: \$25,527,210.00. The				
	obligation for this award is \$0.00.				
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OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

PAGE

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OF

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Form G-514

REQUISITION - MATERIALS-SUPPLIES-EQUIPMENT Activity Symbols ATTACHMENT A

PROJECT TASK FUND PROGRAM ORGANIZATION OBJECT UDF AMOUNT 50.00 50.00 50.00 50.00 50.00 50.00

FMI-09-024

Subject to Availability of Funds

APPROPRIATION SYMBOL CROSSWALK:

REQUISITION NUMBER:

FUND FY TAS	TIJLE	AMOUNT
		.00

United States Department Of Homeland Security Immigration And Customs Enforcement FORM G-514 (REV. 8-1-5

Page 3 of 3

	r Close	Help	
Transaction Information	· · · · · · · · · · · · · · · · · · ·		
Award Type: Delivery/Task Order Prepared Date	: 09/15/2008 14:14:04	Prepared User:	TRAVIS.GORDON
Award Status: Final Last Modified I	Date: 09/17/2008 15:28:23	Last Modified User:	TRAVIS.GORDON(
Document Information			
Agency Procurement	Identifier	Modification No	Trans No
Award ID: 7012 HSCEDM09	J00009		0
Referenced IDV ID: 7012 HSCEDM08	D00003		
Reason For Modification: PLEASE SELECT BY CLICK	KING THE () BUTTON	10111 1010 1110 1010 1010 1010 1010 10	
Solicitation ID: HSCEDM-08-R-00009			
Dates	Amounts		
Date Signed: 09/17/2008	Action Obligation:		
Effective Date: 10/01/2008	Base And Exercised O	ptions Value:	\$25,527,
Completion Date: 08/03/2009	Base And All Options \	/alue:	\$25,527,
Est. Ultimate Completion Date: 08/03/2009	Fee Paid for Use of Ind	efinite Delivery Vehicle:	
Purchaser Information			
Contracting Office Agency ID: 7012 Contract	cting Office Agency Name:	BUREAU OF IMMI	GRATION AND CU
A consistence of the second seco	cting Office Name:	DETENTION MAN	AGEMENT - DC O
Funding Agency ID: Funding	g Agency Name:		an a tha an ann an ann an ann an ann ann an ann an a
Funding Office ID: Funding	g Office Name:	A. L.L. TALEY, Y. S. M. L.L. TALEY, Y. S. M. L.L. TALEND, "Spectra and the state of the state	
Funded By Foreign Entity: Reason	For Inter-Agency Contract	ng: Select One	The second seco second second sec
Contractor Information	Socio Economic Data		
CCR Exception: PLEASE SELECT CCR EXCEPTION E	BY CLICKING THE ELLIPS	SIS () BUTTON	THE GOLD IN A REAL PLATE AND A REAL PLATE AND A REAL PLATE
Vendor Name: DOYON / AKAL JV I	n da Alexandron yang yang 2028 Alexandron yang yang da Alexandron yang yang da Alexandron yang yang da Alexandr	an hallandal Agreege personan ana aka kalenda ya ana ana aka kalenda kalenda kalenda ya kalenda ya ana ana ana	y ny tao 1007 501 501 50 500 500 500 500 500 500 500
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Street: 1359 N 205 ST STE B	8(a) Firm	Service Disabled Vet	
Street2:	Hub Zone	Local Government	Native Amer
City: SHORELINE	SDB	Minority Institution	Asian Indian
State: WA Zip: 981333215	່ 📖 JWOD (Sheltered	American Indian	Non-Profit O
Congressional WASHINGTON 01	Workshop)	State Government	Hispanic Ow
District: UNITED STATES	Educational	Federal Government	Emerging Sn
Phone:	Institution	Minority Owned	
Final Rest	Women Owned	Business	Hospital
DUNS No: 8252357290000	Organization Type	Number of Employees	
Contractor	PARTNERSHIP	5	\$1
Name From DOYON / AKAL JV I Contract:			
Contract Data		· · · ·	
Type of Contract:	Fixed Price		ყველი თაილის ირმოიირიტი. ირე ტეტი ქველ მი მანი თა ინირი თა ტექ გ. გ. ყა ირ თ ი
Multi Year Contract:		aan ay aa ay ah	
Major Program:	Bolovania		
National Interest Action:	None		
		and the second se	
Cost Or Pricing Data:	Select One		

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

Letter Contract:			
Performance Based Service * FY 2004 and prior; 80% or requirement	Acquisition: more specified as performance		
	more specified as performance		
Contingency Humanitarian	Peacekeeping Operation:	Select One	
Contract Financing:		Select One	
Cost Accounting Standards	Clause:		
Number Of Actions:		1	
Consolidated Contract:	· · · ·		
Legislative Mandates	Principal Place of Performan	ce	when a part through a second water and the first second second second second second second second second second
Clinger Cohen Act:	Principal Place Of Performan	ce Code (State, Location, Country):	FL 45000 US
Service Contract Act:	Principal Place Of Performan	ce County Name:	MIAMI-DADE
	Principal Place Of Performan	ce City Name:	MIAMI
	Congressional District Place	Of Performance:	FLORIDA 25
Davis Bacon Act:	Place Of Performance Zip Co	de(+4):	33194 - 2700
Product Or Service Informat	ion		
Product/Service Code:	S206 Description:	GUARD SERVICES	
Principal NAICS Code:	Description:		2017 Y 70 2010 AND
Bundled Contract:	Not a bundled requirement		
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GFE/GFP Provided Under			
Jse Of EPA Designated Products:	Not Required		
Description Of	Subject to Availabilit	ty of Funds for Period of Pe	erformance
Requirement: 4000 characters)	starting October 1, 20		
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xtent Competed:	· · · · · · · · · · · · · · · · · · ·	Full and Open Competition after excl	usion of sources
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9/17/2008

Small Business Competitiveness Demonstration Program:		SBA/OFPP Synopsis Waiver Pilot:	
Commercial Item Test Program:		Alternative Advertising:	
Commercial Item Acquisition Procedures:		A76 Action:	
Preference Programs / Other Data			
Contracting Officer's Business Size Selection:	Small Business		
Subcontract Plan:	Select One	۵. « که او	
Price Evaluation Percent Difference:	0 %		
Reason Not Awarded To Small Disadvantaged Business:	Select One		
Reason Not Awarded To Small Business:	Select One		

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9/17/2008

Page 3 of 3

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□ The above numbered solicitation is amended as set forth in Heri 14. The hour and date specified for receipt of Offers □ is antidad. □ is not extended. Offers must advanced precipit of this amendment (b) by acconversion or as amended, by one of the following emptod in the following emptod in the following emptod in the following emptod. ○ is antidated. □ is not extended. Offers must advanced precipit of this amendment (b) by acconversion or as amendment or each cay of the differ submitted or (c) by acconversion of the four ADMALE DECENTED OF YOUR ACKAMALEDEENENT TO BE RECEIVED AT the HOUR AND CHARGE DECENTED AT the HOUR AND APPROPRIATION DATA (// required) Net Increase: \$2,452,791.00 See Schedule 12. ACCOUNTING AND APPROPRIATION DATA (// required) Net Increase: \$2,452,791.00 See Schedule 13. THIS TEM ONLY APPLIES TO MODIFICATION OF CONTRACTSORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN THE 14. CHECKONE A THE CHANGE ORDER (SIBSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM TOA 0. BET FORTH N ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). 0. THE SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: 0. DOTHER (Specify type of modification and authority) 14. LESCONE OF AMENDAMENTMODIFICATION (Organized to sign his docum	b2High		
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with of this amendment, you desire to change an offer stready submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. 12 ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$2,452,791.00 See Schedule	letter or telegram which includes a reference to the solicitation and amendmer ACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR	INT NUMBERS. FAILURE OF YOUR ACKNOWLEDGEME AND DATE SPECIFIED MAY RESULT IN RELECTION	
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NSN 7540-01-152-8070 STANDARD FORM 30 (REV.	e period October 1 - October 31, 2008 sing Center. ued provided herein, all terms and conditions of the document referenced in Item 9A AND TITLE OF SIGNER (Type or print) RACTOR/OFFEROR 15C. DATE SIGN	16A. NAME AND TITLE OF CONTRACTING Travis Gordon NED 16B. UNITED STATES OF AMERICA	G OFFICER (Type or print) 16C. DATE SIGNED
Previous edition unusable Prescribed by GSA FAR (48 CFR) 53.243	e period October 1 - October 31, 2008 sing Center. ued provided herein, all terms and conditions of the document referenced in Item 94 AND TITLE OF SIGNER (Type or print) RACTOR/OFFEROR (Signature of person authorized to sign) 01-152-8070	16A. NAME AND TITLE OF CONTRACTING Travis Gordon NED 16B. UNITED STATES OF AMERICA	G OFFICER (Type or print) 16C. DATE SIGNED

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

2

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
÷.,	1) Funds in the amount of \$2,452,791 are hereby				· · ·
	added as follows:				-
	CLIN 0002 - :				· · ·
	CLIN 0003 - 4 CLIN 0004 - 4				
	CLIN 0007 - 2				· .
	2) CORTS for Krome Service Processing Center are restated as follows:				
	Luis Jimenez (305) 207-				
	Luis Cabarcas (305) 207- b6	ľ.			
	Felix Garnett (305) 207-				
	Except as provided herein, all other terms and				
	conditions remain the same.		ŀ		
	Delivery Location Code: KRO				
	KROME SPC	· ·			
	18201 South West 12th Miami FL 33194				
	MIANII FL 55194			,	
1	FOB: Destination				
	Period of Performance: 10/01/2008 to 08/03/2009				
	Change Item 0002 to read as follows(amount shown is the total amount):				
002	This modification funds CLIN 0002 for period of performance October 1, 2008 - October 31, 2008.	1	мо	b4	
	Detention and Food Services in accordance with Statement of Objectives and Performance Work				
	Statements GUARANTEED MINIMUM - 64 BEDS				
	Note: The guaranteed monthly minimum is			•	
	calculated as follows:				
	<pre>b4 beds * the bed/day rate * 30 days = guaranteed monthly minimum</pre>				
	Note: The contractor shall serve three meals per				
	24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be				· ·
	substituted as required (e.g. air flight meal,				
-	special diet meal and/or therapeutic diet meal) Incrementally Funded Amount:				
	Continued				
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				s.	
		1	1 ·		1

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53,110

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

NAME OF OFFEROR OR CONTRACTOR

Requisition Accounting Funded: \$0. Accounting Funded: \$0. Accounting Funded: \$ Change Item is the tota 0003 This modifi- performance for estimate minimum (CL Detention at Statements of Statements of Statements of	SUPPLIES/SERVICES		UNIT	UNIT PRICE	AMOUNT
Product/Ser Requisition Accounting Funded: \$0. Accounting Funded: \$0. Accounting Funded: \$ Change Item is the tota 0003 This modifi- performance for estimat- minimum (CL Detention an Statement of Statements of Statements of St	(B)	(C)	(D)	(E)	(F)
Requisition Accounting Funded: \$0. Accounting Funded: \$0. Accounting Funded: \$ Change Item is the tota 0003 This modifi- performance for estimat- minimum (CL Detention at Statements of Statements of Statements of	rvice Code: S206 rvice Description: GUARD SERVICES				• •
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Statement of Statements Bed/day rate Note: The 24 hour per and dinner) substituted special die Incremental Product/Ser Product/Ser Requisition Accounting Funded: Discount Te Change Item is the total					
Statements Bed/day rate Note: The 24 hour per and dinner) substituted special die Incremental Product/Ser Product/Ser Requisition Accounting Funded: 4 Discount Te Change Item is the total	and Food Services in accordance with of Objectives and Performance Work				
Note: The 24 hour per and dinner) substituted special die Incremental. Product/Ser Product/Ser Requisition Accounting Funded: \$ Discount Te Change Item is the tota	above the guaranteed minimum (>250)				
24 hour per and dinner) substituted special die Incremental. Product/Ser Requisition Accounting Funded: Discount Te Change Item is the tota	te is Unit Price				· · ·
24 hour per and dinner) substituted special die Incremental. Product/Ser Requisition Accounting Funded: Discount Te Change Item is the tota					
substituted special die Incremental Product/Ser Requisition Accounting Funded: Discount Te Change Item is the total	contractor shall serve three meals per riod to each detainee (breakfast, lunch				
special die Incremental Product/Serv Product/Serv Requisition Accounting Funded: Discount Te Change Item is the total). Any of these meals may be				
Incremental. Product/Serv Requisition Accounting Funded: Discount Tex Change Item is the total	d as required (e.g. air flight meal, et meal and/or thera <u>peutic diet</u> meal)				· ·
Product/Ser Requisition Accounting Funded: Discount Te Change Item is the tota	lly Funded Amount: \$ b4				
Requisition Accounting Funded: Discount Te Change Item is the tota	rvice Code: S206 rvice Description: GUARD SERVICES		ĺ		
Funded: Discount Te Change Item is the tota	n No: 192109FMICONT0020				
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Discount Te Change Item is the tota	b2High				
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	m 0004 to read as follows(amount shown				
	al amount):			1	
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	ication funds CLIN 0004 for period of				
Continued .	•••				
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OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53,110

