Service Providers shall follow these procedures when submitting invoices.

1. Invoice Submission: Invoices shall be submitted in a ".pdf" format in accordance with the contract terms and conditions via email, United States Postal Service (USPS) or facsimile as follows:
   a. Email:
      - Receiving Official Point-of-Contact (POC)
      - Alternate Receiving Official Point-of-Contact (ALT. POC)
      - Procurement POC
      Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.
   b. USPS:
      DHS, ICE
      Financial Operations - Burlington
      P.O. Box 1620
      Williston, VT 05495-1620
      ATTN: ICE/HSI/HQ/DIV4
      The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the task order/contract shall also be notated on every invoice.
   c. Facsimile:
      Alternative Invoices shall be submitted to: (802)-288-7658
      Continued ...
Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.

Note: The Service Providers or Contractors Dunn and Bradstreet (D&B) DUNS Number must be registered in the System for Award Management (SAM) at https://www.sam.gov prior to award and shall be notated on every invoice submitted to ensure prompt payment provisions are met. The ICE program office identified in the contract shall also be notated on every invoice.

2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;

(ii) Dunn and Bradstreet (D&B) DUNS number;

(iii) Invoice date and unique invoice number;

(iv) Contract number (HSCEMD-16-P-00017);

(v) Contract Line Item Number(s) (CLIN: 0001 or 0002); Description; quantity; unit of measure; unit price and extended price of the items delivered, period of performance (each CLIN shall be identified separately on the invoice);

(vi) If applicable, shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;

(vii) Terms of any discount for prompt payment offered;

(viii) Remit to Address;

(ix) Name, title, and phone number of person to notify in event of an improper invoice;

Continued ...

<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>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td>(D)</td>
<td>(E)</td>
<td>(F)</td>
</tr>
</tbody>
</table>

Continued...
GUIDANCE SOFTWARE INC

<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>x</td>
<td>ICE program office designated on order/contract/agreement and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xi)</td>
<td>Mark invoice as &quot;Interim&quot; (Ongoing performance and additional billing expected) and &quot;Final&quot; (performance complete and no additional billing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>xii</td>
<td>Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>In order to ensure that an accurate invoice is submitted, the Contractor shall coordinate the invoice with the Receiving Official POC or Alternate Receiving Official POCOR before sending the invoice to Financial Operations Burlington.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491 or by e-mail at</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P00002</td>
<td>See Block 16C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. ISSUED BY CODE</td>
<td>CODE (if other than Item 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations Ops Support Dallas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immigration and Customs Enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office of Acquisition Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7701 N. Stemmons Freeway,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dallas TX 75247</td>
<td></td>
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</tr>
</tbody>
</table>

**7. ADMINISTERED BY** (Code)

**8. NAME AND ADDRESS OF CONTRACTOR** (No. street, county, State and ZIP Code)

<table>
<thead>
<tr>
<th>CELLEBRITE USA CORP</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 CAMPUS DRIVE</td>
</tr>
<tr>
<td>SUITE 210</td>
</tr>
<tr>
<td>PARSIPPANY NJ 07054</td>
</tr>
</tbody>
</table>

**9A. AMENDMENT OF SOLICITATION NO.**

**9B. DATED (SEE ITEM 11)**

**9C. MODIFICATION OF CONTRACT/ORDER NO.**

<table>
<thead>
<tr>
<th>HSCEMD-16-P-00033</th>
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<tbody>
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<td></td>
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**9D. DATED (SEE ITEM 13)**

<table>
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<th>04/25/2016</th>
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</table>

**10. ACCOUNTING AND APPROPRIATION DATA (if required)**

<table>
<thead>
<tr>
<th>CODE 0330955680000</th>
<th>FACILITY CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

- The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers **is extended**. **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: (a) By completing Items 8 and 15, and returning 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 ACKNOWLEDGEMENT 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)**


**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

- 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 16A.

- 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).

- C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

- D. OTHER (Specify type of modification and authority) Closeout IAM FAR 4.804 Closeout of Contract Files

**E. IMPORTANT:**

- Contractor is required to sign this document and return copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible):**

- DUNs Number: 033095568

**Points of Contact:**

- Program POC: 703-287-0606 - 703-287-0607

- Alternate POC: 703-287-0607 - 703-287-0606

- Contract Specialist: 214-905-0606 - 214-905-0607

The purpose of this modification is to close out this order. All work has been complete and all invoices paid.

- Exempt Action: Y
- Sensitive Award: (b)(7)(E)
- Period of Performance: (b)(4)

Except as provided herein, all terms and conditions of the document referenced in Item 8 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

**15A. NAME AND TITLE OF SIGNER (Type or print)**

<table>
<thead>
<tr>
<th>[Signature of person authorized to sign]</th>
</tr>
</thead>
</table>

**15B. CONTRACTOR/OFEROR**

<table>
<thead>
<tr>
<th>[Signature of person authorized to sign]</th>
</tr>
</thead>
</table>

**15C. DATE SIGNED**

<table>
<thead>
<tr>
<th>04/25/2016</th>
</tr>
</thead>
</table>

**16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)**

<table>
<thead>
<tr>
<th>[Signature of Contracting Officer]</th>
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</table>

**16B. UNITED STATES OF AMERICA**

<table>
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<th>001004</th>
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</table>

