

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCEMD-16-P-00017

PAGE OF

3

20

NAME OF OFFEROR OR CONTRACTOR

GUIDANCE SOFTWARE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Service Providers shall follow these procedures when submitting invoices.</p> <p>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:</p> <p>a. Email:</p> <ul style="list-style-type: none"><li>• (b)(6);(b)(7)(C)</li><li>• Receiving Official Point-of-Contact (POC)</li><li>• Alternate Receiving Official Point-of-Contact (ALT. POC)</li><li>• Procurement POC</li></ul> <p>Each email shall contain only (1) invoice and the invoice number shall be indicated on the subject line of the email.</p> <p>b. USPS:</p> <p>DHS, ICE Financial Operations - Burlington P.O. Box 1620 Williston, VT 05495-1620</p> <p>ATTN: ICE/HSI/HQ/DIV4</p> <p>The Contractors Data Universal Numbering System (DUNS) Number must be registered and active in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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.</p> <p>c. Facsimile:</p> <p>Alternative Invoices shall be submitted to: (802)-288-7658</p> <p>Continued ...</p>				

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

HSCCMD-16-P-00017

PAGE OF

4

20

NAME OF OFFEROR OR CONTRACTOR

GUIDANCE SOFTWARE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Submissions by facsimile shall include a cover sheet, point of contact and the number of total pages.</p> <p>Note: the Service Providers or Contractors Dunn and Bradstreet (D&amp;B) DUNS Number must be registered in the System for Award Management (SAM) at <a href="https://www.sam.gov">https://www.sam.gov</a> 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 anotated on every invoice.</p> <p>2. Content of Invoices: Each invoice shall contain the following information in accordance with 52.212-4 (g), as applicable:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and unique invoice number;</p> <p>(iv) Contract number (HSCCMD-16-P-0017);</p> <p>(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);</p> <p>(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;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of an improper invoice;</p> <p>Continued ...</p>				

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HSCEMD-16-P-00017

PAGE 5 OF 20

NAME OF OFFEROR OR CONTRACTOR  
GUIDANCE SOFTWARE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(x) ICE program office designated on order/contract/agreement and</p> <p>(xi) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing)</p> <p>(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.</p> <p>3. 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.</p> <p>4. Invoice Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-<span style="border: 1px solid black; padding: 0 20px;"> </span> or by e-mail at <span style="border: 1px solid black; padding: 0 50px;">(b)(6);(b)(7)(C)</span></p> <p><span style="border: 1px solid black; padding: 0 50px;">(b)(4)</span></p>				

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE		PAGE OF PAGES 1 1	
2. AMENDMENT/MODIFICATION NO. P00002		3. EFFECTIVE DATE See Block 16C		4. REQUISITION/PURCHASE REQ. NO.	
5. PROJECT NO. (If applicable)		6. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247		7. ADMINISTERED BY (If other than Item 6) CODE	
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) CELLEBRITE USA CORP 7 CAMPUS DRIVE SUITE 210 PARSIPPANY NJ 07054		(x)		9A. AMENDMENT OF SOLICITATION NO.	
CODE 0330955680000		FACILITY CODE		9B. DATED (SEE ITEM 11)	
		x		10A. MODIFICATION OF CONTRACT/ORDER NO. HSCCMD-16-P-00033	
				10B. DATED (SEE ITEM 13) 04/25/2016	

**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.**

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.
	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:
X	D. OTHER (Specify type of modification and authority) Closeout IAW FAR 4.804 Closeout of Contract Files

**E. IMPORTANT:** Contractor ☒ is not. ☐ 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: (b)(6);(b)(7)(C) 703-287-(b)(6);(b)(7)(C)  
Alternate POC: (b)(6);(b)(7)(C) 703-287-(b)(6);(b)(7)(C)  
Contract Specialist: (b)(6);(b)(7)(C) 214-905-(b)(6);(b)(7)(C)