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

4

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JU T

performance October 1, 2009 - October 31, 2009 for estimated mileage. TRANSPORTATION (in accordance with Statement of Objectives and Performance Work Statement) Incrementally Funded Amount: Product/Service Code: 3206 Product/Service Code: 3206 Product/Service Code: 3206 Punded: 0.00 Accounting Info: Net 30 Change Item 0007 to read as follows(arount shown is the total anount): This modification funds CLIN 0007 for period of performance October 1, 2009 - October 37, 2008 for estimated on-domend guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical of doctors appointments, hearings, ICE Interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Ocde: S206 Product/Service Octes S206 Product/Service Product/Service Octes S206 Product/Service Octes S20	ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
Objectives and Performance Work Statement) Incrementally Funded Amount: Incrementally Funded Amount: Product/Service Code: Status Product/Service Code: Status Requisition No: 19210 Status Requisition No: Status Status Product Services as follows(amount shown is the total amount): Status Status <						· · · · · · · · · · · · · · · · · · ·
Product/Service Code: \$206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: Punded: \$0.00 Accounting Info: Punded: \$0.00 Change Item 0007 to read as follows(amount shown is the total amount): OU07 This modification funds CLIN 0007 for period of performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Code: \$200 Froduct/Service Code: \$200 Froduct/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: Punded: \$0.00 Accounting Info:		Objectives and Performance Work Statement)				
Diffight Funded: \$0.00 Accounting Info: Discount Terms: Net 30 Change Item 0007 to read as follows (amount shown is the total amount): 0007 This modification funds CLIN 0007 for period of performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Description: GUARD SERVICES Requisition No: 192105PMICONT0020, FMI-09-024 Accounting Info: Datappointments; %0.00		Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
Accounting Info: Discount Terms: Net 30 Change Item 0007 to read as follows(amount shown is the total amount): 0007 This modification funds CLIN 0007 for period of performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: Diffeo: Product \$0,00 Accounting Info:					· · · ·	• •
Funded: biscount Terms: Net 30 Change Item 0007 to read as follows (amount shown is the total amount): 0007 This modification funds CLIN 0007 for period of performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detalnees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Oce: S206 Product/Service Description: GUARD SERVICES Requisition No: 1921097MICONT0020, FMI-09-024 Accounting Info:		Accounting Info:				
<pre>is the total amount): 0007 This modification funds CLIN 0007 for period of performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: D2Hgbt Funded: \$0.00 Accounting Info:</pre>		Funded: \$ b4 Discount Terms:	I.			
<pre>performance October 1, 2008 - October 31, 2008 for estimated on-demand guard services. The contractor shall provide on-demand stationary guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: b2High Funded: \$0.00 Accounting Info:</pre>						
<pre>guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband control. Fully burdened labor rate. Incrementally Funded Amount: Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: D2High Funded: \$0.00 Accounting Info:</pre>	0007	performance October 1, 2008 - October 31, 2008				
Incrementally Funded Amount: b4 Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, FMI-09-024 Accounting Info: b2High Funded: \$0.00 Accounting Info:		guard services as required by the COTR to include, but not limited to, escorting and guarding detainees to medical or doctors appointments, hearings, ICE interviews and enhancing specific requirements for security, detainee monitoring, visitation and contraband				
b2High Funded: \$0.00 Accounting Info:		Incrementally Funded Amount: 100 Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
Accounting Info:						
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REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

5

NAME OF OFFEROR OR CONTRACTOR

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(E)	(C)	(D)	(E)	(F)
	b2High				
	Funded: \$	T			-
	Discount Terms: Net 30				
	Contractors, please use these procedures when you	-		· .	
	submit an invoice for all acquisitions emanating				
	from ICE/OAQ.				
	1. In accordance with Section G, Contract				
	Administration Data, invoices shall now be				
	submitted via one of the following three methods:				
	Please edit language to read:				
		1 A. 1			
	a. By mail: DHS, ICE				
	a. by matter bio, ten				
	Burlington Finance Center				
	P.O. Box 1620	· .			
	Williston, VT 05495-1620				
	b. By facsimile (fax) at: 802-288-7658 (include			•	
	a cover sheet with point of contact & # of pages)				
	c. By e-mail at: Invoice.Consolidation@dhs.gov				
	c. By e-mail at. involte.consolidation@dns.gov				
	Invoices submitted by other than these three				
	methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in				· ·
	the Central Contractor Registration				
	(http://www.ccr.gov) prior to award and shall be			· ·	
	notated on every invoice submitted to ICE/OAQ on or after mm/dd/yyyy to ensure prompt payment				
	provisions are met. The ICE program office				
	identified in the delivery order/contract shall				
	also be notated on every invoice.				
	2. In accordance with Section I, Contract				
	Clauses, FAR 52.212-4 (g)(1), Contract Terms and				
-	Conditions, Commercial Items, or FAR 52.232-25 (a)(3), Prompt Payment, as applicable, the				
	information required with each invoice submission				
	is as follows:				
	An invoice must include:				
	(i) Name and address of the Contractor;				
	(ii) Invoice date and number;				
ľ	Continued				
			1		

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00001

6

NAME OF OFFEROR OR CONTRACTOR

tem no.	SUPPLIES/SERVICES	QUANTIT	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(iii) Contract number, contract line item number				
	and, if applicable, the order number;				
	(iv) Description, quantity, unit of measure, unit				
	price and extended price of the items delivered;				
	(v) Shipping number and date of shipment,		1		
	including the bill of lading number and weight of				
	shipment if shipped on Government bill of lading;				
.	(vi) Terms of any discount for prompt payment	{			
	offered;				
	(vii) Name and address of official to whom				
	payment is to be sent;				
	(viii) Name, title, and phone number of person to				
	notify in event of defective invoice; and				
	(ix) Taxpayer Identification Number (TIN). The				
	Contractor shall include its TIN on the invoice				
	only if required elsewhere in this contract. (See	1			
	paragraph 1 above.)				
	(x) Electronic funds transfer (EFT) banking	1			
1	information.				
	(A) The Contractor shall include EFT banking				
	-			· .	1
	information on the invoice only if required				
· · ·	elsewhere in this contract.				
1	(B) If EFT banking information is not required to				
- 1	be on the invoice, in order for the invoice to be	1	ł		}
	a proper invoice, the Contractor shall have				
	submitted correct EFT banking information in				
	accordance with the applicable solicitation				· · · ·
	provision, contract clause (e.g., 52.232-33,				
	Payment by Electronic Funds Transfer; Central		1.		
	Contractor Registration, or 52.232-34, Payment by				
	Electronic Funds Transfer; Other Than Central	1	1		
1	Contractor Registration), or applicable agency				and the second
1	procedures.	1	1		1
	(C) EFT banking information is not required if		1		
	the Government waived the requirement to pay by				· ·
	EFT.				
· .					· ·
	Invoices without the above information may be				
	returned for resubmission.				1
1	3. All other terms and conditions remain the same.	1			
	Receiving Officer/COTR: Each Program Office is	1 .			
	responsible for acceptance and receipt of goods		1		
	and/or services. Upon receipt of goods/services,				
1	complete the applicable FFMS reports or DFC will				
	not process the payment.				
	not process the payment.				
					1
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		1			1
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		1			
		· ·			
		1	1		
				34	
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Award Type:

Award Status:

Award ID:

Dates

Date:

DBAN:

Street:

Street2:

WA

City:

State:

District:

Country:

Phone:

Fax No: DUNS No:

Contractor

Name From

Type of Contract: Multi Year Contract:

Major Program:

National Interest Action:

Contract: Contract Data

Congressiona

Solicitation ID:

Date Signed:

Effective Date:

Completion Date:

Funding Office ID:

Help Print Close Transaction Information Delivery/Task Order **Prepared Date:** 11/12/2008 13:24:23 TRAVIS.GORDON(Prepared User: 11/12/2008 13:28:35 Final Last Modified Date: Last Modified User: TRAVIS.GORDON(Document Information Modification No Agency Procurement Identifier Trans No P00001 7012 HSCEDM09J00009 0 Referenced IDV ID: 7012 HSCEDM08D00003 0 **Reason For Modification:** FUNDING ONLY ACTION HSCEDM-08-R-00009 Amounts Current То 11/12/2008 \$2,452,791.00 \$2,4 Action Obligation: 11/12/2008 **Base And Exercised Options Value:** -\$23,074,419.00 \$2,4 08/03/2009 -\$23,074,419.00 \$2,4 **Base And All Options Value:** Est. Ultimate Completion 08/03/2009 Fee Paid for Use of Indefinite Delivery \$0.00 Vehicle: Purchaser Information 7012 BUREAU OF IMMIGRATION AND CL **Contracting Office Agency ID:** Contracting Office Agency Name: DMDC0 **Contracting Office ID: Contracting Office Name: DETENTION MANAGEMENT - DC O Funding Agency ID:** Funding Agency Name: **Funding Office Name:** Select One Funded By Foreign Entity: (123) (123) **Reason For Inter-Agency Contracting:** Contractor Information Socio Economic Data CCR Exception: PLEASE SELECT CCR EXCEPTION BY CLICKING THE ELLIPSIS (...) BUTTON Vendor Name: DOYON / AKAL JV I Tribal Gover Veteran Owned Asian Pacific 🔲 8(a) Firm Service Disabled Vet Black Owner 1359 N 205 ST STE B **Native Ameri** 🔟 Hub Zone Local Government X. SDB Minority Institution 🔚 Asian Indian SHORELINE JWOD (Sheltered Zip: 981333215 Non-Profit O American Indian Workshop) WASHINGTON 01 and a HBCU State Government 🧮 Hispanic Ow Educational UNITED STATES Federal Government Emerging Sn Institution Minority Owned Women Owned Hospital **Business** 8252357290000 **Organization Type** Number of Employees Annual Rev PARTNERSHIP 5 \$1 DOYON / AKAL JV I Fixed Price

None

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

11/12/2008

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Page 1 of 3

Cost Or Pricing Data:		Select One		•
Purchase Card Used As Pay	vment Method:			
Letter Contract:	· · · · · · · · · · · · · · · · · · ·			
Performance Based Service * FY 2004 and prior; 80% or	Acquisition: more specified as performance			
requirement * FY 2005 and later; 50% or requirement	more specified as performance			
Contingency Humanitarian	Peacekeeping Operation:			
Contract Financing:		Select One		-
Cost Accounting Standards	Clause:			
Number Of Actions:		1		
Consolidated Contract:			· .	
Legislative Mandates	Principal Place of Performance			
Clinger Cohen Act:	Principal Place Of Performance	Code (State, Location, Country):	FL 45000	US
-	Principal Place Of Performance	County Name:	MIAMI-DADE	
Service Contract Act:	Principal Place Of Performance	City Name:	MIAMI	
Walsh-Healey Act:	Congressional District Place Of	Performance:	FLORIDA 25	
Davis Bacon Act:	Place Of Performance Zip Code(+4):	33194 - 2700	
Product Or Service Information	tion			anaran maraka ke k
Product/Service Code:	S206 Description: GL	JARD SERVICES		
Principal NAICS Code:	561621 Description: SE	CURITY SYSTEMS SERVICES (E	EXCEPT LOCKSM	
Bundled Contract:	Not a bundled requirement			
System Equipment Code:		NY TITE IN A CARDINAL REPORT OF A CARDINAL REPORT		
Country of Product or				
Service Origin:	Select One	палия и алимала и макели на 3	ar 17 1	*****
Place of Manufacture:				** 15 19 9
Use Of Recovered Material:	Select One			
InfoTech Commercial Item Category:	Select One			
Claimant Program Code:	Description:	να την στην την την την την την την την την την		
Sea Transportation:	Select One			
GFE/GFP Provided Under This Action:				
Use Of EPA Designated Products:	Not Required			
Description Of Requirement:		of Funds for Period of Pe	rformance	
(4000 characters)	starting October 1, 200	" 1•		1
	starting October 1, 200	7' •		
(4000 characters) Competition Information				in the second
(4000 characters) Competition Information Extent Competed For Refere		Full and Open Competition after excl	usion of sources	
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(4000 characters)		Full and Open Competition after excl Negotiated Proposal/Quote		
(4000 characters) Competition Information Extent Competed For Refere Extent Competed: Solicitation Procedures: Type Of Set Aside:		Full and Open Competition after excl Negotiated Proposal/Quote		
(4000 characters) Competition Information Extent Competed For Refere Extent Competed: Solicitation Procedures:		Full and Open Competition after excl Negotiated Proposal/Quote Small Business Set Aside - Total No Preference used Select One		
(4000 characters) Competition Information Extent Competed For Refere Extent Competed: Solicitation Procedures: Type Of Set Aside: Evaluated Preference:	enced IDV:	Full and Open Competition after excl Negotiated Proposal/Quote Small Business Set Aside - Total No Preference used		
(4000 characters) Competition Information Extent Competed For Refere Extent Competed: Solicitation Procedures: Type Of Set Aside: Evaluated Preference: SBIR/STTR:	enced IDV:	Full and Open Competition after excl Negotiated Proposal/Quote Small Business Set Aside - Total No Preference used Select One		