- NSN 7540-01-152-8070

Previous edition unusable
ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER 08/12/2016
2. CONTRACT NO. (if any)
3. ORDER NO. HSCEMD-16-P-00092
4. REQUISITION/REFERENCE NO. 192116VPH00000311
5. ISSUING OFFICE (Address correspondence to)
   Investigations Ops Support Dallas
   Immigration and Customs Enforcement
   Office of Acquisition Management
   7701 N. Stemmons Freeway, (b)(6); (b)(7)(C)
   Dallas TX 75247
   Attn: (b)(6); (b)(7)(C)
6. SHIP TO:
   a. NAME OF CONSIGNEE
      Investigation - SAC Phoenix
   b. STREET ADDRESS
      Immigration and Customs Enforcement
      4041 N. Central Avenue, (b)(6); (b)(7)(C)
      Attn: (b)(6); (b)(7)(C)
   c. CITY
      Phoenix
   d. STATE: AZ
   e. ZIP CODE: 85012
7. TO: CELLEBRITÉ USA CORP
   a. NAME OF CONTRACTOR
      CELLEBRITÉ USA CORP
   b. COMPANY NAME
   c. STREET ADDRESS
      7 CAMPUS DRIVE
      SUITE 210
8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY
   Dated Aug 12, 2016
   Reference Your Quote # (b)(4)
   Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet. If any, including delivery as indicated.
   Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.
9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule
10. REQUISITIONING OFFICE
    ICE Hmld Sec Inv SAC Phoenix
11. BUSINESS CLASSIFICATION (Check appropriate box(boxes))
    a. SMALL X
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. SERVICE-DISABLED
    g. WOMEN-OWNED SMALL BUSINESS (WOSB)
    h. EDWOSB
12. F.O.B. POINT
    a. INSPECTION
    b. ACCEPTANCE
13. PLACE OF
    a. DESTINATION
    b. ACCEPTANCE
14. GOVERNMENT B/L NO.
15. DELIVER TO F.O.B. POINT
    ON OR BEFORE (Date)
    90 Days After Receipt of Order
16. DISCOUNT TERMS
    Net 30
17. SCHEDULE (See reverse for Rejections)
   033095568
   Primary POC: (b)(6); (b)(7)(C)
   Alt. POC: (b)(6); (b)(7)(C)
   Continued ...
   QUANTITY ORDERED
   UNIT
   PRICE
   AMOUNT
   QUANTITY ACCEPTED
   TOTAL
  继续...
   TOTAL
   Department of Homeland Security
   Burlington Finance Center
   P.O. Box 1620
   ATTN: HQ/HSI SAC Phoenix
   Williston
   VT
   05495-1279
   VET RUNEL ELIGIBLE UNDER THE WOSB PROGRAM
   AUTHORIZED FOR LOCAL REPRODUCTION
   PREVIOUS EDITION NOT USABLE
   001005
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**
08/12/2016

**CONTRACT NO.**

**ORDER NO.**
HSCEMD-16-P-00092

---

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
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</tr>
</tbody>
</table>

POCs will schedule training and communication with Cellebrite if needed. POCs are not authorized to change the terms and conditions of this order.

The contractor is requested to acknowledge acceptance of this order by signing in the space below and returning a copy of this page with signature to the contracting officer via fax- 214-905-5568 or email-

**Signature**

**Title**

**Date**

Exempt Action: N

Accounting Info:

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference order number HSCEMD-16-P-00092.

NOTE: The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

Invoicing Instructions:

Contractors shall use these procedures when Continued ...

---

epic.org  EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production  001006
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES/SERVICES (b)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Invoice Submission:</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Primary method of submission is email. Invoices shall be submitted to:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Alternate method of submission is fax. Invoices shall be submitted to: 802-288-7658</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</td>
<td></td>
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</tr>
<tr>
<td>Note: The Contractor’s Dunn and Bradstreet (D&amp;B) DUNS number must be active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a>.</td>
<td></td>
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</tr>
<tr>
<td>2. Content of Invoices: Each invoice submission shall contain the following information:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</td>
<td></td>
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<td>(iii) Invoice date and invoice number;</td>
<td></td>
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<tr>
<td>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</td>
<td></td>
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<tr>
<td>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</td>
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<td></td>
</tr>
<tr>
<td>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government Continued ...</td>
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</tbody>
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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(h)) ** $0.00
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>bill of lading;</td>
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</tr>
<tr>
<td></td>
<td>(vii) Terms of any discount for prompt payment offered;</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(viii) Remit to Address;</td>
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</tr>
<tr>
<td></td>
<td>(ix) Name, title, and phone number of person to notify in event of defective invoice;</td>
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</tr>
<tr>
<td></td>
<td>(x) Whether the invoice is “Interim” or “Final” and</td>
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</tr>
<tr>
<td></td>
<td>(xi) ICE program office designated on order/contract/agreement.</td>
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<td></td>
</tr>
</tbody>
</table>

In accordance with Contract Clause, 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 identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491 or by e-mail at.

The total amount of award: . The obligation for this award is shown in box 17(i).
**ORDER FOR SUPPLIES OR SERVICES**

**1. DATE OF ORDER**
04/28/2017

**2. CONTRACT NO. (if any)**
HSCMD-13-J-00025

**3. ORDER NO.**
HSCMD-17-J-00025

**4. REQUISITION/REFERENCE NO.**
192117VSSS00000002

**5. ISSUING OFFICE (Address correspondence to):**
Investigations Ops Support Dallas
Immigration and Customs Enforcement
Office of Acquisition Management
7701 N. Stemmons Freeway, (b)(6) (b)(7)(C)
Dallas TX 75247

**6. SHIP TO:**

| a. NAME OF CONSIGNEE | HSI SELLS |

**7. TO:**

| a. NAME OF CONTRACTOR | CELLEBRITE INC |
| b. COMPANY NAME |  |
| c. STREET ADDRESS | 7 CAMPUSS DRIVE SUITE 210 |
| d. CITY | PARSiPPANY |
| e. STATE | NJ |
| f. ZIP CODE | 07452 |