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 9 A 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) (b)(6);(b)(7)(C)	
15B. CONTRACTOR/OFFEROR  (Signature of person authorized to sign)	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)	16C. DATE SIGNED

## ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

11

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

1. DATE OF ORDER 08/12/2016		2. CONTRACT NO. (If any)		6. SHIP TO: a. NAME OF CONSIGNEE Investigation - SAC Phoenix	
3. ORDER NO. HSCMD-16-P-00092		4. REQUISITION/REFERENCE NO. 192116VPH00000311		b. STREET ADDRESS Immigration and Customs Enforcement 4041 N. Central Avenue, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C)	
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		c. CITY Phoenix		d. STATE AZ	e. ZIP CODE 85012
7. TO: CELLEBRITE USA CORP		f. SHIP VIA			
a. NAME OF CONTRACTOR CELLEBRITE USA CORP		8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: Quote # (b)(4) Dated Aug 12, 2016 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.			
b. COMPANY NAME		<input type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.			
c. STREET ADDRESS 7 CAMPUS DRIVE SUITE 210					
d. CITY PARSIPPANY	e. STATE NJ	f. ZIP CODE 07054			
9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE ICE Hmlnd Sec Inv SAC Phoenix			

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> 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) 90 Days After Receipt of Order	
				16. DISCOUNT TERMS Net 30	

## 17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 033095568 ~ Primary POC: (b)(6);(b)(7)(C), 602-200-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Alt. POC: (b)(6);(b)(7)(C), 602-200-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages) 17(i) GRAND TOTAL
	21. MAIL INVOICE TO:						
	a. NAME Department of Homeland Security					(b)(4)	
	b. STREET ADDRESS (or P.O. Box) Burlington Finance Center P.O. Box 1620 ATTN: HQ/HSI SAC Phoenix					(b)(4)	
c. CITY Williston			d. STATE VT	e. ZIP CODE 05495-1279			

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)  
(b)(6);(b)(7)(C)  
TITLE: CONTRACTING/ORDERING OFFICER

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

PAGE NO  
2

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

DATE OF ORDER 08/12/2016	CONTRACT NO.	ORDER NO. HSCEMD-16-P-00092
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>POCs will schedule training and communication with Cellebrite if needed. POCs are not authorized to change the terms and conditions of this order.</p> <p>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)</p> <p>Signature _____</p> <p>Title _____</p> <p>Date _____</p> <p>~</p> <p>Exempt Action: N</p> <p>Accounting Info: (b)(7)(E)</p> <p>(b)(4)</p> <p>~</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>All communications and invoices must reference order number HSCEMD-16-P-00092.</p> <p>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.</p> <p>Invoicing Instructions:</p> <p>Contractors shall use these procedures when Continued ...</p>					

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

(b)(4)

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**OPTIONAL FORM 348** (Rev. 4/2006)  
Prescribed by GSA FAR (48 CFR) 53.213(f)

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

PAGE NO  
3

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

DATE OF ORDER 08/12/2016	CONTRACT NO.	ORDER NO. HSCEMD-16-P-00092
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>submitting an invoice.</p> <p>1. Invoice Submission:</p> <p>Primary method of submission is email. Invoices shall be submitted to: (b)(6);(b)(7)(C)</p> <p>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.</p> <p>Alternate method of submission is fax. Invoices shall be submitted to: 802-288-7658</p> <p>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</p> <p>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>.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government Continued ...</p>					

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

\$0.00

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OPTIONAL FORM 348 (Rev. 4/2006)  
Prescribed by GSA FAR (48 CFR) 53.213(f)

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

PAGE NO  
4

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

DATE OF ORDER 08/12/2016	CONTRACT NO.	ORDER NO. HSCEMD-16-P-00092
-----------------------------	--------------	--------------------------------