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

Page 3 of 3

Number Of Offers Received:	5	Pre Award FBO Synopsis:	
Small Business Competitiveness Demonstration Program:		SBA/OFPP Synopsis Waiver Pilot:	
Commercial Item Test Program:		Alternative Advertising:	
Commercial Item Acquisition Procedures:	arts. Engles	A76 Action:	
Preference Programs / Other Data	· .		
Contracting Officer's Business Size Selection:	Small Busir		
Subcontract Plan:	Select One		
Price Evaluation Percent Difference:	0	%	
Reason Not Awarded To Small Disadvantaged Business:	Select One		
Reason Not Awarded To Small Business:	Select One		

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

11/12/2008

AMENDMENT OF SOLICITATION/MODIFIC/ 2. AMENDMENT/MODIFICATION NO. P00002 6. ISSUED BY CODE	SHOW OF GOMERAGE		PAGE OF PAGES
P00002			1 7
	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
6 ISSNED BY	See Block 16C	See Schedule	
6. ISSUED BY CODE	ICE/DM/DC-DC	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-DC
ICE/Detent Mngt/Detent Contr Immigration and Customs Enfo Office of Acquisition Manage 425 I Street NW, Suite 2208 Washington DC 20536	rcement ment	ICE/Detent Mngt/Detent C Immigration and Customs Office of Acquisition Ma 425 I Street NW, Suite 2 Washington DC 20536	Enforcement nagement
8. NAME AND ADDRESS OF CONTRACTOR (No., street,	county, State and ZIP Code)	(X) 9A. AMENDMENT OF SOLICITATION NO.	
DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941		9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORD HSCEDM-08-D-00003	ER NO.
		HSCEDM-09-J-00009	
		10B. DATED (SEE ITEM 11)	
CODE b2High	FACILITY CODE	09/17/2008	
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF C virtue of this amendment you desire to change an offer to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (if reg	DFFERS PRIOR TO THE HOUR AND r already submitted, such change may I prior to the opening hour and date sp	DATE SPECIFIED MAY RESULT IN REJECTION O be made by telegram or letter, provided each telegr	F YOUR OFFER. If by
See Schedule		· ····································	, ,
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN		CT THE ADMINISTRATIVE CHANGES (such as cha UTHORITY OF FAR 43.103(b). D AUTHORITY OF:	nges in paying office,
D. OTHER (Specify type of modification	and authority)		
D. OTHER (Specify type of modification X Unilateral FAR 43.10		· · · · · · · · · · · · · · · · · · ·	
X Unilateral FAR 43.10 E. IMPORTANT: Contractor X is not.	3 (b) □ is required to sign this document a		-
X Unilateral FAR 43.10 E.IMPORTANT: Contractor Sis not. 14.DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: b2High COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- b6	3 (b) is required to sign this document a (Organized by UCF section headings,		-
X Unilateral FAR 43.10 E.IMPORTANT: Contractor Sis not, 14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: b2High COTRS: Luis Jimenez (305) 207-	3(b) is required to sign this document a (Organized by UCF section headings, ation to Delivery r invoice for CLIN 31, 2009. Accord	including solicitation/contract subject matter where Order HSCEDM-09-J-00009 I 0003 and 2) provide fund lingly, said delivery orde 10A, as heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING	feasible.) is to 1) provide ds for the period er is modified as d in full force and effect.
X Unilateral FAR 43.10 E.IMPORTANT: Contractor Sis not. 14.DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: b2High COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- Felix Garnett (305) 207- Felix Garnett (305) 207- The purpose of this modific additional funds for Octobe November 1, 2008 thru March Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	3 (b) is required to sign this document a (Organized by UCF section headings, ation to Delivery r invoice for CLIN 31, 2009. Accord e document referenced in Item 9A or	including solicitation/contract subject matter where Order HSCEDM-09-J-00009 I 0003 and 2) provide fund lingly, said delivery orde 10A, as heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING Travis Gordon	feasible.) is to 1) provide ds for the period er is modified as d in full force and effect. OFFICER (Type or print)
X Unilateral FAR 43.10 E.IMPORTANT: Contractor Sis not, 14. DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: b2High COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- Felix Garnett (305) 207- Felix Garnett (305) 207- The purpose of this modific additional funds for Octobe November 1, 2008 thru March Continued Except as provided herein, all terms and conditions of th	3(b) is required to sign this document a (Organized by UCF section headings, ation to Delivery r invoice for CLIN 31, 2009. Accord	including solicitation/contract subject matter where Order HSCEDM-09-J-00009 I 0003 and 2) provide fund lingly, said delivery orde 10A, as heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING Travis Gordon	feasible.) is to 1) provide ds for the period er is modified as d in full force and effect.
X Unilateral FAR 43.10 E.IMPORTANT: Contractor Sis not. 14.DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: b2High COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- Felix Garnett (305) 207- Felix Garnett (305) 207- The purpose of this modific additional funds for Octobe November 1, 2008 thru March Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	3 (b) is required to sign this document a (Organized by UCF section headings, ation to Delivery r invoice for CLIN 31, 2009. Accord e document referenced in Item 9A or	including solicitation/contract subject matter where Order HSCEDM-09-J-00009 I 0003 and 2) provide fund lingly, said delivery orde 10A, as heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING Travis Gordon	feasible.) is to 1) provide ds for the period er is modified as d in full force and effect. OFFICER (Type or print)

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REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

2

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV T

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	•	UNIT PRICE	AMOUNT	
(A)	(B)	(C)	(D)	(E)	(F)	
	follows:	· ·			· · · ·	
	1) Funds in the amount of \$12,360,955 are hereby added as follows:			······		
	CLIN 0002 - CLIN 0003 - CLIN 0004 - CLIN 0007 -					
	The total obligated amount thus far under Delivery Order HSCEDM-09-J-00009 is:					
·	CLIN 0002 \$ CLIN 0003 \$ CLIN 0004 \$ CLIN 0007 \$					
.*	Except as provided herein, all other terms and conditions remain the same.			·		
. ·	Delivery Location Code: KRO KROME SPC 18201 South West 12th Miami FL 33194					
	FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009					
	Change Item 0002 to read as follows(amount shown is the obligated amount):					
0002	This modification funds CLIN 0002 for period of performance November 1, 2008 - March 31, 2009 in the amount of \$ b4 (5 months x \$ b4 .	. 6	MO	b4		
	Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements GUARANTEED MINIMUM - b4 BEDS					
	Note: The guaranteed monthly minimum is calculated as follows:					
	b4 beds * the bed/day rate * 30 days = guaranteed monthly minimum					
	Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be Continued					·
NSN 7540-01-152	28067	1	1	I	OPTIONAL FORM 336 (4-85)	

FT REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

NAME OF OFFEROR OR CONTRACTOR

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ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1° 8	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal) Incrementally-Funded-Amount: \$13,609,086.00				
	Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, FMI-09-024				
	Accounting Info: b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00 Accounting Info:				
	b2High				
·	Funded: \$11,340,905.00				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	This modification funds CLIN 0003 for			b4	
	b4 bed/days in the amount of \$ b4 . (P00001 funded b4 bed/days in the amount of \$ b4).				
	Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements above the guaranteed minimum (64				
	Bed/day rate is Unit Price				
	Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal,				
	special diet meal and/or therapeutic diet meal) Product/Service Code: S206 Product/Service Description: GUARD SERVICES				
	Requisition No: 192109FMICONT0020, 192109FMICONT0020.2, 192109FMICONT0020.3		:		
	Accounting Info:				
	Funded: \$0.00	1			
	Continued				
·					
NSN 7540-01-152	-8067		.L	L	OPTIONAL FORM 336 (4-86)

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				· · · · · · · · · · · · · · · · · · ·
	b2High				
N.					
	Funded: 64				
	Accounting Info:				
	b2High				
•	Funded: \$ b4				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
	is the obligated amount):				
0004	This modification funds CLIN 0004 in the amount of \$ 64 . (P00001 funded \$10,000).			b4	
	$\frac{1}{10000000000000000000000000000000000$				
	TRANSPORTATION (in accordance with Statement				
•	of Objectives and Performance Work Statement) Product/Service Code: S206				
	Product/Service Code: 5206 Product/Service Description: GUARD SERVICES				
	Requisition No: 192109FMICONT0020,				
	192109FMICONT0020.3, FMI-09-024				
	Accounting Info:				
	b2High				·
	Funded: \$0.00				
	Accounting Info:				
	b2High	1			
	Funded: \$0.00	1			
	Accounting Info:				
	b2High				
	Funded: \$ b4				
	· · · · · · · · · · · · · · · · · · ·				
	Change Item 0007 to read as follows (amount shown is the obligated amount):				
	is the obligated amount):				
0007	This modification funds CLIN 0007 with	1		b4	
	b4 hours in the amount of \$ b4				
	(P00001 added b4 hours in the amount of				
	The contractor shall provide on-demand stationary				
1	guard services as required by the COTR to Continued				
				-	
SN 7540-01-152-8					OPTIONAL FORM 336 (4-86)

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53,110 REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002 PAGE OF 7

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NAME OF OFFEROR OR CONTRACTOR

	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	include, but not limited to, escorting and guarding detainees to medical or doctors				
	appointments, hearings, ICE interviews and				· · ·
	enhancing specific requirements for security, detainee monitoring, visitation and contraband control.				
	Fully burdened labor rate. Product/Service Code: S206				
	Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.3, FMI-09-024				
	Accounting Info:				
	b2High				
-	Funded: \$0.00 Accounting Info:				:
	b2High Funded: \$0.00				
	Accounting Info:				
	Funded: \$ 64 Contractors, please use these procedures when you				
	submit an invoice for all acquisitions emanating from ICE/OAQ.			· .	
	1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:				
	a. By mail: DHS, ICE				
	Burlington Finance Center				
	P.O. Box 1620				
	Williston, VT 05495-1620				
	<pre>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)</pre>				
	c. By e-mail at: Invoice.Consolidation@dhs.gov			· · ·	
· ·	Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Continued				
					· · · · · · · · · · · ·
		1			1

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

6

NAME OF OFFEROR OR CONTRACTOR AKAT DOYON JV T

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	DOION A	AKAL JV I	1			· · · · · · · · · · · · · · · · · · ·
	ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1	UNIT PRICE	AMOUNT
	(A)	(B)	(C)	(D)	(E)	(F)
		Identification Number (TIN) must be registered in the Central Contractor Registration				
		(http://www.ccr.gov) prior to award and shall be				-
		notated on every invoice submitted to ICE/OAQ on				
		or after mm/dd/yyyy to ensure prompt payment				
		provisions are met. The ICE program office identified in the delivery order/contract shall				
		also be notated on every invoice.				
		also be notated on every involce.				· · · · · · · · · · · · · · · · · · ·
•		2. In accordance with Section I, Contract				
		Clauses, FAR 52.212-4 (g)(1), Contract Terms and				
		Conditions, Commercial Items, or FAR 52.232-25				
		(a)(3), Prompt Payment, as applicable, the				
		information required with each invoice submission is as follows:				
		13, d5 10110W5.				
		An invoice must include:	j			
		(i) Name and address of the Contractor;				
		(ii) Invoice date and number;				
		(iii) Contract number, contract line item number				
		and, if applicable, the order number; (iv) Description, quantity, unit of measure, unit				
		price and extended price of the items delivered;				
		(v) Shipping number and date of shipment,				
		including the bill of lading number and weight of				
		shipment if shipped on Government bill of lading;				
		(vi) Terms of any discount for prompt payment				
		offered;				
		(vii) Name and address of official to whom payment is to be sent;				
		(viii) Name, title, and phone number of person to				
		notify in event of defective invoice; and				
		(ix) Taxpayer Identification Number (TIN). The				
		Contractor shall include its TIN on the invoice				· · · · · · · · · · · · · · · · · · ·
		only if required elsewhere in this contract. (See paragraph 1 above.)				
		(x) Electronic funds transfer (EFT) banking				
		information.				
		(A) The Contractor shall include EFT banking		1		
		information on the invoice only if required				
	N	elsewhere in this contract.	1	ŀ		
		(B) If EFT banking information is not required to be on the invoice, in order for the invoice to be		1		
		a proper invoice, the Contractor shall have				
		submitted correct EFT banking information in				
		accordance with the applicable solicitation		1		
		provision, contract clause (e.g., 52.232-33,				
		Payment by Electronic Funds Transfer; Central	1			
		Contractor Registration, or 52.232-34, Payment by]	
		Electronic Funds Transfer; Other Than Central Continued]			
			1			1
			1			· · · · · · · · · · · · · · · · · · ·
			1			
		· · ·		1		· · · · ·

REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00002

7

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	<mark>UNIT</mark> (D)	UNIT PRICE	AMOUNT (F)
·	Contractor Registration), or applicable agency procedures.				
	-(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.	-			
	Invoices without the above information may be returned for resubmission.				
	3. All other terms and conditions remain the same.				
	Receiving Officer/COTR: Each Program Office is responsible for acceptance and receipt of goods and/or services. Upon receipt of goods/services, complete the applicable FFMS reports or DFC will not process the payment.				
		· · · ·			
					C .
NSN 7540-01-1	2-8067			- !	OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

Page 1 of 3

		Print		delp	
Transaction Information Award Type: Delivery/T	ask Order	Prepared Date:	12/09/2008 10:48:02	Prepared User:	TRAVIS.GORDON
Award Status: Final		Last Modified Date:	12/10/2008 10:38:56	Last Modified User:	TRAVIS.GORDON
Document Information					
	Agency	Procurement Iden	tifier	Modification No	Trans No
Award ID:	7012	HSCEDM09J000)09	P00002	0
Referenced IDV ID:	7012	HSCEDM08D00	003	0	
Reason For Modification:	FUNDING O	NLY ACTION			
Solicitation ID:	HSCEDM-08	-R-00009	• •		
Dates		Amounts			
Date Signed:	12/10/2008	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Curren	and the second
Effective Date:	12/10/2008		-	\$12,360	and an
Completion Date:	08/03/2009		Exercised Options Value	Sana y Aona an Indonesia anna an Indonesia anna an Indonesia anna an Indonesia 1937 - Nata Sana Anna Anna Anna Anna Anna Anna Ann	
Est. Ultimate Completion Date:	08/03/2009	Base And	All Options Value:	\$12,360	,955.00 \$14,8
		Fee Paid fe Vehicle:	or Use of Indefinite Deliv		\$0.00
Purchaser Information	a material consistence and the two we we	ay ay tap-Tayya		د موجوع ومحمود می محمود می محمود از ۱۹۹۱ می از ۱۹۹۱ می موجوع می محمود می موجوع می موجوع می موجوع می موجوع می موجوع	
Contracting Office Agency	Participant of the second	hat was devined under the devine of the gap of the second s	Office Agency Name:	BUREAU OF IMMI	a a complete a construction and a construction of the second second second second second second second second s I a construction and a construction of the second
Contracting Office ID:	DMDC0	Contracting	Office Name:	DETENTION MAN	AGEMENT - DC C
Funding Agency ID:		N WARD TO YOR WARDANA AND AND AND AND AND AND AND AND AND	ency Name:		
Funding Office ID:		Funding Off			ange, og ditte i 1923 ditte filt fritter beforden an en er og filt ditte
Funded By Foreign Entity:		Reason For	Inter-Agency Contractin	ig: Select One	
Contractor Information		Soc	io Economic Data		
CCR Exception: PLEASE	E SELECT CCP	R EXCEPTION BY C	LICKING THE ELLIPS	IS () BUTTON	
Vendor Name: DOYON /	AKAL JV I	n na ha an an an an an an 1911 ^{an a} 1811 Blad a la bha anna an an			
DBAN:			Veteran Owned	Asian Pacific	Tribal Gove
The second sector between the second se	5 ST STE B		8(a) Firm	Service Disabled Vet	Black Owne
Street2:	nganan ganggi pangan pangan ke kesih se sara seharan ang senara ang nganan ganggi pangan pangan (K. 1997) ka 1997 (K. 1997) ka sa k		Hub Zone	Local Government	🔀 Native Ame
City: SHORELI	٧E		SDB	Minority Institution	🔚 Asian India
State: WA	Zip:	981333215	JWOD (Sheltered Workshop)	American Indian	🕅 Non-Profit (
Congressional WASHING	TON 01			State Government	🔚 Hispanic Ov
Country: UNITED S	na menangkan kang sang terter di serier sang sang di serier sang sang di serier sang sang sang sang sang sang s		Educational	Federal Government	Emerging S
Phone:	Carmon Contract And		Institution Women Owned	Minority Owned	Hospital
Fax No:		Loo	AAAUCU CAAUCO	Business	
DUNS No: 82523572	90000	-	Organization Type	Number of Employees	Annual Re
Contractor Name From DOYON / . Contract:	AKAL JV I	P/	ARTNERSHIP	5	\$1
Contract Data					
			Fixed Price	an a	الم
• =					
Type of Contract: Multi Year Contract:				1911 1 - 0116 (California) - 000	
• =			None		

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

12/10/2008

_				`			
Cost Or Pricing Data:			Select One 😿				
Purchase Card Used As Pa	ayment Method:						
Letter Contract:							
Performance Based Servic * FY 2004 and prior; 80% o requirement * FY 2005 and later; 50% o requirement	or more specified a	-					
	D	·	Select One				and the second sec
Contingency Humanitariar	n Peacekeeping O	peration:	Select One	namanta ana di santa di sato dibasa dia digina dasi ili " a			
Contract Financing:				**************************************	Xa		
Cost Accounting Standard	is Clause:						
Number Of Actions:							
Consolidated Contract:							
Legislative Mandates	Principal Place	of Performance					
vr.	Principal Place	Of Performance	Code (State, Location, Country):	FL	45000	US	
Clinger Cohen Act:	Principal Place	Of Performance		MIAMI-E			
Service Contract Act:	6	Of Performance	-	MIAMI			андан (ул. 1977). - ул (ул. 1977).
Walsh-Healey Act:		District Place Of	•	FLORID	Δ 25		nara ay nagati a
Davis Bacon Act:		rmance Zip Code		33194	- 2700		
Product Or Service Inform		mance zip code	:(*4).	33194	- 2700		
Produce Or Service Informa	ation						
Product/Service Code:	S206	Description: G	UARD SERVICES				
Principal NAICS Code:	561621	Description: S	ECURITY SYSTEMS SERVICES (EXCEPT LC	OCKSM		
Bundled Contract:	Not a bundled re	equirement 😽	der Landbrandengeunen einen einen einen einen eine gehande zu				
System Equipment Code:							•
Country of Product or							
Service Origin:			n (a mar				
Place of Manufacture:	Select One						
Use Of Recovered Material:	Select One	97 F F F F F F F F F F F F F F F F F F F					
InfoTech Commercial Item Category:	Select One		91 M 191 M 194 E 10 M 201 D				
Claimant Program Code:	n and a state of the state of t	Description:					
Sea Transportation:	Select One						
GFE/GFP Provided Under This Action:							
Use Of EPA Designated Products:	Not Required						
Description Of Requirement: (4000 characters)		Availability tober 1, 200	y of Funds for Period of Fo)9.	erformanc	e		
	En UKbedenig Japp with for freezes in benerownesses on service	- me me am an an an an 19 90,000 900 600 600 60 600 60 60 60 60 60 60 60 6		No les como les a norma no commente con com com		×	
Competition Information							
Extent Competed For Refe	renced IDV:						
Extent Competed:			Full and Open Competition after excl	lusion of sou	rces 駴	, i	
Solicitation Procedures:			Negotiated Proposal/Quote				
Type Of Set Aside:			Small Business Set Aside - Total	.		5	
Evaluated Preference:			No Preference used	ndelanmana a rom il di wastasti dar ta badiktionsa hadist P			
SBIR/STTR:			Select One				Į.
Statutory Exception To Fai	ir Opportunity:		Select One		1945-1947-1947-1947-1947-1947-1947-1947-1947	- E	
Reason Not Competed:	- opportunity -		Select One			100200	
Local Area Set Aside:			No	** ***** ******************************	AL-10-07-01-02		
Source of Aside.							

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

Number Of Offers Received: 5 Pre Award FBO Synopsis: Π Small Business Competitiveness Demonstration Program: **SBA/OFPP Synopsis Waiver Pilot: Commercial Item Test Program:** Alternative Advertising: <u>liõ</u># **Commercial Item Acquisition Procedures:** A76 Action: Preference Programs / Other Data Small Business ¥ Contracting Officer's Business Size Selection: Select One ~ Subcontract Plan: 0 Price Evaluation Percent Difference: % Select One Reason Not Awarded To Small Disadvantaged Business: 197 Select One v **Reason Not Awarded To Small Business:**

https://www.fpds.gov/DataCollection/contracts/jsp/awardBaseController.jsp

12/10/2008

AMENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT		1. CONTRACT ID CODE	PAC	E OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 RF	QUISITION/PURCHASE REQ. NO.		1 6
P00003	03/10/2009		Schedule	5. PROJE	CT NO. (If applicable)
6. ISSUED BY CODE	ICE/DM/DC-DC		MINISTERED BY (If other than Item 6)	CODE	
ICE/Detent Mngt/Detent Cont Immigration and Customs Enfo Office of Acquisition Manage 425 I Street NW, Suite 2208 Washington DC 20536	racts-DC prcement	ICE Imm Off 425	/Detent Mngt/Detent Con igration and Customs End ice of Acquisition Man I Street NW, Suite 22 hington DC 20536	니 ntracts nforcem agement	CE/DM/DC-DC -DC ent
8. NAME AND ADDRESS OF CONTRACTOR (No., street	i, county, State and ZIP Code)	(v) 9A	AMENDMENT OF SOLICITATION NO.		
DOYON AKAL JV I 1 DOYON PLAZA SUITE 300 FAIRBANKS AK 997012941		98 × 10 H;	A. MODIFICATION OF CONTRACT/ORDER SCEDM $-08-D-00003$ SCEDM $-09-J-00009$ B. DATED (SEE ITEM 11)	NO.	
CODE b2High	FACILITY CODE	0	9/17/2008		
Separate letter of telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF (virtue of this amendment you desire to change an offe to the solicitation and this amendment, and is received 12. ACCOUNTING AND APPROPRIATION DATA (<i>if req</i>	vies of the amendment; (b) By acknowled to the solicitation and amendment numb DFFERS PRIOR TO THE HOUR AND D r already submitted, such change may b I prior to the opening hour and date spect uring the second sec	dging rec bers. FA ATE SPI e made l sified.	weipt of this amendment on each copy of the c ILURE OF YOUR ACKNOWLEDGEMENT TO ECIFIED MAY RESULT IN REJECTION OF Y by telegram or letter, provided each telegram	offer submitted O BE RECEIVI OUR OFFER or letter make	; or (c) By ED AT If by s reference
See Schedule			DIFIES THE CONTRACT/ORDER NO. AS DES	1,100,0	
CHECK ONE A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	URSUANT TO: (Specify authority) THE T/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT	CHANG	GES SET FORTH IN ITEM 14 ARE MADE IN MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).	THE CONTRA	CT
D. OTHER (Specify type of modification	and authority)		-		
X Unilateral FAR 43.10					
	is required to sign this document and	l return	copies to the issuing	- 60	
14 DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: b2High COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- Felix Garnett (305) 207- Alternate COTR Liana J. Castano (305) 207-	Organized by UCF section headings, ind	duding s	olicitation/contract subject matter where feas	ible.)	
The purpose of this modifica Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print) 15B. CONTRACTOR/OFFEROR (Signature of person authorized to sign)		ashere 16A.N Trav		ull force and ef	fect.
NSN 7540-01-152-8070		j		TANDARD FO	RM 30 (REV. 10-83)
Previous edition unusable			P	rescribed by G AR (48 CFR)	ISA

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION STILLT	HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00003	2	6

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	YUNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	additional funds for the period of 11/1/08 through 3/31/09 and to add an Alternate COTR.				
	1) Fund CLIN 0003 in the amount of \$ b4 CLIN 0004 in the amount of \$ b4 and CLIN 0007 in the amount of \$ b4				
	2) Add Liana J. Castano as an Alternte COTR.				
	The amount of this task order has been changed from \$14,813,746.00 by \$1,099,972.99 to \$15,913,718.99.				
	Except as provided herein, all other terms and conditions remain the same.				
	Delivery Location Code: KRO KROME SPC 18201 South West 12th Miami FL 33194				
	FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009				
•	Change Item 0003 to read as follows (amount shown is the obligated amount):				
	This modification funds CLIN 0003 in the amount of $\$$ 4				b4
	Unit Price is \$ b4				
	Detention and Food Services in accordance with Statement of Objectives and Performance Work Statements above the guaranteed minimum (> b4)				
	Bed/day rate is Unit Price				
	Note: The contractor shall serve three meals per 24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be substituted as required (e.g. air flight meal, special diet meal and/or therapeutic diet meal)				
	Product/Service Code: S206 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020.2, 192109FMICONT0020.3, 192109FMICONT0020.4				
	Continued				

CONTIN	UATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009	PAGE OF 3 6			
	FEROR OR CONTRAC AKAL JV I	TOR				······· 1
ITEM NO. (A)		SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Accounting Funded: \$0 Accounting Funded: \$0 Accounting Funded: \$0 Accounting Funded: \$0 Accounting Change Item	Info: b2High .00 Info: b2High .00 Info: b2High .00 Info: b2High .00 Lange .00 Lange .00 Lange .00 Lange .00 Lange .00 .00 Lange .00 .00 .00 .00 .00 .00 .00 .0				
0004	is the obli This modifi of 4 b4 The mileage TRANSPORTAT Objectives Product/Ser Product/Ser	cation funds CLIN 0004 in the amoun e rate is \$ b4 CION (in accordance with Statement and Performance Work Statement) vice Code: S206 vice Description: GUARD SERVICES a No: 192109FMICONT0020,	t			b4
	Delivery: 3 Accounting Funded: \$0. Accounting Funded: \$0. Accounting Continued .	b2High 00 Info: b2High 00 Info: b2High				