**8. TYPE OF ORDER**

| a. PURCHASE |  |
| b. DELIVERY | X |

**9. ACCOUNTING AND APPROPRIATION DATA**

| a. INSPECTION |  |
| b. ACCEPTANCE |  |
| c. PLACE OF | Shipment |
| d. DESTINATION |  |
| e. GOVERNMENT B/L NO. |  |
| f. DELIVER TO F.O.B. POINT | ON OR BEFORE (Date) |
| g. DISCOUNT TERMS | Net 30 |

**10. REQUISITIONING OFFICE**
ICE Hmd Sec Inv SAC Phoenix

**11. BUSINESS CLASSIFICATION (Check appropriate box(es))**

| a. SMALL |  |
| b. OTHER THAN SMALL | X |
| c. DISADVANTAGED |  |
| d. WOMEN-OWNED |  |
| e. HUBZone |  |
| f. SERVICE-DISABLED VETERAN-OWNED |  |
| g. WOMEN-OWNED SMALL BUSINESS (WOSB) |  |
| h. EDWOSB |  |

**12. F.O.B. POINT**
Destination

**13. PLACE OF**

| a. INSPECTION | Shipment |
| b. ACCEPTANCE |  |

**14. GOVERNMENT B/L NO.**

**15. DELIVER TO F.O.B. POINT**
ON OR BEFORE (Date)
30 Days After Award

**16. DISCOUNT TERMS**
Net 30

**17. SCHEDULE (See reverse for Rejections)**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tbody>
<tr>
<td>DUNS Number: 033095568</td>
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<tr>
<td>Primary POC: (b)(6) (b)(7)(C)</td>
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<tr>
<td>520-383-0(b)(6) (b)(7)(C)</td>
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<td>Secondary POC: (b)(6) (b)(7)(C)</td>
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<tr>
<td>18. SHIPPIING POINT</td>
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<td>19. GROSS SHIPPING WEIGHT</td>
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<td>20. INVOICE NO.</td>
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</tr>
</tbody>
</table>

**18. MAIL INVOICE TO:**

| a. NAME | Department of Homeland Security |
| b. STREET ADDRESS | Burlington Finance Center |
| OR P.O. Box | P.O. Box 1620 |
| | ATTN: HSI - SAC - Phoenix |
| c. CITY | Williston |
| d. STATE | VT |
| e. ZIP CODE | 05495-1279 |

**21. MAIL INVOICE TO:**

| a. NAME |  |
| b. STREET ADDRESS |  |
| OR P.O. Box |  |
| c. CITY |  |
| d. STATE |  |
| e. ZIP CODE |  |

**22. UNITED STATES OF AMERICA BY (Signature) |  |

**23. NAME (Typed) |  |

**OPTIONAL FORM 347 (Rev. 2/2015)**
Prepared by GSA/VA 46 CFR 53.2160

**AUTHORIZED FOR LOCAL REPRODUCTION**
PREVIOUS EDITION NOT USABLE
## ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 04/28/2017  
**CONTRACT NO.:** HSCemd-13-D-00001  
**ORDER NO.:** HSCemd-17-J-00025

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>520-229</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The contractor is requested to acknowledge acceptance of this order by signing in the space below and returning a copy of this page with signature to the contracting officer via fax- 214-905-5568 or email-[b](6)(b)(7)(c).

Signature

Title

Date

All vendor warranties, explicit or implicit, pertaining to the items or services identified on this order are incorporated as part of this order.

All terms and conditions of contract HSCemd-13-D-00001 hereby apply to this delivery order.

Exempt Action: N  
Sensitive Award: NONE  
Accounting Info: [b](7)(E)

---

0001

[b](4)

FOR COMMUNICATION OF THIS ORDER

All communications and invoices must reference order number HSCemm-17-J-00025.

NOTE: The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or Continued ...

---

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(h))
## ORDER FOR SUPPLIES OR SERVICES

### SCHEDULE - CONTINUATION

**DATE OF ORDER**: 04/28/2017  
**CONTRACT NO.**: HSCEMD-13-D-00001  
**ORDER NO.**: HSCEMD-17-J-00025

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (e)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>individual other than a Contracting Officer at the issuing office.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|          | Invoicing Instructions:  
Contractors shall use these procedures when submitting an invoice. |                     |          |               |            |                      |
| 1.       | Invoice Submission:  
Primary method of submission is email. Invoices shall be submitted to: |                     |          |               |            |                      |
|          | Alternate method of submission is fax. Invoices shall be submitted to:  
802-288-7658 |                     |          |               |            |                      |
|          | Each fax shall have a cover sheet identifying point of contact, phone number and number of pages. |                     |          |               |            |                      |
|          | Note: The Contractor’s Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov. |                     |          |               |            |                      |
|          | 2. Content of Invoices: Each invoice submission shall contain the following information:  
(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;  
(ii) Dunn and Bradstreet (D&B) DUNS number;  
(iii) Invoice date and invoice number;  
(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;  
Continued ... |                     |          |               |            |                      |

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))** $0.00

---

**AUTHORIZED FOR LOCAL REPRODUCTION**  
**PREVIOUS EDITION NOT USABLE**  
epic.org  
EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production  
001011  
**OPTIONAL FORM 348** (Rev: 4/2008)  
Prepared by: DODAFAR (50 CFR) 53.213/1
**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 04/28/2017  
**CONTRACT NO.**: HSCEMD-13-D-00001  
**ORDER NO.**: HSCEMD-17-J-00025

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
</tr>
</tbody>
</table>

(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;  
(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;  
(vii) Terms of any discount for prompt payment offered;  
(viii) Remit to Address;  
(ix) Name, title, and phone number of person to notify in event of defective invoice;  
(x) Whether the invoice is “Interim” or “Final” and (xi) ICE program office designated on order/contract/agreement.