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>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.</p> <p>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491-<span style="border: 1px solid black; padding: 0 20px;"> </span> or by e-mail at <span style="border: 1px solid black; padding: 0 20px;"> </span></p> <p>(b)(6);(b)(7)(C)</p> <p>The total amount of award: <span style="border: 1px solid black; padding: 0 20px;"> </span>. The obligation for this award is shown in box 17(i).</p>					

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

\$0.00



# ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

4

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

1. DATE OF ORDER

04/28/2017

2. CONTRACT NO. (If any)

HSCMD-13-D-00001

3. ORDER NO.

HSCMD-17-J-00025

4. REQUISITION/REFERENCE NO.

192117VSS00000002

6. SHIP TO:

a. NAME OF CONSIGNEE

HSI SELLS

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)  
ATT: (b)(6);(b)(7)(C)  
Dallas TX 75247

b. STREET ADDRESS

Attn: (b)(6);(b)(7)(C)  
State Hwy 88  
Mile Post 112.5

c. CITY

Sells

d. STATE

AZ

e. ZIP CODE

85634

7. TO:

a. NAME OF CONTRACTOR  
CELLEBRITE INC

b. COMPANY NAME

c. STREET ADDRESS

7 CAMPUS DRIVE  
SUITE 210

d. CITY

PARSIPPANY

e. STATE

NJ

f. ZIP CODE

07452

f. SHIP VIA

8. TYPE OF ORDER

☐ a. PURCHASE

REFERENCE YOUR:

Quote (b)(4)

Dated March 19, 2017

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.

☒ 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. REQUISITIONING OFFICE

ICE Hmlnd Sec Inv SAC Phoenix

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

☐ a. SMALL

☐ b. OTHER THAN SMALL

☒ c. DISADVANTAGED

☐ d. WOMEN-OWNED

☐ e. HUBZone

☐ f. SERVICE-DISABLED  
VETERAN-OWNED

☐ g. WOMEN-OWNED SMALL BUSINESS (WOSB)  
ELIGIBLE UNDER THE WOSB PROGRAM

☐ 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)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 033095568 ~ Primary POC: (b)(6);(b)(7)(C) 520-383-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) ~ Secondary POC: (b)(6);(b)(7)(C) Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.			17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:							
	a. NAME		Department of Homeland Security				(b)(4)	17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box)		Burlington Finance Center P.O. Box 1620 ATTN: HSI - SAC - Phoenix					
	c. CITY		d. STATE		e. ZIP CODE		(b)(4)	
Williston		VT		05495-1279				

22. UNITED STATES OF

AMERICA BY (Signature)

23. NAME (Typed)

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

TITLE: CONTRACTING/ORDERING OFFICER

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

PAGE NO  
2

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

DATE OF ORDER 04/28/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCEMD-17-J-00025
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>520-229-(b)(6),(b)(7)(C)</p> <p>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).</p> <p>Signature_____</p> <p>Title _____</p> <p>Date _____</p> <p>All vendor warranties, explicit or implicit, pertaining to the items or services identified on this order are incorporated as part of this order.</p> <p>All terms and conditions of contract HSCEMD-13-D-00001 hereby apply to this delivery order.</p> <p>Exempt Action: N Sensitive Award: NONE</p> <p>Accounting Info: (b)(7)(E)</p> <p>(b)(4)</p> <p>FOR COMMUNICATION OF THIS ORDER</p> <p>All communications and invoices must reference order number HSCEMD-17-J-00025.</p> <p>NOTE: The contractor should not accept any instruction that results in a change to the supplies ordered herein from an Entity or Continued ...</p>					

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

(b)(4)

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## SCHEDULE - CONTINUATION

3

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>individual other than a Contracting Officer at the issuing office.</p> <p>Invoicing Instructions:</p> <p>Contractors shall use these procedures when submitting an invoice.</p> <p>1. Invoice Submission:</p> <p>Primary method of submission is email. Invoices shall be submitted to: (b)(6);(b)(7)(C)</p> <p>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.</p> <p>Alternate method of submission is fax. Invoices shall be submitted to: 802-288-7658</p> <p>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</p> <p>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>.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>Continued ...</p>					