NSN 7540-01-152-8067

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

	CONTI	NUATION SHEET				NUED 09-J-00009/	(20000						PAGE	OF
		FFEROR OR CONTRACT AKAL JV I	the second s		/ HOCEDM-1	J9-J-000097	20000	13				·	4	6
÷					·									
	ITEM NO. (A)			SUPPLIES/SERV	VICES			UANTIT (C)	UNIT		NIT PRICE			UNT F)
		b2High Funded: \$0. Accounting		***									·	
		Funded: Accounting	^{b4} Info:	b2High					-					
		Funded: \$ Accounting	b4	b2High										
				b2High										
		Funded: \$	b4											
		Change Item is the obli	0007 to gated amo	read as f unt):	follows(a	mount show	n							
0	007	This modifi amount of \$	cation fu b4	nds CLIN	0007 wit	h in the							b4	Ľ
		The on-dema: \$ b4 .	nd guard	services	hourly r	ate is							2	
		The contract guard service include, but guarding det appointments enhancing sp detainee more control.	ces as re t not lim tainees t s, hearin Decific r	quired by ited to, o medical gs, ICE i equiremen	the COT escortin or doct nterview ts for s	R to g and ors s and ecurity.	ry						·	
- - -		Fully burder Product/Serv Product/Serv Requisition 192109FMICON FMI-09-024	vice Code vice Desc No: 1921	: S206 ription:)9FMICONT	0020,									
		Accounting I Funded: \$0.0 Accounting I	0	b2High										·
		Accounting	n10 :	b2High										
		Funded: \$0.0 Accounting I Continued	nfo: o2High											
														-
NSN 7	540-01-152-8	8067			······					· · · · · · · · · · · · · · · · · · ·		OBTIONU		

CONTINU	CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00003							GE OF
	FEROR OR CONTRACT	······································					<u>.</u>	×0
ITEM NO. (A)		SUPPLIES/SERVICES (B)		QUANTITY (C)	UNIT (D)	UNIT PRICE		AMOUNT (F)
		b2High				· · · · · · · · · · · · · · · · · · ·		
	Funded: \$0. Accounting							
	Funded: \$	b2High						
	Discount Te	rms: Net 30						-
	Contractors submit an i from ICE/OA	, please use these provide for all acquis	rocedures when you sitions emanating			•		
	Administrat	dance with Section G, ion Data, invoices sh ia one of the follows	nall now be					
	a. By mail:	DHS, ICE						
•	Burlington	Finance Center						
	P.O. Box 16	20						
	Williston,	VT 05495-1620	н. На страна стр					
	b. By facsin a cover she	mile (fax) at: 802-2 et with point of cont	288-7658 (include act & # of pages)					
	c. By e-mai	l at: Invoice.Consoli	.dation@dhs.gov					
	methods will Identificat: the Central (http://www notated on o or after mm, provisions a identified	mitted by other than be returned. Contr ion Number (TIN) must Contractor Registrat ccr.gov) prior to aw every invoice submitt (dd/yyyy to ensure pr are met. The ICE prog .n the delivery order ated on every invoice	actor Taxpayer be registered in ion ward and shall be ed to ICE/OAQ on compt payment tram office contract shall					
	2. In accord Clauses, FAR Conditions, (a)(3), Prom	ance with Section I, 52.212-4 (g)(1), Co Commercial Items, or mpt Payment, as appli required with each i	Contract ntract Terms and FAR 52.232-25 cable, the					•
	An invoice m Continued	ust include:						
•								
N 7540-01-152-80		· · · · · · · · · · · · · · · · · · ·				••••••••••••••••••••••••••••••••••••••		

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110

OONTINE A TION OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00003	6	6

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	(i) Name and address of the Contractor;				
	(ii) Invoice date and number;				
	(iii) Contract number, contract line item number				
	and, if applicable, the order number;	1			
	(iv) Description, quantity, unit of measure, unit				
	price and extended price of the items delivered;				
	(v) Shipping number and date of shipment,				
	including the bill of lading number and weight of				
	shipment if shipped on Government bill of lading;	1			
			1		
	(vi) Terms of any discount for prompt payment				
	offered;				
	(vii) Name and address of official to whom	1 ·			
	payment is to be sent;				
	(viii) Name, title, and phone number of person to				
	notify in event of defective invoice; and	[
	(ix) Taxpayer Identification Number (TIN). The	1			
	Contractor shall include its TIN on the invoice	1			
	only if required elsewhere in this contract. (See	1			
	paragraph 1 above.)				
	(x) Electronic funds transfer (EFT) banking	1			
1.5	information.	1			
	(A) The Contractor shall include EFT banking				
	information on the invoice only if required	· ·			
	elsewhere in this contract.				
	(B) If EFT banking information is not required to				
	be on the invoice, in order for the invoice to be				
	a proper invoice, the Contractor shall have	1			
	submitted correct EFT banking information in				
	accordance with the applicable solicitation			ν.	
	provision, contract clause (e.g., 52.232-33,			-	
	Payment by Electronic Funds Transfer; Central				
· · · · · · · · · · · · · · · · · · ·	Contractor Registration, or 52.232-34, Payment by				
	Electronic Funds Transfer; Other Than Central				
	Contractor Registration), or applicable agency				
	procedures.				
	(C) EFT banking information is not required if				
	the Government waived the requirement to pay by				
	EFT.				
	Invoices without the above information may be				
	returned for resubmission.				
	recarned for resummitsston.	1			
	2 All other terms and conditions which the				
	3. All other terms and conditions remain the same.	1			
		1			· · ·
	Receiving Officer/COTR: Each Program Office is	1			l
	responsible for acceptance and receipt of goods	1			
	and/or services. Upon receipt of goods/services,				
	complete the applicable FFMS reports or DFC will	1			
	not process the payment.	1			
		1			
		1			
		1			
		1			l
		1			· ·
		1			
		1			
		1 ·	1		1

AMENDMENT OF SOLICITATION/MOD				1. CONTRACT ID CODE	P	AGE OF PAGES
		-				1 6
2. AMENDMENT/MODIFICATION NO.	3. EFFECT	IVE DATE		UISITION/PURCHASE REQ. NO.	5. PRO	JECT NO. (If applicable)
P00004	05/12/			Schedule		i
6. ISSUED BY C	ODE ICE/DN	1/DC-DC	7. ADN	/INISTERED BY (If other than Item 6)	CODE	ICE/DM/DC-DC
ICE/Detent Mngt/Detent Co				Detent Mngt/Detent Co:		
Immigration and Customs E		t		Igration and Customs E		
Office of Acquisition Man	2			ice of Acquisition Man	2	it
425 I Street NW, Suite 22	08			I Street NW, Suite 22	08	
Washington DC 20536			Wasi	nington DC 20536		
8. NAME AND ADDRESS OF CONTRACTOR (No.	, street, county, State	and ZIP Code)	(x) ^{9A.}	AMENDMENT OF SOLICITATION NO.		
DOYON AKAL JV I						
l doyon plaza			9B.	DATED (SEE ITEM 11)		
SUITE 300						
TAIRBANKS AK 997012941			104	A. MODIFICATION OF CONTRACT/ORDER		
			X HS	CEDM-08-D-00003		
			HS	SCEDM-09-J-00009		
			10E	B. DATED (SEE ITEM 13)		
CODE b2High	FACILITY (CODE	0	9/17/2008		
	11. THIS	ITEM ONLY APPLIES TO		ENTS OF SOLICITATIONS		
The above numbered solicitation is amended as	set forth in Item 1	4. The hour and date speci	ified for re	ceipt of Offers	tended.	is not extended.
Offers must acknowledge receipt of this amendr					ethods: (a)	By completing
Items 8 and 15, and returning				eipt of this amendment on each copy of the	. ,	
separate letter or telegram which includes a refe	-					
THE PLACE DESIGNATED FOR THE RECEIP						
virtue of this amendment you desire to change a				y telegram or letter, provided each telegram	or letter m	akes reference
to the solicitation and this amendment, and is re		opening hour and date spe	cified.			
12. ACCOUNTING AND APPROPRIATION DATA See Schedule	(If required)	Net	t Inc	rease:	\$7 , 454	,543.00
				DIFIES THE CONTRACT/ORDER NO. AS D		
13. THIS TIEM ONLY APPLIES	TO MODIFICATIO	N OF CONTRACTS/ORDER	KO. 11 WK	DDIFIES THE CONTRACT/ORDER NO. AS L	JESCRIBEL) IN 11 EWI 14.
CHECK ONE A. THIS CHANGE ORDER IS ISS	UED PURSUANT	TO: (Specify authority) THE	E CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN	THE CON	TRACT
ORDER NO. IN ITEM 10A.						
B. THE ABOVE NUMBERED CON	TRACT/ORDER I	S MODIFIED TO REFLECT	THE AD	MINISTRATIVE CHANGES (such as change OF FAR 43.103(b).	es in paying	office,
appropriation date, etc.) SET F	ORTH IN ITEM 14	, PURSUANT TO THE AUT	THORITY	OF FAR 43.103(b).		
C. THIS SUPPLEMENTAL AGREE	EMENT IS ENTER	ED INTO PURSUANT TO A	AUTHORI	TY OF:		
D. OTHER (Specify type of modified	cation and authorit	y)				
X Unilateral FAR 43	.103(b)					
E. IMPORTANT: Contractor		ed to sign this document ar	nd return	0 copies to the issu	ing office.	
14. DESCRIPTION OF AMENDMENT/MODIFICA						
DUNS Number: b2High	non (organized L	y der section neddings, in	iciuuling s		SIDIE.)	
The purpose of this modif.	ication t	- Dolivory Ord	lor U	SCEDM-00-1-00000 is to	nroui	do
		-			provi	lae
additional funds for the p	period of	04/01/09 thro	ough (16/30/09.		
			_			
1) Fund CLIN 0002 in the a	amount of	<mark>\$</mark> b4	CL	IN 0003 in the amount	of \$	b4
CLIN 0004 in the amount o	f\$ b4	and CLIN 0	007	in the amount of \$	b4 •	
The amount of this task of	rder has l	been changed f	rom	\$15.913.745.99 by \$7.4	54,543	3.00 to
\$23,368,288.99.		ooon onangoa 1			01,010	
23,300,200.33.						
Except as provided herein	, all othe	er terms and c	condi	tions remain the same.		
Continued						
Except as provided herein, all terms and condition	s of the document	referenced in Item 9A or 10	A, as her	etofore changed, remains unchanged and in	full force a	nd effect.
15A. NAME AND TITLE OF SIGNER (Type or prin	it)		16A. I	NAME AND TITLE OF CONTRACTING OFF	FICER (Typ	e or print)
			Tra	vis Gordon		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED				16C. DATE SIGNED
100. CONTRACTOR/OFFEROR		ISO. DATE SIGNED	108.0	JNITED STATES OF AMERICA		ING. DATE SIGNED
(Signature of person authorized to sign)				(Signature of Contracting Officer)	074124-	
NSN 7540-01-152-8070 Previous edition unusable					STANDAR Prescribed	D FORM 30 (REV. 10-83) by GSA
						FR) 53.243

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004

NAME OF OFFEROR OR CONTRACTOR

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE (E)	AMOUNT (F)
(A)		(0)		(12)	(1)
	COTRS:				
	Luis Jimenez (305) 207- Luis Cabarcas (305) 207- 66				
	Felix Garnett (305) 207-				
	Alternate COTR Liana J. Castano (305) 207- 6				
	Contracting Officer: Travis Gordon, 202-732- b6				
	Contract Specialist: Bethany Stutler, 202-732- b6				
	Discount Terms:				
	Net 30				
	Delivery Location Code: KRO KROME SPC				
	18201 South West 12th				
	Miami FL 33194				
	FOB: Destination Period of Performance: 10/01/2008 to 08/03/2009				
	Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	P0004: This modification funds CLIN 0002 for				b4
	period of performance April 1, 2009 to June 30,2009 in the amount of b_{b4} (3 months x b_{b4}).				
	Amount of CLIN 0002 is increased from				
	\$ b4 by \$ b4 to \$ b4				
	Detention and Food Services in accordance with				
	Statement of Objectives and Performance Work Statements GUARANTEED MINIMUM - b4 BEDS				
	Note: The guaranteed monthly minimum is				
	calculated as follows:				
	b4 beds * the bed/day rate * 30 days =				
	guaranteed monthly minimum				
	Note: The contractor shall serve three meals per				
	24 hour period to each detainee (breakfast, lunch and dinner). Any of these meals may be				
	substituted as required (e.g. air flight meal,				
	Continued				

PAGE

2

OF

6

CONTINUATION SHEETREFERENCE NO. OF DOCUMENT BEING CONTINUED
HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004PAGEOF
3

NAME OF OFFEROR OR CONTRACTOR

	QUANTITY		UNIT PRICE	AMOUNT
A) (B)	(C)	(D)	(E)	(F)
(B) (B) special diet meal and/or therapeutic diet meal) Incrementally Funded Amount: \$ 04 Product/Service Description: GUARD SERVICES Requisition No: 192109FMICONT0020, 192109FMICONT0020, 192109FMICONT0020.5, FMI-09-024 Delivery: 30 Days After Award Accounting Info: 02Hgb Funded: \$0.00 DeHgb Funded: \$0.00 Accounting Info: 02Hgb Funded: \$0.				