In accordance with Contract Clause, 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 identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491— or by e-mail at

<table>
<thead>
<tr>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>(c)</td>
<td></td>
</tr>
</tbody>
</table>

The total amount of award: $0.00. The obligation for this award is shown in box 17(i).
**SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS**

**OFFER TO COMPLETE BLOCKS 12, 17, 23, 24, & 30**

<table>
<thead>
<tr>
<th>4. ORDER NUMBER</th>
<th>5. SOLICITATION NUMBER</th>
<th>6. SOLICITATION ISSUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSCemd-17-P-00012</td>
<td>HSCEMD-17-P-00012</td>
<td>11/13/2018</td>
</tr>
</tbody>
</table>

**7. FOR SOLICITATION INFORMATION CALL:**

- **a. NAME:** Investigations Ops Support Dallas
  - Immigration and Customs Enforcement
  - Office of Acquisition Management
  - 7701 N. Stemmons Freeway, Dallas TX 75247
- **b. TELEPHONE NUMBER:** 214-905- (No exclamation mark)
- **c. OFFER DUE DATE/LOCAL TIME:** (No exclamation mark)

**9. ISSUED BY CODE**

- **ICE/IOSD**

**11. DELIVERY FOR POB DESTINATION MARKED SEE SCHEDULE**

- **Cyber Crimes Center**
  - 1120 Random Mills Road
  - Fairfax VA 22030
- **Investigations Ops Support Dallas**
  - Immigration and Customs Enforcement
  - Office of Acquisition Management
  - 7701 N. Stemmons Freeway, Dallas TX 75247

**11a. CONTRACTOR/ OFFEROR CODE**

- **0330955680000**

**11b. TELEPHONE NO.**

- **201848855**

**11c. NAME AND TITLE OF SIGNER (Type or print)**

- **CELLEBRITE INC**
  - ATTN: b(d)(b)(7)(C)
  - 7 CAMPOUS DR STE 210
  - PARSIPPANY NJ 07054413

**11d. SIGNATURE OF OFFEROR/CONTRACTOR**

- **DHS, ICE**
  - Burlington Finance Center
  - P.O. Box 1620
  - Attn: ICE-HSI-HQ-DIV 4
  - Ref: HSCemd-17-P-00012
  - Williston VT 05495-1620

**15. SCHEDULE OF SUPPLIES/SERVICES**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUNS Number: 033095568</td>
<td>703-293-</td>
<td>703-293-</td>
<td></td>
</tr>
<tr>
<td>Obligation POC: b(d)(b)(7)(C)</td>
<td>b(d)(b)(7)(C)</td>
<td>b(d)(b)(7)(C)</td>
<td></td>
</tr>
<tr>
<td>Alternate POC: b(d)(b)(7)(C)</td>
<td>b(d)(b)(7)(C)</td>
<td>b(d)(b)(7)(C)</td>
<td></td>
</tr>
<tr>
<td>Technical POC: b(d)(b)(7)(C)</td>
<td>b(d)(b)(7)(C)</td>
<td>b(d)(b)(7)(C)</td>
<td></td>
</tr>
</tbody>
</table>

**16a. PAYMENT WILL BE MADE BY CODE**

- **ICE-HSI-HQ-DIV 4**

**18a. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER**

- See schedule

**25. ACCOUNTING AND APPROPRIATION DATA**

- **Signature of Contracting Officer**
  - **Dated:** 02/28/2017
  - **Quote:** b(d)(4)

**28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED.**

**31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)**

- ** Signed:** 02/09/2018

**AUTHORIZED FOR LOCAL REPRODUCTION**

- **EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production**

**STANDARD FORM 1449 (REV. 2/2012)**

- **Prescribed by GSA - FAR (48 CFR) 52.212-2**
However, Cellebrite SHALL NOT ACCEPT ANY INSTRUCTIONS THAT RESULTS IN A CHANGE TO THE SERVICES HEREIN.

Contracting Officer: [b](6),[b](7)(C)
214-905 [b](6),[b](7)(C)
Exempt Action: Y Sensitive Award: [b](7)(E)
Period of Performance: [b](4)

0001

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SCHEDULE OF SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
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</tbody>
</table>

Continued...

32a. QUANTITY IN COLUMN 21 HAS BEEN

- RECEIVED
- INSPECTED
- ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED.

32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32c. DATE

32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE

32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE

33. SHIP NUMBER

34. VOUCHER NUMBER

35. AMOUNT VERIFIED CORRECT FOR

36. PAYMENT

37. CHECK NUMBER

38. S/R ACCOUNT NUMBER

39. S/R VOUCHER NUMBER

40. PAID BY

- COMPLETE
- PARTIAL
- FINAL

41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT

41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER

41c. DATE

42a. RECEIVED BY (Print)

42b. RECEIVED AT (Location)

42c. DATE REC'D (YY/MM/DD)

42d. TOTAL CONTAINERS
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>duration of licensing term.</td>
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<td>Accounting Info:</td>
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<td></td>
<td><a href="7">b</a>(E)</td>
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<td></td>
<td>Funded: <a href="4">b</a></td>
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<td></td>
<td>Accounting Info:</td>
<td></td>
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<td></td>
<td><a href="7">b</a>(E)</td>
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<td>Funded: <a href="4">b</a></td>
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<td><a href="4">b</a></td>
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<td>1001</td>
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<td><a href="4">b</a></td>
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</tbody>
</table>

**FOR COMMUNICATION OF THIS ORDER**

All communications and invoices must reference the order number shown in Block #4 on page 1 of the Purchase Order. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-xxxx, or by e-mail at b)(6),(b)(7)(C).

