REQUEST FOR QUOTATION  
(THIS IS NOT AN ORDER)

<table>
<thead>
<tr>
<th>1. REQUEST NO.</th>
<th>2. DATE ISSUED</th>
<th>3. REQUISITION/PURCHASE REQUEST NO.</th>
<th>4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUZ0017Q0001</td>
<td>04/09/2017</td>
<td>PR6255346</td>
<td></td>
</tr>
</tbody>
</table>

5a. ISSUED BY
AMERICAN EMBASSY TASHKENT
3 MOYOORGHON STREET, ATTN: GSO/PROCUREMENT
TASHKENT 100093
UZBEKISTAN

5b. FOR INFORMATION CALL (NO COLLECT CALLS)
NAME
Shukhrat Arifdjanov
TELEPHONE NUMBER
+998711205450

6. DELIVER BY (Date)
04/27/2017

7. DELIVERY
x FOB DESTINATION
OTHER (See Schedule)

8. TO:
a. NAME
b. COMPANY
b. STREET ADDRESS
3 MOYOORGHON STREET, ATTN: GSO/WAREHOUSE

c. STREET ADDRESS
c. CITY
TASHKENT
d. CITY
e. STATE
f. ZIP CODE
100093

9. DESTINATION
a. NAME OF CONSIGNEE
AMERICAN EMBASSY TASHKENT

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 04/27/2017

IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.

11. SCHEDULE (Include applicable Federal, State and local taxes)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/ SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

12. DISCOUNT FOR PROMPT PAYMENT

a. 10 CALENDAR DAYS (%)  
b. 20 CALENDAR DAYS (%)  
c. 30 CALENDAR DAYS (%)  
d. CALENDAR DAYS

NOTE: Additional provisions and representations are not attached.

13. NAME AND ADDRESS OF QUOTER
a. NAME OF QUOTER
b. STREET ADDRESS
c. COUNTY
d. CITY
e. STATE
f. ZIP CODE
c. TITLE (Type or print)

14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION

16. SIGNER

a. NAME (Type or print)
b. TELEPHONE

15. DATE OF QUOTATION

17. SIGNER

a. AREA CODE