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

\$0.00

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

PAGE NO  
4

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

DATE OF ORDER 04/28/2017	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCEMD-17-J-00025
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Whether the invoice is "Interim" or "Final" and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>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.</p> <p>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491- or by e-mail at (b)(6);(b)(7)(C)</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).</p>					

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

\$0.00

<b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b> <b>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</b>				1. REQUISITION NUMBER 192117VHQ4CCC0003		PAGE OF 1 14	
2. CONTRACT NO.		3. AWARD/ EFFECTIVE DATE		4. ORDER NUMBER HSCCMD-17-P-00012		5. SOLICITATION NUMBER	
						6. SOLICITATION ISSUE DATE	
7. <b>FOR SOLICITATION INFORMATION CALL:</b>		a. NAME (b)(6);(b)(7)(C)		b. TELEPHONE NUMBER (No collect calls) 214-905-(b)(6);(b)(7)(C)		8. OFFER DUE DATE/LOCAL TIME	
9. ISSUED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Dallas TX 75247				10. THIS ACQUISITION IS <input checked="" type="checkbox"/> UNRESTRICTED OR <input type="checkbox"/> SET ASIDE: % FOR:  <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> HUBZONE SMALL BUSINESS <input type="checkbox"/> SERVICE-DISABLED VETERAN-OWNED SMALL BUSINESS <input type="checkbox"/> WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOMEN-OWNED SMALL BUSINESS PROGRAM <input type="checkbox"/> EDWOSB <input type="checkbox"/> 8(A) NAICS: (b)(4) SIZE STANDARD: (b)(4)			
11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input type="checkbox"/> SEE SCHEDULE		12. DISCOUNT TERMS Net 30		13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) <input type="checkbox"/>		13b. RATING	
15. DELIVER TO Cyber Crimes Center 11320 Random Mills Road (b)(6);(b)(7)(C) Fairfax VA 22030		16. ADMINISTERED BY Investigations Ops Support Dallas Immigration and Customs Enforcement Office of Acquisition Management 7701 N. Stemmons Freeway, (b)(6);(b)(7)(C) Attn: (b)(6);(b)(7)(C) Dallas TX 75247		14. METHOD OF SOLICITATION <input type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP		17. RATING	
17a. CONTRACTOR/OFFEROR CELLEBRITE INC ATTN (b)(6);(b)(7)(C) 7 CAMPUS DR STE 210 PARSIPPANY NJ 070544413		18a. PAYMENT WILL BE MADE BY DHS, ICE Burlington Finance Center P.O. Box 1620 Attn: ICE-HSI-HQ-DIV 4 Ref: HSCCMD-17-P-00012 Williston VT 05495-1620		19. CONTRACTOR/OFFEROR CODE 0330955680000 FACILITY CODE		20. ADMINISTERED BY CODE ICE-HSI-HQ-DIV 4	
TELEPHONE NO. 201848855 (b)(6);(b)(7)(C)		17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER <input type="checkbox"/>		18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.		20. SCHEDULE OF SUPPLIES/SERVICES		21. QUANTITY		22. UNIT	
		23. UNIT PRICE		24. AMOUNT			
		DUNS Number: 033095568 Obligation POC: (b)(6);(b)(7)(C), 703-293-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Alternate POC: (b)(6);(b)(7)(C), 703-293-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Technical POC: (b)(6);(b)(7)(C), 703-293-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) is authorized to communicate with Cellebrite concerning this purchase order. (Use Reverse and/or Attach Additional Sheets as Necessary)					
25. ACCOUNTING AND APPROPRIATION DATA See schedule				26. TOTAL AWARD AMOUNT (For Govt. Use Only) (b)(4)			
27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4, FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.				27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4, FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.			
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.				29. AWARD OF CONTRACT: <input checked="" type="checkbox"/> Quote (b)(4) OFFER DATED 02/28/2017. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS:			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (Type or print)		30c. DATE SIGNED		31b. NAME OF CONTRACTING OFFICER (Type or print) (b)(6);(b)(7)(C)		31c. DATE SIGNED	