Direct other inquiries to [b](6),(b)(7)(C) at the issuing office at (214) 905-5568 or via e-mail to [b](6),(b)(7)(C). The Contractor is requested to acknowledge acceptance of this purchase order by signing in blocks 30a-c on the front page of the purchase order (SF 1449) and returning a copy of this page with signature to the Contracting Officer via facsimile to (214) 905-5568 or via e-mail to [b](6),(b)(7)(C) upon receipt. Continued...
Please contact the Contracting Officer if there are any questions or concerns.

NOTE: The contractor should not accept any instruction that results in a change to the supplies/services ordered herein from an Entity or individual other than a Contracting Officer at the issuing office.

INVOICE INSTRUCTIONS

1. Invoice Submission:

Primary method of submission is email. Invoices shall be submitted to:

Attn: ICE-HSI-HQ DIV 4 Invoice

Each email shall be in a .pdf format; contain only one (1) invoice and the subject line of the email will annotate the invoice number.

Alternate method of submission is fax. Invoices shall be to:
802-288-7658
Attn: ICE-HSI-HQ DIV 4 Invoice

Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.

Note: The Contractor’s Dunn and Bradstreet (D&B) DUNS number must be active in the System for Award Management (SAM) at https://www.sam.gov.

2. Content of Invoices: Each invoice submission shall contain the following information:

(i) Name and address of the Contractor. The name, address and DUNS number on the invoice MUST match the information in both the Contract/Agreement and the information in the SAM;
(ii) Dunn and Bradstreet (D&B) DUNS number;
(iii) Invoice date and invoice number;
(iv) Agreement/Contract number, contract line item number and, if applicable, the order number; Continued...
(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;  
(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;  
(vii) Terms of any discount for prompt payment offered;  
(viii) Remit to Address;  
(ix) Name, title, and phone number of person to notify in event of defective invoice;  
(x) Mark invoice as “Interim” (ongoing performance and additional billing expected) and “Final” (performance complete and no additional billing) and  
(xi) ICE program office designated on order/contract/agreement.  
(xii) Electronic Funds Transfer (EFT) banking information in accordance with 52.232-33 Payment by Electronic Funds Transfer - System for Award Management or 52-232-34, Payment by Electronic Funds Transfer - Other than System for Award Management.

In accordance with Contract Clause, 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 identified above is required with each invoice submission.

3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-6647 or by e-mail at b(6);(7)(c)

Invoices without the above information may be returned for resubmission.

The total amount of award: b(4). The obligation for this award is shown in box 26.
**ORDER FOR SUPPLIES OR SERVICES**

1. **DATE OF ORDER**: 07/27/2016
2. **CONTRACT NO. (if any)**: GS-07F-355AA
3. **ORDER NO.**: HSCETE-16-F-00037
4. **REQUISITION/REFERENCE NO.**: 192116VH4CC00047
5. **ISSUING OFFICE (Address correspondence to)**: ICE INFORMATION TECHNOLOGY DIVISION
   IMMIGRATION AND CUSTOMS ENFORCEMENT
   OFFICE OF ACQUISITION MANAGEMENT
   801 I STREET NW
   WASHINGTON DC 20536
6. **SHIP TO**: 
   a. **NAME OF CONSIGNEE**: ICE HMLND SEC INV HQ DIV 4
   b. **STREET ADDRESS**: 11320 RANDOM HILLS ROAD
   c. **CITY**: FAIRFAX
   d. **STATE**: VA
   e. **ZIP CODE**: 22030
7. **TO**: 
   a. **NAME OF CONTRACTOR**: MSAB INCORPORATED
8. **TYPE OF ORDER**: b. **DELIVERY**
   a. **PURCHASE**
9. **ACCOUNTING AND APPROPRIATION DATA**
   a. **NAME**: 
   b. **COMPANY NAME**: 
   c. **STREET ADDRESS**: 2001 JEFFERSON DAVIS HWY
   d. **CITY**: ARLINGTON
   e. **STATE**: VA
   f. **ZIP CODE**: 22202
10. **REQUISITIONING OFFICE**: ICE HMLND SEC INV HQ DIV 4
11. **BUSINESS CLASSIFICATION** (Check appropriate box(es))
   a. **SIZE**: SMALL
   b. **OTHER THAN SMALL**: 
   c. **DISADVANTAGED**: 
   d. **WOMEN-OWNED**: 
   e. **EDWOSB**: 
   f. **SERVICE-DISABLED VETERAN-OWNED**: 
   g. **WOMEN-OWNED SMALL BUSINESS (WOSB)**: 
   h. **HUBZone**: 
   i. **DISABLED**: 
   j. **WOMEN-OWNED SMALL BUSINESS (WOSB)**: 
12. **F.O.B. POINT**: Destination
13. **PLACE OF DESTINATION**: 
   a. **INSPECTION**: 
   b. **ACCEPTANCE**: Destination
14. **GOVERNMENT B/L NO.**: 
15. **DELIVER TO F.O.B. POINT ON OR BEFORE (Date)**: 09/01/2016
16. **DISCOUNT TERMS**: Net 30
17. **SCHEDULE** (See reverse for Rejections)

