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| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |                  |                                | 1. CONTRACT ID CODE                                        |                                                  | <b>PAGE 1 OF 3</b> |                                                        |      |
| 2. AMENDMENT/MODIFICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                  | 3. EFFECTIVE DATE<br>8/15/2025 |                                                            | 4. REQUISITION/PURCHASE REQ. NO.<br>See Block 14 |                    | 5. PROJECT NO. (If applicable)                         |      |
| 6. ISSUED BY<br>DLA TROOP SUPPORT<br>DIRECTORATE OF SUBSISTENCE<br>700 ROBBINS AVENUE<br>PHILADELPHIA PA 19111-5096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                        |                  | CODE<br>SPE300                 |                                                            | 7. ADMINISTERED BY (If other than Item 6)        |                    |                                                        | CODE |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                        |                  |                                |                                                            | (X)                                              |                    | 9A. AMENDMENT OF SOLICITATION NO.<br><br>SPE30025RX013 |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                  |                                |                                                            | <input checked="" type="checkbox"/>              |                    | 9B. DATED (SEE ITEM 11)<br>2025 JUL 10                 |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                  |                                |                                                            | <input type="checkbox"/>                         |                    | 10A. MODIFICATION OF CONTRACT/ORDER NO.                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                  |                                |                                                            | <input type="checkbox"/>                         |                    | 10B. DATED (SEE ITEM 13)                               |      |
| CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                  | FACILITY CODE                  |                                                            |                                                  |                    |                                                        |      |
| <b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended, <input type="checkbox"/> is not extended.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:<br>(a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <b>13. THIS APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS.<br/>IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| CHECK ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.                                                                       |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc. ) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b). |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:                                                                                                                                               |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | D. OTHER (Specify type of modification and authority)                                                                                                                                                                  |                  |                                |                                                            |                                                  |                    |                                                        |      |
| <b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to issuing office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| Opening/Closing Date Changed to:<br>2025 JUL 10 / 2025 AUG 15<br>TIME 8:00 PM<br>See Attached Continuation Sheet(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| 15A. NAME AND TITLE OF SIGNER (Type or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                  |                                | 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) |                                                  |                    |                                                        |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                  |                                |                                                            |                                                  |                    |                                                        |      |
| 15B. CONTRACTOR/OFFEROR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | 15C. DATE SIGNED |                                | 16B. UNITED STATES OF AMERICA                              |                                                  | 16C. DATE SIGNED   |                                                        |      |
| _____<br>(Signature of person authorized to sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                        |                  |                                | _____<br>(Signature of Contracting Officer)                |                                                  |                    |                                                        |      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |                   |
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| CONTINUATION SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REFERENCE NO. OF DOCUMENT BEING CONTINUED:<br>SPE30025RX013 - | PAGE 2 OF 3 PAGES |
| <p>BLOCK 8 (Continued):</p> <p>OFFER DUE DATE/ LOCAL TIME: August 15, 2025 at 8:00PM EASTERN STANDARD TIME</p> <p>BLOCK 9 (Continued):</p> <p>Email and DIBBS are the acceptable forms of transmission for submission of initial proposals. E-mailed submissions should be sent to:</p> <p>Colin Kendra, Colin.Kendra@dla.mil;<br/>Clarissa Caster, Clarissa.Caster@dla.mil</p> <p>NOTES:</p> <p>INITIAL OFFERS:</p> <p>(1) Submitting offers via DIBBS electronic upload is authorized for this solicitation. A notice with instructions to vendors has been posted to DIBBS. The following notes apply:</p> <p>(a)The offer must be signed and completed in its entirety in accordance with the solicitation requirements. Do not select submit until all associated documents are added. No data will be saved unless the offer is submitted. Once submitted, documents may be added, but not removed.</p> <p>(b)Offerors are responsible for submitting proposals, and any revisions, and modifications, so as to reach the Government office by 3:00 p.m. Eastern Standard Time.</p> <p>(c)If the ability to upload proposals is unavailable for any reason, this does not constitute an acceptable reason for a late proposal. In that case, one of the other acceptable submission methods must be utilized.</p> <p>(2) Facsimile offers are NOT authorized for this solicitation.<br/>DIBBS-Upload-Offer-User-Help.pdf (dla.mil)</p> <p>(3) Offerors submitting proposals using email are advised that DLA Troop Support systems have certain email size and transmission limitations. Proposals must be prepared accordingly. Individual email attachments should not exceed 5MB in size, and no individual email should exceed more than 10 MB per email (multiple email submissions may be necessary). When submitting multiple emails as a proposal submission, label each email with a number (e.g., 1 of 8), accordingly. After transmitting an email submission, offerors should confirm receipt of all emails with the intended recipients. It is an offeror's responsibility to ensure its entire proposal is received by the date and time specified is sufficient time to ensure and confirm receipt by the Government.</p> <p>DISCUSSIONS/NEGOTIATIONS: As directed by the Contracting Officer, facsimile and e-mail may be used during discussions/ negotiations, if discussions/negotiations are held, for proposal revision(s), including Final Proposal Revision(s).</p> <p>BLOCK 17A. (Continued):</p> <p>OFFERORS: SPECIFY</p> <p>CAGE CODE: _____</p> <p>FAX NUMBER _____</p> <p>EMAIL ADDRESS _____</p> <p>COMPANY POC: _____</p> <p>PHONE #: _____</p> <p>BLOCK 17B. (Continued):</p> <p>Remittance will be made to the address that the vendor has listed in the System for Award Management Database. (www.sam.gov). Offeror's assigned SAM Unique Entity Identifier (UEI):</p> <p>_____</p> <p>(If you do not have a SAM Unique Entity Identifier (UEI), contact the individual identified in Block 7a of the SF 1449 or see 52.212-1, Instructions to Offerors - Commercial Items (paragraph j) for information on contacting www.sam.gov to obtain one.)</p> <p>BLOCKS 19-24 (Continued):</p> <p>SEE SCHEDULE OF ITEMS (ATTACHMENT 1)</p> <p>AUTHORIZED NEGOTIATORS:</p> <p>The offeror represents that the following persons are authorized to negotiate on its behalf with the Government in connection with this request for proposal. Please list names, titles, e-mail addresses, and telephone numbers for each authorized negotiator.</p> <p>_____</p> <p>CONTINUED ON NEXT PAGE</p> |                                                               |                   |

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| CONTINUATION SHEET | REFERENCE NO. OF DOCUMENT BEING CONTINUED:<br>SPE30025RX013 - | PAGE 3 OF 3 PAGES |
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