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004 4 6

NAME OF OFFEROR OR CONTRACTOR

TEM NO.	SUPPLIES/SERVICES	QUANTITY			AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	and dinner). Any of these meals may be substituted as required (e.g. air flight meal,				
	special diet meal and/or therapeutic diet meal)				
	Product/Service Code: S206				
	Product/Service Description: GUARD SERVICES				
	Requisition No: 192109FMICONT0020,				
	192109FMICONT0020.2, 192109FMICONT0020.3,				
	192109FMICONT0020.4, 192109FMICONT0020.5				
	Delivery: 30 Days After Award				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	b2High				
	Funded: \$ b4				
	Observe Them 0004 he would be fully (smooth shows				
	Change Item 0004 to read as follows (amount shown is the obligated amount):				
0004	P0004: This modification funds CLIN 0004 for				b4
	period of performance April 1, 2009 to June 30,2009 in the amount of \$ 64				
	Amount of CLIN 0002 is increased from \$ 54				
	by \$ b4 to \$ b4 .				
	The mileage rate is \$ 64				
	TRANSPORTATION (in accordance with Statement of				
	Continued				

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE C)F
CONTINUATION SHEET	HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004	5	6

NAME OF OFFEROR OR CONTRACTOR ד ה דב ה T 77T

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Objectives and Performance Work Statement)				
	Product/Service Code: S206				
	Product/Service Description: GUARD SERVICES				
	Requisition No: 192109FMICONT0020, 192109FMICONT0020.4, 192109FMICONT0020.5				
	192109FMICONT0020.4, 192109FMICONT0020.5				
	Delivery: 30 Days After Award				
	belivery. 50 bays Arter Award				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	b2High				
	Funded: \$0.00				
	Accounting Info:	1			
	b2High				
	Funded: \$0.00	1			
	b2High				
	uzt riği t				
	Funded: \$ b4				
	Change Item 0007 to read as follows(amount shown				
	is the obligated amount):				
	15 one obrigated anounty.				
007	P0004: This modification funds CLIN 0007 for				b4
	period of performance April 1, 2009 to June				
	30,2009 in the amount of \$ b4 .				
	Amount of CLIN 000 sed from \$ b4				
	by \$ b4 to \$ b4				
	The on-demand guard services hourly rate is				
	Continued				
	2-8067	1			OPTIONAL FORM 336 (4-86)

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	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00004	6	6

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

1 NO.	SUPPLIES/SERVICES				AMOUNT
7)	(B)	(C)	(D)	(E)	(F)
	\$ b4				
	The contractor shall provide on-demand stationary				
	guard services as required by the COTR to				
	include, but not limited to, escorting and				
	guarding detainees to medical or doctors				
	appointments, hearings, ICE interviews and				
	enhancing specific requirements for security,				
	detainee monitoring, visitation and contraband control.				
	Fully burdened labor rate.				
	Product/Service Code: S206				
	Product/Service Description: GUARD SERVICES				
	Requisition No: 192109FMICONT0020,				
	192109FMICONT0020.3, 192109FMICONT0020.4, 192109FMICONT0020.5, FMI-09-024				
	192109FM1CON10020.0, FM1-09-024				
	Accounting Info:	1			
	b2High				
	Funded: \$0.00	T			
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$0.00				
	Accounting Info:				
	b2High				
	Funded: \$ b4				

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AMENDMENT OF SOLICITATION/MODIF	ICATION OF CONTRACT		
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
00005	08/27/2009	192109FMICONT0020.6	
ISSUED BY COD		7. ADMINISTERED BY (if other than item 6)	CODE ICE/DM/DC-DC
CE/Detent Mngt/Detent Cont mmigration and Customs Ent ffice of Acquisition Manag 01 I Street NW, 9th Floor achieved DC 20526	racts-DC forcement	ICE/Detent Mngt/Detent Immigration and Custom Office of Acquisition 801 I Street NW, 9th F	Contracts-DC Is Enforcement Management
ashington DC 20536		Washington DC 20536	
NAME AND ADDRESS OF CONTRACTOR (No., st	eet, county, State and ZIP Code)	(X) 9A. AMENDMENT OF SOLICITATION N	0.
DYON AKAL JV I			
DOYON PLAZA	•	9B. DATED (SEE ITEM 11)	
JITE 300			
AIRBANKS AK 997012941		x 10A MODIFICATION OF CONTRACT/O HSCEDM-08-D-00003	RDER NO.
		HSCEDM-08-D-00003	د
		HSCEDM-09-J-00009 10B. DATED (SEE ITEM 13)	
ODE	FACILITY CODE		
b2High		09/17/2008 .	
The above numbered solicitation is amended as set		AMENDMENTS OF SOLICITATIONS	is extended, is not extended.
	b2High		\$11,000,000.00 FMI
······································	· · · · · · · · · · · · · · · · · · ·	RS. IT MODIFIES THE CONTRACT/ORDER NO	
HECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTR. appropriation date, etc.) SET FOR	PURSUANT TO: (Specify authority) TH	E CHANGES SET FORTH IN ITEM 14 ARE MA T THE ADMINISTRATIVE CHANGES (such as o THORITY OF FAR 43, 103(b).	DE IN THE CONTRACT
HECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. 8. THE ABOVE NUMBERED CONTR. appropriation date, etc.) SET FOR	D PURSUANT TO: (Specify authority) TH ACT/ORDER IS MODIFIED TO REFLEC TH IN ITEM 14, PURSUANT TO THE AU INT IS ENTERED INTO PURSUANT TO	E CHANGES SET FORTH IN ITEM 14 ARE MA T THE ADMINISTRATIVE CHANGES (such as o THORITY OF FAR 43, 103(b).	DE IN THE CONTRACT
HECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTR appropriation date, etc.) SET FOR C. THIS SUPPLEMENTAL AGREEME	PURSUANT TO: (Specify authority) TH ACT/ORDER IS MODIFIED TO REFLEC TH IN ITEM 14, PURSUANT TO THE AL INT IS ENTERED INTO PURSUANT TO In and authority)	E CHANGES SET FORTH IN ITEM 14 ARE MA T THE ADMINISTRATIVE CHANGES (such as o THORITY OF FAR 43, 103(b).	DE IN THE CONTRACT
HECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. 8. THE ABOVE NUMBERED CONTR appropriation date, etc.) SET FOR C. THIS SUPPLEMENTAL AGREEME D. OTHER (Specify type of modification X	PURSUANT TO: (Specify authority) TH ACT/ORDER IS MODIFIED TO REFLEC TH IN ITEM 14, PURSUANT TO THE AU INT IS ENTERED INTO PURSUANT TO In and authority) 03 (b)	E CHANGES SET FORTH IN ITEM 14 ARE MA T THE ADMINISTRATIVE CHANGES (such as o THORITY OF FAR 43, 103(b). AUTHORITY OF:	DE IN THE CONTRACT
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A. 8. THE ABOVE NUMBERED CONTR appropriation date, etc.) SET FOR C. THIS SUPPLEMENTAL AGREEME D. OTHER (Specify type of modification X Unilateral FAR 43.1 IMPORTANT: Contractor	PPURSUANT TO: (Specify authority) TH ACT/ORDER IS MODIFIED TO REFLEC TH IN ITEM 14, PURSUANT TO THE AU INT IS ENTERED INTO PURSUANT TO in and authority) 03 (b) I is required to sign this document a	E CHANGES SET FORTH IN ITEM 14 ARE MA T THE ADMINISTRATIVE CHANGES (such as o THORITY OF FAR 43.103(b). AUTHORITY OF:	DE IN THE CONTRACT
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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00005

2

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO.	SUPPLI	ES/SERVICES		QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)		(B)		(C)	(D)	(E)	(F)
		·					
	COTRS:						
	Luis Jimenez (305) 207-						
	Luis Cabarcas (305) 207-	b6					
	Felix Garnett (305) 207-						
	Alternate COTR:						
÷ .	Liana J. Castano (305) 2	07- b6					
	Contracting Officers						
	Contracting Officer: Matthew Marshman, 202-73						
	Contract Specialist:	2 D6					
	Murthlyn Samuel, 202-732					• •	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Multiniyn Samuer, 202-752	Db		1 · · ·			
	FOB: Destination					-	
	Period of Performance: 10	1/01/2009 + 07/2	1/2010			•	
	rented of reflormance. It	J/01/2000 to 0//3.	1/2010				
	Add Item 0008 as follows:	• · · · · ·					
	400m 0000 40 10110W3						· · · ·
0008	Funding in Support of CL	N 0002			мо		
	Period of Performance Jul		mber 30	5	MO		b4
	2009	-] -/ 2005 Depe	Silber 50				
	Add Item 0009 as follows:						
0009 -	Funding in Support of CLI	N 0003					
	Period of Performance Jul	v 1, 2009 - Septe	mber 30		1 I		b4
	2009						
							the second second
	Add Item 0010 as follows:			:			
	· · · · · · · · · · · · · · · · · · ·						· .
010	Funding in Support of CLI	N 0004					b4
1	Period of Performance Jul	y 1, 2009 - Septe	mber	1.1.1		•	
	30, 2009						
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	Add Item 0011 as follows:						. · · ·
011	Funding in Support of CLI	N 0007	e.				. b4
	Period of Performance Jul	y 1, 2009 - Septe	mber 30				
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		ATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF	PAGES
	ENT/MODIFICATION NO.	3. EFFECTIVE DATE		QUISITION/PURCHASE REQ. NO.	1	2
P00006		09/03/2009		109FMICONT0020.7	5. PROJECT NO	. (If applicable)
6. ISSUED B	CODE	ICE/DM/DC-DC		DMINISTERED BY (If other than Item 6)	CODE TOP/	DM/DC-DC
ICE/De	tent Mngt/Detent Conti		_	/Detent Mngt/Detent Co	ICE/	
Immigra	ation and Customs Enfo	prcement	Imn	igration and Customs E	aforcement	
Office	of Acquisition Manage	ment	Ofi	lice of Acquisition Man	agement	
	Street NW, 9th Floor gton DC 20536	:	801	. I Street NW, 9th Floo	r	
wasniin	JCOIL DC 20556		Was	hington DC 20536		
8. NAME AN	D ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	 (x) ^{g/}	A AMENDMENT OF SOLICITATION NO.		
	AKAL JV I	•				
DOYON	. –			B. DATED (SEE ITEM 11)		· · ·
SUITE 3				DATED (SEE TEM TI)		
	KS AK 997012941					
			X H	A. MODIFICATION OF CONTRACT/ORDER SCEDM-08-D-00003	NO.	
				SCEDM-09-J-00009		
		· · · · ·		B. DATED (SEE ITEM 13)		
CODE	b2High	FACILITY CODE	7 c	9/17/2008		
		11. THIS ITEM ONLY APPLIES TO				······································
The above	numbered solicitation is amended as set for	th in Item 14. The hour and date spec	cified for n	eceipt of Offers is extra	ended. 🗌 is not ex	ended.
Items 8 and	1 15, and returning cop	ior to the nour and date specified in the	e solicitati edging reg	ion or as amended, by one of the following me ceipt of this amendment on each copy of the c	thods: (a) By comple	ting
separate le	tter or telegram which includes a reference i	to the solicitation and amondment num	abore EA	ILLIDE OF VOUR ADVALOUA FROM THE		Ву
		FFERS PRICE IO THE HOUR AND I	DATE CO		A	
	and and ano amenument, and is received	prior to the opening nour and date spe	be made l scified.	by telegram or letter, provided each telegram	or letter makes refere	nce
	TING AND APPROPRIATION DATA (If requ	ired)			•	
ee Sch						
	15. THIS ITEM ONLY APPLIES TO MO	DIFICATION OF CONTRACTS/ORDE	RS. IT MO	DDIFIES THE CONTRACT/ORDER NO. AS D	SCRIBED IN ITEM 1	4.
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PL	JRSUANT TO: (Specify authority) THI	E CHANG	ES SET FORTH IN ITEM 14 ARE MADE IN		
	ORDER NO. IN ITEM 10A.			as dell'orthin nem 14 ARE MADE IN	HE CONTRACT	
	B. THE ABOVE NUMBERED CONTRACT	ORDER IS MODIFIED TO REFLECT	THE AD	MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b).	in paving office	
x						· .
	C. THIS SUPPLEMENTAL AGREEMENT	IS ENTERED INTO PURSUANT TO A	AUTHORI	TÝ ÔF:	· · · · · · · · · · · · · · · · · · ·	
	D. OTHER (Specify type of modification a	id authority)				
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DNS Num he purp counti: bligate he subje TRS: is Jime is Caba lix Gan ntinuec sept as provid NAME ANE	ION OF AMENDMENT/MODIFICATION (C ber: b2High ose of this modificat: ng codes for Transport d remains unchanged. ect Task Order obligat enez (305) 207- arcas (305) 207- b6 rnett (305) 207- d id herein, all terms and conditions of the d D TITLE OF SIGNER (Type or print) TOR/OFFEROR gnature of person authorized to sign) 2-8070	rganized by UCF section headings, in ion to Task Order H tation. As a resul- ted total is \$34,364	SCEDM t of 8,288 (as herei 16A N/ Jera	Divisitation/contract subject matter where teasing I-09-J-00009 is to recl this modification the .99. afore changed, remains unchanged and in fur AME AND TITLE OF CONTRACTING OFFIC Id H. Neveleff IFED STATES OF AMERICA (Signature of Contracting on off) ST	Ne.) assify total amour total amour total amour ER (Type or print)	DATE SIGNED