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

**Continued...**

18. **SHIPPING POINT**: 
19. **GROSS SHIPPING WEIGHT**: 
20. **INVOICE NO.**: 
21. **MAIL INVOICE TO**: 
   a. **NAME**: DHS ICE
   b. **STREET ADDRESS**: BURLINGTON FINANCE CENTER
   c. **CITY**: WILLISTON
   d. **STATE**: VT
   e. **ZIP CODE**: 05495-1620
22. **UNITED STATES OF AMERICA BY**: (Signature)
23. **NAME (Typed)**: 
   a. **TITLE**: CONTRACTING/OORDERING OFFICER

**OPTIONAL FORM 347** (Rev. 4/2012)
Authorized for local reproduction
Previous edition not usable

epic.org EPIC-17-06-13-ICE-FOIA-20181113-4thFinal-Production 001018
**SUPPLEMENTAL INVOICING INFORMATION**

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of $________. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided:

- Contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice. Where shipping costs exceed $10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

**RECEIVING REPORT**

Quantity in the "Quantity Accepted" column on the face of this order has been: □ inspected, □ accepted, □ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

<table>
<thead>
<tr>
<th>SHIPMENT NUMBER</th>
<th>DATE RECEIVED</th>
<th>SIGNATURE OF AUTHORIZED U.S. GOVT REP.</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CONTAINERS</td>
<td>GROSS WEIGHT</td>
<td>RECEIVED AT</td>
<td>TITLE</td>
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</tbody>
</table>

**REPORT OF REJECTIONS**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>UNIT</th>
<th>QUANTITY REJECTED</th>
<th>REASON FOR REJECTION</th>
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</tbody>
</table>

OPTIONAL FORM 347 (Rev. 2/2012) (BACK)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 07/27/2016  
**CONTRACT NO.**: GS-07F-355AA  
**ORDER NO.**: HSCETE-16-F-00037

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NAICS: [ ]x[ ]</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>PSC: [ ]x[ ]</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/Maintenance AGREEMENT.

THE GOVERNMENT WILL NOT BE OBLIGATED TO PAY THE CONTRACTOR ANY AMOUNT IN EXCESS OF THE FIXED-PRICE AMOUNT COVERING THE EFFECTIVE PERIOD OF PERFORMANCE IN THE ORDER, AND THE CONTRACTOR SHALL NOT CONTINUE PERFORMANCE UNLESS AND UNTIL THE CONTRACTING OFFICER NOTIFIES THE CONTRACTOR VERBALLY OR BY WRITTEN MODIFICATION THAT A NEW PERIOD OF PERFORMANCE HAS BEEN ESTABLISHED AND APPROVED.

**LIMITATION OF AUTHORITY**

No person in the Government, other than a Contracting Officer, has the authority to provide direction to the Contractor, which alters the Contractor's obligations or changes this contract in any way. If any person representing the Government, other than a Contracting Officer, attempts to alter contract obligations, change the contract specifications/statement of work or tells the contractor to perform some effort which the Contractor believes to be outside the scope of this contract, the Contractor shall immediately notify the Procuring Contracting Officer (PCO). Contractor personnel shall not comply with any order or direction which they believe to be outside the scope of this contract unless the order or direction is issued by a Contracting Officer.

Continued...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td></td>
<td>b)(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the Contractor makes any changes without the authorization of the Contracting Officer, by modifying this order to include increasing devices or services, the Contractor is performing at its own risk. A funded G-514 is required before any goods or services are provided by the Contractor and no one is authorized to make any changes to this order that will increase the obligated amount, other than the Contracting Officer. Any Government individual other than Contracting Officer who directs the Contractor to change this order by increasing of quantities is committing an unauthorized commitment and shall complete the ratification process to resolve that matter.

Exempt Action: N
Accounting Info:

(b)(7)(E)

Period of Performance: (b)(4)

SECTION 508 COMPLIANCE
### ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 07/27/2016  
**CONTRACT NO.:** GS-07F-355AA  
**ORDER NO.:** HSCETE-16-F-00037

<table>
<thead>
<tr>
<th>ITEM NO. (a)</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
</table>

105-220, AUGUST 7, 1998, REQUIRES THAT WHEN FEDERAL AGENCIES DEVELOP, PROCUREMENT, MAINTAIN, OR USE ELECTRONIC AND INFORMATION TECHNOLOGY (EIT), THEY MUST ENSURE THAT IT IS ACCESSIBLE TO PEOPLE WITH DISABILITIES. FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC WHO HAVE DISABILITIES MUST HAVE ACCESS TO AND USE OF INFORMATION AND SERVICES THAT IS COMPARABLE TO THE ACCESS AND USE AVAILABLE TO NON-DISABLED FEDERAL EMPLOYEES AND MEMBERS OF THE PUBLIC. ALL EIT WILL COMPLY WITH THE APPLICABLE TECHNICAL AND FUNCTIONAL PERFORMANCE CRITERIA OF SECTION 508, UNLESS EXEMPT.

FAR 52.223-16 IEEE 1680 STANDARD FOR THE ENVIRONMENTAL ASSESSMENT OF PERSONAL COMPUTER PRODUCTS IS HEREBY INCORPORATED BY REFERENCE.

Included by reference IAW FAR 52.223-50, Combating Trafficking in Persons (FEB 2009); FAR 52.232-39 Unenforceability of Unauthorized Obligations (JUN 2013)

ADVANCE PAYMENTS ARE NOT AUTHORIZED. CONTRACTOR SHALL SUBMIT INVOICE MONTHLY OR QUARTERLY IN ARREARS.

INVOICE PAYMENT INSTRUCTIONS

Please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.

1. Invoices shall now be submitted via one of the following three methods:
   a. By mail: See Block 21.
   b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact & # of pages)

Continued ...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>c. By e-mail at:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)(6)(b)(7)(C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 noted on every invoice submitted to ICE/DAQ on or after 01 March 2008 to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be noted on every invoice. Please send an additional copy of the invoice to:

b)(6)(b)(7)(C)

2. In accordance with Section I, Contract Clauses, FAR 52.212-4 (g)(1), Contract Terms and Conditions, Commercial Items, 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;
(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 thisContinued ...
## ORDER FOR SUPPLIES OR SERVICES

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 07/27/2016  
**CONTRACT NO.:** GS-07F-355AA  
**ORDER NO.:** HSCETE-16-F-00037

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

### Contract

(See paragraph 1 above.)

(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 52.232-33, Payment by Electronic Funds Transfer; Central Contractor Registration.

(C) EFT banking information is not required if the Government waived the requirement to pay by EFT. DHS / ICE Financial Operations - Burlington Customer Service Inquiry Center @ 1-877-491-8000 Monday through Friday 8:00 AM - 5:30 PM EST or at e-mail address

(d)(6), (d)(7)(C)

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.

For questions regarding this order:

Contract Officer: (d)(6), (d)(7)(C)
202-732-

Receiving Officer: (d)(6), (d)(7)(C)
703-293-

Technical POC: (d)(6), (d)(7)(C)
703-293-

Vendor POC: (d)(6), (d)(7)(C)
703-750-

(b)(6), (b)(7)(C)

Continued ...
The total amount of award: [4]. The obligation for this award is shown in box 17(i).
**ORDER FOR SUPPLIES OR SERVICES**

1. DATE OF ORDER: 03/02/2016

2. CONTRACT NO. (if any): HSCEMD-13-D-00001

3. ORDER NO.: HSCEMD-16-J-00048

4. REQUISITION/REFERENCE NO.: 192116OPHQ160009

5. ISSUING OFFICE (Address correspondence to):
   **ICE INFORMATION TECHNOLOGY DIVISION**
   **IMMIGRATION AND CUSTOMS ENFORCEMENT**
   **OFFICE OF ACQUISITION MANAGEMENT**
   **801 I STREET NW [b](b)(4)**
   **WASHINGTON DC 20536**

6. SHIP TO:
   **ICE OFC OF PROFESSIONAL RESPONSIBILITY**
   **IMMIGRATION AND CUSTOMS ENFORCEMENT**
   **500 12TH STREET SW**

7. TO: [b](b)(7)(C)
   a. NAME OF CONTRACTOR
      Cellebrite USA Corp
   b. COMPANY NAME
   c. STREET ADDRESS
      7 Campus Drive
   d. CITY
      Parsippany
   e. STATE
      NJ
   f. ZIP CODE
      07452

8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY

9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule

10. REQUISITIONING OFFICE
   b)(4) 11. BUSINESS CLASSIFICATION (Check appropriate box(es))
   X a. SMALL
   b. OTHER THAN SMALL
   c. DISADVANTAGED
   d. WOMEN-OWNED
   e. HUBZone
   f. SERVICE-DISABLED VETERAN-OWNED
   g. WOMEN-OWNED SMALL BUSINESS (WOSB)
   h. EDWOSB

12. F.O.B. POINT
   Destination

13. PLACE OF
   a. INSPECTION
   Destination
   b. ACCEPTANCE
   Destination

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT
   ON OR BEFORE (Date)
   30 Days After Award

16. DISCOUNT TERMS
   Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
</tr>
<tr>
<td>DUNS Number: 033095568</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Department of Homeland Security (DHS), U. S. Immigration and Customs Enforcement (ICE), utilizes contract HSCEMD-13-D-00001</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued ...

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO.

21. MAIL INVOICE TO:
   a. NAME
      [b](4)
   b. STREET ADDRESS
      [b](4)
   c. CITY
      [b](4)
   d. STATE
      [b](4)
   e. ZIP CODE
      [b](4)

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)
    [b](b)(7)(C)

TITLE: CONTRACTING/ORDERING OFFICER

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001026
ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

DATE OF ORDER 03/02/2016
CONTRACT NO. HSCEMD-13-D-00001
ORDER NO. HSCETE-16-J-00048

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>Universal Forensic Extraction Devices (UFEDs) for ICE agents. This is a Fixed-Priced Delivery order. Delivery shall be made within 30 days after receipt of order. All ICE HSCEMD-13-D-00001 terms and conditions apply. Exempt Action: N Accounting Info:</td>
<td>(b)(4)</td>
<td>(c)</td>
<td>(d)</td>
<td>(f)</td>
<td>(g)</td>
</tr>
<tr>
<td>0002</td>
<td>Optional Form 348</td>
<td>(b)(4)</td>
<td>(c)</td>
<td>(d)</td>
<td>(f)</td>
<td>(g)</td>
</tr>
</tbody>
</table>

*Advanced Payments are not authorized; INVOICING AND PAYMENT PROCEDURE; Contractors, please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ. This procedure takes effect 03/01/08 and pertains to all invoices submitted on that date and thereafter.
1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:
   a. By mail: (See Block 21)
   b. By facsimile (fax) at: 802-288-7658
   Continued...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
</tr>
</tbody>
</table>

(include a cover sheet with point of contact & # of pages)

c. By e-mail at:

2. 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 03/01/08 to ensure prompt payment provisions are met. The ICE program office identified in the delivery order/contract shall also be notated on every invoice. Please send an additional copy of the invoice to

3. 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;

(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 Continued ...
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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 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.

4. INVOICES WITHOUT THE ABOVE INFORMATION AND/OR NOT SUBMITTED BY ONE OF THE APPROVED METHODS (MAIL, FAX, OR EMAIL) MAY BE RETURNED FOR RESEMISSION.