REFERENCE NO. OF DOCUMENT BEING CONTINUED CONTINUATION SHEET

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00006

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NAME OF OFFEROR OR CONTRACTOR

(A)	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	414011117
	(B)	(C)	(D)	(E)	AMOUNT (F)
	Alternate COTR:				
	Liana J. Castano (305) 207- 66				
	Contracting Officer:		ŀ		
	Matthew Marshman, 202-732- b6				
	Contract Specialist:				
	Murthlyn Samuel, 202-732- b6				
	FOB: Destination				
	Period of Performance: 10/01/2008 to 07/31/2010				
	Change Item 0010 to read as follows (amount shown .				
	is the obligated amount):				
010	Funding in Support of CLIN 0004				
	Period of Performance July 1, 2009 - September				. b4
· ·	30, 2009				
	Incrementally Funded Amount: \$ b4				
	Accounting Info:				
· ·	b2High				
	Funded: -\$ b4 Accounting Info:				
. I					
	b2High				
i [Funded: \$ b4	T I			
	Except as provided herein, all other terms and				
	conditions remain unchanged.	6 a			н. Н
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OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53,110

AMENDMENT OF SOLICITATION/MOD	IFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
P00007	09/08/2009	192109FMICONT0019.6	
3. ISSUED BY CO	ODE ICE/DM/DC-DC	7. ADMINISTERED BY (If other than Item 6)	CODE ICE/DM/DC-DC
ICE/Detent Mngt/Detent Co Immigration and Customs E Dffice of Acquisition Man 301 I Street NW, 9th Floo Nashington DC 20536	nforcement agement	ICE/Detent Mngt/Detent C Immigration and Customs I Office of Acquisition Ma 801 I Street NW, 9th Flor Washington DC 20536	ontracts-DC Enforcement nagement
NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP Code)	(x) SA AMENDMENT OF SOLIDITAND	••••••••••••••••••••••••••••••••••••••
DOYON AKAL JV I DOYON PLAZA SUITE 300 'AIRBANKS AK 997012941 CODE b2High	FACILITY CODE	W W <thw< th=""> W W W</thw<>	R NO.
		TO AMENDMENTS OF SOLICITATIONS	
separate letter or telegram which includes a refere	ent prior to the hour and date specified in copies of the amendment; (b) By ackno ence to the solicitation and amendment to OF OFFERS PRIOR TO THE HOUR AN offer already submitted, such opening hour eived prior to the opening hour and rate	And soliditation or as amended, by one of the following r wiedging receipt of this amendment on each copy of the umbers. FAILURE OF YOUR ACKNOWLEDGEMENT DATE SPECIFIED MAY RESULT IN REJECTION OF by be made by telegram or letter, provided each telegrar specified.	offer submitted; or (c) By TO BE RECEIVED AT
	b2High		- FMI
13. THIS ITEM ONLY APPLIES T	O MODIFICATION OF CONTRACTS/OR	DERS. IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.
C. THIS SUPPLEMENTAL AGREEN D. OTHER (Specify type of modifical	MENT IS BUTERED INTO PURSUANT T	CT THE ADMINISTRATIVE CHANGES (such as chang AUTHORITY OF FAR 43.103(b). O AUTHORITY OF:	es in paying office,
X Unilateral FAR 43.	103 (b)		
IMPORTANT: Contractor II is not	t, jis required to sign this document	and return 0 copies to the issu	ing office.
A. DESCRIPTION OF AMENDMENT/MODIFICATIO	ON (Organized by UCF section headings	, including solicitation/contract subject matter where fea	sible.)
UNS Number: <u>b2High</u> ne purpose of this modific ne period of 07/01/09 thro Fund CLIN 0002 in the am	ough 09/30/09.	HSCEDM-09-J-00009 is to pro and CLIN 0003 in the amount	
64			
a amount of this task ord 35,374,950.27.	er nas been changed	from \$34,368,288.99 by \$1,0	06,661.28 to
DTRS: ontinued			e de la construcción de la constru La construcción de la construcción d
	the document referenced in Item 9A or	10A, as heretofore changed, remains unchanged and in	
A. NAME AND TITLE OF SIGNER (Tupp or profit		16A. NAME AND TITLE OF CONTRACTING OFF	ICER (Type or print)
A. NAME AND TITLE OF SIGNER (<i>Type or print</i>)			
A. NAME AND TITLE OF SIGNER (Type or print) B. CONTRACTOR/OFFEROR	150 DATE SIGNED	Matthew Marshman	
A. NAME AND TITLE OF SIGNER (Type or print)	15C. DATE SIGNED	Matthew Marshman	16C. DATE SIGNED
A. NAME AND TITLE OF SIGNER (Type or print)	15C. DATE SIGNED		16C. DATE SIGNED

CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00007

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PAGE

2

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

(A)	(B)	(C)	UNIT	UNIT PRICE	
	Luis Jimenez (305) 207		(D)	(E)	(F)
	Luis Cabarcas (305) 207 b6				
	Felix Garnett (305) 207				
	Alternate COTR:				
	Liana J. Castano (305) 207- 66				
	Contracting Officer:				
	Matthew Marshman, 202-732- b6				
	Contract Specialist:				
	Murthlyn Samuel, 202-732- b6				
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	FOB: Destination				
	Period of Performance: 10/01/2008 to 07/31/2010				
	Add Item 0012 as follows:				
0012	Funding in Support of CLIN 0002				b4
	Period of Performance July 1, 2009 - September				
[30, 2009				1
		i i			- A.
	Add Item 0013 as follows:				
				·	
013	Funding in Support of CLIN 0003				
	Period of Performance July 1, 2009 - September				b4
	30, 2009			· · · ·	
-	Except as provided herein, all other terms and				· · · ·
	conditions remain unchanged.				·
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PO0008 09/08/2009 19210 S. ISSUED BY CODE ICE/DM/DC-DC 7. ADMI ICE/Detent Mngt/Detent Contracts-DC ICE/I ICE/I Immigration and Customs Enforcement Immig Office of Acquisition Management Offic 801 I Street NW, 9th Floor 801 : Washington DC 20536 Wash: NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) (W) OYON AKAL JV I 98. D DOYON PLAZA 98. D UITE 300 X AIRBANKS AK 997012941 X	OFMICONT0019.6 ISTERED BY (If other than Item 6) Contraction and Customs Enfore etent Mngt/Detent Contraction and Customs Enfore e of Acquisition Manage Street NW, 9th Floor ngton DC 20536 ENDMENT OF SOLICITATION NO. TED (SEE ITEM 11) ODIFICATION OF CONTRACT/ORDER NO. DM-08-D-00003 DM-09-J-00009 NTED (SEE ITEM 13) 17/2008 S OF SOLICITATIONS tof Offers as amended, by one of the following methods of this amendment on each copy of the offer si E OF YOUR ACKNOWLEDGEMENT TO BE FE ED MAY RESULT IN REJECTION OF YOUR egram or letter, provided each telegram or letter FM ES THE CONTRACT/ORDER NO. AS DESCR ET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT/ORDER NO.	rcement ment is not extended. (a) By completing abmitted; or (c) By RECEIVED AT OFFER. If by ar makes reference 006, 661.28 BED IN ITEM 14.
200008 09/08/2009 19210 3. ISSUED BY CODE ICE/DM/DC-DC 7. ADMIN ICE/Detent Mngt/Detent Contracts-DC ICE/DM/DC-DC 7. ADMIN ICE/Detent Mngt/Detent Contracts-DC ICE/DM/DC-DC 7. ADMIN ICE/DETENT MNGT/Detent Contracts-DC ICE/DM/DC-DC 7. ADMIN OTHER Street NW, 9th Floor 801 801 801 Washington DC 20536 Wash: 99. A OYON AKAL JV I B.D 98. D 97. A DOYON PLAZA WIFE 98. D 98. D UTTE 300 AIRBANKS AK 997012941 Y. HIS TEM ONLY APPLIES TO AMENDMEN HISC Imma 8 and 5, and regums which includes a reference to the solicitation is amended as set forth in Item 14. The hour and date specified for rece 09. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation is amendment prior to the hour and date specified in the solicitation and amendment numbers. FAUL 100. D The Above numbered solicitation is amended as set forth in Item 14. The hour and date specified in the solicitation and this amendment, and is received prior to the porting hour and date specified in the solicitation to the solicitation and amendment numbors. FAUL The Above Numbered Solicitation is amended asoling hour and date specified in the solicitation and is	OFMICONT0019.6 ISTERED BY (If other than Item 6) Column 1 etent Mngt/Detent Contr ration and Customs Enfo e of Acquisition Manage Street NW, 9th Floor ngton DC 20536 ENDMENT OF SOLICITATION NO. TED (SEE ITEM 11) CDIFICATION OF CONTRACT/ORDER NO. CDM-08-D-00003 CDM-09-J-00009 NTED (SEE ITEM 13) 17 / 2008 S OF SOLICITATIONS tof Offers as amended, by one of the following methods of this amendment on each copy of the offer si E OF YOUR ACKNOWLEDGEMENT TO BE F ED MAY RESULT IN REJECTION OF YOUR egram or letter, provided each telegram or letter	DDE ICE/DM/DC-DC acts-DC rcement ment is not extended. (a) By completing domitted; or (c) By RECEIVED AT OFFER. If by er makes reference 006, 661.28 E BED IN ITEM 14.
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Initial gration and customs Enforcement Immit Office of Acquisition Management Office Boll I Street NW, 9th Floor 801 Nashington DC 20536 Wash: NAME AND ADDRESS OF CONTRACTOR (No. street county, State and ZIP Code) (w) 9A. A OYON AKAL JV I 9B. D DOYON PLAZA 9B. D UTTE 300 AIRBANKS AK 997012941 AIRBANKS AK 997012941 × HOL Market And Address Street County, State and ZIP Code) (w) 9A. A ODE b2High FACILITY CODE (09.) AIRBANKS AK 997012941 × HOL Mice Contract Contract Code (b) 9A. A ODE b2High FACILITY CODE The above numbered solicitation is amended as set forth in them 14. The hour and date specified for receint of the solicitation and mendment numbers. FAILU The above numbered solicitation as a reference to the solicitation and mendment numbers. FAILU THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIE ACCOUNTING AND APPROPRIATION DATA (If regulared) b2High 13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFICATION OF CONTRACTS/ORDERS. IT MODIFICATION OF CONTRACTS/ORDERS. IT MODIFICATION OF ANELONE NO. IN ITEM 10A. A	ration and Customs Enfo e of Acquisition Manage Street NW, 9th Floor ngton DC 20536 ENDMENT OF SOLICITATION NO. TED (SEE ITEM 11) CDIFICATION OF CONTRACT/ORDER NO. CDM-08-D-00003 CDM-09-J-00009 NTED (SEE ITEM 13) 17/2008 S OF SOLICITATIONS to Offers Is extended as amended, by one of the following methods of this amendment on each copy of the offer si E OF YOUR ACKNOWLEDGEMENT TO BE F ED MAY RESULT IN REJECTION OF YOUR egram or letter, provided each telegram or letter FM ES THE CONTRACT/ORDER NO. AS DESCR	rcement ment is not extended. (a) By completing abmitted; or (c) By RECEIVED AT OFFER. If by ar makes reference 006, 661.28 BED IN ITEM 14.
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	AND TITLE OF CONTRACTING OFFICER (7	ype or print)
	nie Baker	
CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITE	TTO DAVET	16C. DATE SIGNED
	4	
(Signature of person authorized to sign)		111-
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CONTINUATION SHEET

HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00008

PAGE

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NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Felix Garnett (305) 207- b6				
	Alternate COTR:				
· ·	Liana J. Castano (305) 207- b6				
	Contracting Officer:				
	Matthew Marshman, 202-732- b6				
	Contract Specialist: Murthlyn Samuel, 202-732 b6				
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				· .	
· · ·	FOB: Destination				
	Period of Performance: 10/01/2008 to 07/31/2010				
	Change Item 0012 to read as follows(amount shown			<u>.</u>	
	is the obligated amount):				
0012	Funding in Support of STATE ADDA				
0012	Funding in Support of CLIN 0002 Period of Performance July 1, 2009 - September				0.
	30, 2009				
	Change Item 0013 to read as follows(amount shown				
	is the obligated amount):				
013	Funding in Support of CLIN 0003				
	Period of Performance July 1, 2009 - September	-			0.0
	30, 2009				
	Except as provided herein, all other terms and	ſ			•
	conditions remain unchanged.				
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. AMENDMENT/MODIFICATION NO.				
	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE R	EQ. NO.	5. PROJECT NO. (If applicable)
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ISSUED BY	CODE ICE/DM/DC-DC	7. ADMINISTERED BY (If other	(han llem 6)	CODE ICE/DM/DC-DC
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15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OFFICER	R (Type or print)
		Matthew Marshman	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	166 UNITED STATES OF AMERICA	16C. DATE SIGNED
NSN 7540-01-152-6070 Previous edition unusable		. Pres	VDARD FORM 30 (REV. 10-83) cribed by GSA (48 CFR) 53.243

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CONTINUATION SHEET	HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00009	2	5
AME OF OFFEROR OR CONTRACT			

NAME OF OFFEROR OR CONTRACTO DOYON AKAL JV I

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	(D)	UNIT PRICE (E)	AMOUNT (F)
	COTRS:				
	Luis Jimenez (305) 207-				
	Luis Cabarcas (305) 207- b6				·
	Felix Garnett (305) 207-				· · ·
	Alternate COTR:				
	Liana J. Castano (305) 207 b6				
	Contracting Officer:				
	Matthew Marshman, 202-732- b6				
	Contract Specialist:				
	Murthlyn Samuel, 202-732 b6				
	Accounting Info:				
	b2High • • • • • • • • • • • • • • • • • • •				
1	FOB: Destination				
	Period of Performance: 10/01/2008 to 07/31/2010				
	Add Item 0014 as follows:				
0014	SUBJECT TO AVAILABILITY OF FUNDS (SAF)	3	мо	0.00	. 0
	DETENTION AND FOOD SERVICES GUARANTEED MINIMUM -	J	110	0.00	. 0
	b4 BEDS. OPTION YR. 1		·		
	\$26,055,648.00				
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009				
	Contract NDR. INCEDM-09-0-00009				
	Accounting Info:				
	b2High	· ·]			
	\$0.00 (Subject to Availability of Funds)				
	· · · · · · · · · · · · · · · · · · ·				
. i	Add Item 0015 as follows:				
0015				0.00	
· · · ·	SUBJECT TO AVAILABILITY OF FUNDS (SAF) LODGING & M&IE AND OVERTIME FOR GUARDS EXCEEDING	3 1	MO	0.00	0
	STANDARD 8 HOUR WORKDAY . OPTION YR. 1				
-	\$0.0				
	DERIOD OF DEDEODWANCE 10/1/00 10/01/00				
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009		Ī		
	Accounting Info:				
C	Continued				
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REFERENCE NO. OF DOCUMENT BEING CONTINUED CONTINUATION SHEET

OF 5

PAGE

3

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT	UNIT PRICE	AMOUNT (F)
	b2High				
	\$0.00 (Subject to Availability of Funds)				
	Add Item 0016 as follows:				
016	SUBJECT TO AVAILABILITY OF FUNDS (SAF) THE CONTRACCTOR SHALL PROVIDE ON-DEMAND	3	мо	0.00	0.0
	STATIONARY GUARD SVCS AS REQ BY THE COTR TO				
	INCLUDE, BUT NOT LIMITED TO, ESCORTING AND GUARDING DETAINEES TO MED APPT. OPTION YR 1 \$ 64				
	PER OF PERF:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009				
	Accounting Info:				
	b2High				
	\$0.00 (Subject to Availability of Funds)				
	Add Item 0017 as follows:				
017	SUBJECT TO AVAILABILITY OF FUNDS (SAF)	3	мо	0.00	0.
	DETENTION AND FOOD SERVICES IN ACCORDANCE WITH STATEMENT OF OBJ AND PREFORMANCE WORK STATEMENT		~		
	ABOVE THE GUARANTEED MINIMUM - () D4 BEDS. OPTION YR. 1				
	b 4				
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009				
	Accounting Info:				
	b2High				
	\$0.00 (Subject to Availability of Funds)				
	Add Item 0018 as follows:				
018	SUBJECT TO AVAILABILITY OF FUNDS (SAF) TRANSPORTATION (IN ACCORDANCE WITH STATEMENT OF	3	МО	0.00	0.0
	OBJECTIVES AND PERFORMANCE. OPTION YR. 1				
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009			·	
	Continued	· •			
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		REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (0F
	1	HSCEDM-08-D-000037HSCEDM-09-J-000097P00009	4	5.
	NAME OF OFFEROR OR CONTRACT			nification
÷	DOYON AKAL JV I			

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Accounting Info: b2High \$0.00 (Subject to Availability of Funds)				
	Add Item 0019 as follows:				
0019	SUBJECT TO AVAILABILITY OF FUNDS (SAF) DELIVERABLES (IN ACCORDANCE WITH STATEMENT OF OBJECTIVES AND PERFORMANCE. OPTION YR. 1 \$0.0	3	мо	0.00	.0.0
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009				
	Accounting Info: b2High \$0.00 (Subject to Availability of Funds)				
	Add Item 0020 as follows:				
0020	SUBJECT TO AVAILABILITY OF FUNDS (SAF) LODGING & M&IE AND OVERTIME FOR COOKS REQ'D TO TRAVEL AND SUPPORT EMERGENCY AND EVACUATION OPERATION. OPTION YR. 1 \$0.0	3	MO	0.00	0.0
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009				
	Accounting Info: b2High \$0.00 (Subject to Availability of Funds)				
	Add Item 0021 as follows:				
0021	SUBJECT TO AVAILABILITY OF FUNDS (SAF) FOOD SERVICE SUPPORT FOR EMERGENCY AND EVACUATION OPERATION. OPTION YR. 1	3	мо	0.00	0.0
	PERIOD OF PERFORMANCE:10/1/09-12/31/09 CONTRACT NBR: HSCEDM-09-J-00009				
·	Continued				
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CONTINUATION	HEET REFERENCE NO. OF DOCUMENT BEING CONTINUED HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00	009		PAGE OF
NAME OF OFFEROR OR O DOYON - AKAL JV				
ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY UNIT	UNIT PRICE (E)	AMOUNT (F)
\$0.0 Except	(Subject to Availability of Funds) as provided herein, all other terms and tions remain unchanged.	· · · · · · · · · · · · · · · · · · ·	миниция на полото от стати и то стати и то стати	
Contai	iono iomain anonangeo.			
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AMENDMENT OF SOLICITATION/MOI	DIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES							
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		1 3							
•		4. REQUISITION/PURCHASE REQ. NO. 192109FHQSECR0001.4	5. PROJECT NO. (If applicable)							
200010 . ISSUED BY C	09/21/2009									
CE/Detent Mngt/Detent Co mmigration and Customs E	Dontracts-DC Enforcement	ICE/Detent Mngt/Detent Co	CODE ICE/DM/DC-DC CE/Detent Mngt/Detent Contracts-DC ICE/Detent and Customs Enforcement							
ffice of Acquisition Mar		Office of Acquisition Man	agement							
01 I Street NW, 9th Floc	or ·	801 I Street NW, 9th Floo	or							
ashington DC 20536			Attn: Murthlyn Samuel							
NAME AND ADDRESS OF CONTRACTOR (No	, street, county, State and ZIP Code)	Washington DC 20536								
YON AKAL JV I			. · ·							
DOYON PLAZA		9B. DATED (SEE ITEM 11)								
JITE 300	· · · · · · · · · · · · · · · · · · ·		• •							
AIRBANKS AK 997012941		X 10A. MODIFICATION OF CONTRACT/ORDER	NO.							
		H2CFDM-00-D-00003	· ·							
/	· · ·	HSCEDM-09-J-00009 10B. DATED (SEE ITEM 13)								
	FACILITY CODE									
b2High		09/17/2008 O AMENDMENTS OF SOLICITATIONS								
The above numbered solicitation is amended as	set forth in Item 14. The hour and date spe	ecified for receipt of Offers	tended, T is not extended.							
Items 8 and 15, and returning separate letter or telegram which includes a refe THE PLACE DESIGNATED FOR THE RECEIPT virtue of this amendment you desire to change a to the solicitation and this amendment, and is rec	copies of the amendment; (b) By acknow rence to the solicitation and amendment nu F OF OFFERS PRIOR TO THE HOUR AND n offer already submitted, such change may seived prior to the opening hour and date sp	he solicitation or as amended, by one of the following m vledging receipt of this amendment on each copy of the mbers. FAILURE OF YOUR ACKNOWLEDGEMENT T DATE SPECIFIED MAY RESULT IN REJECTION OF y be made by telegram or letter, provided each telegram pecified.	offer submitted; or (c) By O BE RECEIVED AT							
ACCOUNTING AND APPROPRIATION DATA	(If required) Ne	et Increase:	\$407,767.00							
	TO MODIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14							
HECK ONE A. THIS CHANGE ORDER IS ISSU	JED PURSUANT TO: (Specify authority) TI		THE CONTRACT							
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F(TRACT/ORDER IS MODIFIED TO REFLEC ORTH IN ITEM 14, PURSUANT TO THE AU	HE CHANGES SET FORTH IN ITEM 14 ARE MADE IN OT THE ADMINISTRATIVE CHANGES (such as change JTHORITY OF FAR 43.103(b).								
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F(C. THIS SUPPLEMENTAL AGREE	TRACT/ORDER IS MODIFIED TO REFLEC ORTH IN ITEM 14, PURSUANT TO THE AI MENT IS ENTERED INTO PURSUANT TO	HE CHANGES SET FORTH IN ITEM 14 ARE MADE IN OT THE ADMINISTRATIVE CHANGES (such as change JTHORITY OF FAR 43.103(b).								
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REFERENCE NO. OF DOCUMENT BEING CONTINUED CONTINUATION SHEET HSCEDM-08-D-00003/HSCEDM-09-J-00009/P00010 PAGE 2

OF

3

NAME OF OFFEROR OR CONTRACTOR DOYON AKAL JV I

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	To: 1) Fund CLIN 1002 in the amount of \$ b4 CLIN 1003 in the amount of \$ b4 1004 in the amount of \$ b4 in the amount of \$ b4 CLIN 1007 in the amount of \$ b4				
· · · ·	COTRS: Luis Jimenez (305) 207- Luis Cabarcas (305) 207- Felix Garnett (305) 207- Alternate COTR: Liana J. Castano (305) 207- b6				
	Contracting Officer: Matthew Marshman, 202-732- b6 Contract Specialist: Murthlyn Samuel, 202-732- b6	-			
	FOB: Destination Period of Performance: 10/01/2008 to 07/31/2010				
	Change Item 0008 to read as follows(amount shown is the obligated amount):				
8000	Funding in Support of CLIN 1002 Period of Performance July 1, 2009 - September 30 2009			•	b4
	Accounting Info: b2High Funded: \$0.00				
	Change Item 0009 to read as follows(amount shown is the obligated amount):				
009	Funding in Support of CLIN 1003 Period of Performance July 1, 2009 - September 30 2009				b4
	Accounting Info:				
	Funded: \$0.00 Change Item 0010 to read as follows(amount shown				
	is the obligated amount):				
	Funding in Support of CLIN 1004 Period of Performance July 1, 2009 - September Continued				b4
		1			

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CONTIN	NUATION SHEET	010				PAGE 3	0F -
	FEROR OR CONTRACTOR AKAL JV I					<u> </u>	<u> </u>
ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)		AMO ()	UNT F)
	30, 2009 Incrementally Funded Amount: \$ b4						
	Accounting Info: b2High					•	
	Funded: \$0.00 Accounting Info:						
	b2High Funded: \$0.00	Į.					
	Change Item 0011 to read as follows(amount shown is the obligated amount):						
0011	Funding in Support of CLIN 1007 Period of Performance July 1, 2009 - September 30 2009						b4
	Accounting Info: b2High	1.					
	Funded: \$0.00 Add Item 0022 as follows:						· · ·
0022	FUNDING IN SUPPORT OF CLIN 1004 - TRANSPORTATION ACTIVITIES FOR DETAINEES IDENTIFIED THROUGH THE SECURE COMMUNITIES CRIMINAL ALIEN IDENTIFICATION PROCESS.	1	ΓO	407,767.00		407,	,767.00
	Accounting Info- ^{b2High} Funded: \$407,767.00				, .		
· ·	As a result, this increases the obligated amount by \$407,767.00 from \$34,368,288.99 to \$34,776,055.99.				· · ·		
	Except as provided herein, all other terms and conditions remain unchanged.						
							•

NSN 7540-01-152-8067

OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110