5. EACH PROGRAM OFFICE IS RESPONSIBLE FOR RECEIPT AND ACCEPTANCE OF GOODS AND/OR SERVICES. UPON RECEIPT AND ACCEPTANCE OF GOODS/SERVICES, COMPLETE THE APPLICABLE FFMS REPORTS OR DFC WILL NOT PROCESS THE INVOICE FOR PAYMENT.

6. ADVANCE PAYMENTS ARE NOT AUTHORIZED. CONTRACTOR SHALL SUBMIT AN INVOICE MONTHLY OR QUARTERLY IN ARREARS.

7. FOR INQUIRING PAYMENT STATUS, VENDORS CAN CALL DFC CUSTOMER SERVICE AT 214-915-6262 BETWEEN 7:30 A.M. AND 4:30 P.M., MONDAY THRU FRIDAY CST. EMAIL ADDRESS IS

Signature below constitutes acceptance of the above ICE Terms and Conditions; The Contractor is requested to acknowledge acceptance of this delivery order by signing in the space below and returning a Continued ...
**Date of Order**: 03/02/2016  
**Contract No.**: HSCEMD-13-D-00001  
**Order No.**: HSCETE-16-J-00048

<table>
<thead>
<tr>
<th>Order No.</th>
<th>Supplies/Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>copy of this page with signature to the Contract Specialist via email. The Contractor should not accept any instruction that results in a change to the supplies/services ordered herein from any Entity.</td>
</tr>
</tbody>
</table>

**FOR QUESTIONS OR CONCERNS PLEASE CONTACT THE FOLLOWING:**

**Contract Specialist:**
HS/IIE/OAQ/ITP  
Phone: 202-732-[D](6);[D](7);[C]  
Email: [D](6);[D](7);[C]

**Program Office COR/POC:**
HS/IIE/OPR  
DHS/IIE/OPR  
Desk: 202-421-[D](6);[D](7);[C]  
Email: [D](6);[D](7);[C]

**Contractor:**
Cellbrity  
(201) 848-[D](6);[D](7);[C]  
[D](6);[D](7);[C]

The total amount of award: [D](4). The obligation for this award is shown in box 17(i).
**ORDER FOR SUPPLIES OR SERVICES**

**1. DATE OF ORDER**
03/03/2016

**2. CONTRACT NO. (if any)**

**3. ORDER NO.**
HSCETE-16-P-00006

**4. REQUISITION/REFERENCE NO.**
192116OPRQ160007

**5. ISSUING OFFICE (Address correspondence to)**
ICE/Information Technology Division
Immigration and Customs Enforcement
Office of Acquisition Management
801 I Street NW, 5150 EISENHOWER AVENUE
Washington DC 20536

**6. SHIPPING TO:**

<table>
<thead>
<tr>
<th>a. NAME OF CONSIGNEE</th>
<th>DHS-ICE-OPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. STREET ADDRESS</td>
<td>ISU-TECH OPS GROUP</td>
</tr>
<tr>
<td></td>
<td>5150 EISENHOWER AVENUE</td>
</tr>
<tr>
<td>c. CITY</td>
<td>ALEXANDRIA</td>
</tr>
<tr>
<td>d. STATE</td>
<td>VA</td>
</tr>
<tr>
<td>e. ZIP CODE</td>
<td>22304</td>
</tr>
</tbody>
</table>

**7. TO:**

| a. NAME OF CONTRACTOR | MSAB INCORPORATED |
| b. COMPANY NAME       | X |
| c. STREET ADDRESS     | 5300 SHAWNEE ROAD SUITE 100 |
| d. CITY               | ALEXANDRIA |
| e. STATE              | VA |
| f. ZIP CODE           | 223122311 |

**8. TYPE OF ORDER**

a. PURCHASE
b. DELIVERY

Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

**9. ACCOUNTING AND APPROPRIATION DATA**
See Schedule

**10. REQUIRING OFFICE**
ICE OIC of Professional Responsibility

**11. BUSINESS CLASSIFICATION** (Check appropriate box(boxes))
- [ ] a. SMALL
- [ ] b. OTHER THAN SMALL
- [ ] c. DISADVANTAGED
- [ ] d. WOMEN-OWNED
- [x] e. HUBZone
- [ ] f. SERVICE-DISABLED
- [ ] g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM
- [ ] h. EDWOSB

**12. F.O.B. POINT**

**13. PLACE OF**

| a. INSPECTION | Destination |
| b. ACCEPTANCE | Destination |

**14. GOVERNMENT B/L NO.**

**15. DELIVER TO F.O.B. POINT**
ON OR BEFORE (Date)
30 Days After Award

**16. DISCOUNT TERMS**
Net 30

**17. SCHEDULE (See reverse for Rejections)**

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

**18. SHIPPING POINT**

<table>
<thead>
<tr>
<th>a. NAME</th>
<th>DHS-ICE-OPR</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. STREET ADDRESS (or P.O. Box)</td>
<td>ISU-TECH OPS GROUP</td>
</tr>
<tr>
<td></td>
<td>5150 EISENHOWER AVENUE</td>
</tr>
<tr>
<td>c. CITY</td>
<td>ALEXANDRIA</td>
</tr>
<tr>
<td>d. STATE</td>
<td>VA</td>
</tr>
<tr>
<td>e. ZIP CODE</td>
<td>22304</td>
</tr>
</tbody>
</table>

**19. GROSS SHIPPING WEIGHT**

| 20. INVOICE NO. |  |
| 21. MAIL INVOICE TO: |  |

**22. UNITED STATES OF AMERICA**

**23. NAME (Typed)**

| 24. (Typed) |
| 25. TITLE | CONTRACTING/ORDERING OFFICER |

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