19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES	21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
0001	<p>However, Cellebrite SHALL NOT ACCEPT ANY INSTRUCTIONS THAT RESULTS IN A CHANGE TO THE SERVICES HEREIN.</p> <p>Contracting Officer: (b)(6),(b)(7)(C), 214-905 (b)(6),(b)(7)(C)</p> <p>Exempt Action: Y Sensitive Award: (b)(7)(E)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>(b)(4)</p> <p>Continued ...</p>				

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
<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL	
38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT			42a. RECEIVED BY (Print)	
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER		41c. DATE	42b. RECEIVED AT (Location)	
			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS

## CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HSCEMD-17-P-00012

PAGE 3 OF 14

NAME OF OFFEROR OR CONTRACTOR  
CELLEBRITE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	duration of licensing term.  Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4) Accounting Info: (b)(7)(E)  Funded: (b)(4) Period of Performance: (b)(4)				
1001	(b)(4)     Period of Performance: (b)(4) 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- or by e-mail at (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) Direct other inquiries to (b)(6);(b)(7)(C) at the issuing office at (214) 905- (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 ...			(b)(4)	

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HSCEMD-17-P-00012

PAGE 4 OF 14

NAME OF OFFEROR OR CONTRACTOR  
CELEBRITE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Please contact the Contracting Officer if there are any questions or concerns.</p> <p>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.</p> <p>***** INVOICE INSTRUCTIONS</p> <p>1. Invoice Submission:</p> <p>Primary method of submission is email. Invoices shall be submitted to: (b)(6);(b)(7)(C)</p> <p>Attn: ICE-HSI-HQ DIV 4 Invoice</p> <p>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.</p> <p>Alternate method of submission is fax. Invoices shall be to: 802-288-7658 Attn: ICE-HSI-HQ DIV 4 Invoice</p> <p>Each fax shall have a cover sheet identifying point of contact, phone number and number of pages.</p> <p>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>.</p> <p>2. Content of Invoices: Each invoice submission shall contain the following information:</p> <p>(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;</p> <p>(ii) Dunn and Bradstreet (D&amp;B) DUNS number;</p> <p>(iii) Invoice date and invoice number;</p> <p>(iv) Agreement/Contract number, contract line item number and, if applicable, the order number;</p> <p>Continued ...</p>				



CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
HSCEMD-17-P-00012

PAGE OF  
5 14

NAME OF OFFEROR OR CONTRACTOR  
CELEBRITE INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>(v) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(vi) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vii) Terms of any discount for prompt payment offered;</p> <p>(viii) Remit to Address;</p> <p>(ix) Name, title, and phone number of person to notify in event of defective invoice;</p> <p>(x) Mark invoice as "Interim" (Ongoing performance and additional billing expected) and "Final" (performance complete and no additional billing) and</p> <p>(xi) ICE program office designated on order/contract/agreement.</p> <p>(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.</p> <p>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.</p> <p>3. Payment Inquiries: Questions regarding invoice submission or payment, please contact ICE Financial Operations at 1-877-491- or by e-mail at (b)(6);(b)(7)(C)</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 26.</p>				

## ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

8

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

1. DATE OF ORDER 07/27/2016		2. CONTRACT NO. (If any) GS-07F-355AA		6. SHIP TO:				
3. ORDER NO. HSCETE-16-F-00037		4. REQUISITION/REFERENCE NO. 192116VHQ4CCC0047		a. NAME OF CONSIGNEE ICE HMLND SEC INV HQ DIV 4				
5. ISSUING OFFICE (Address correspondence to) ICEINFORMATION TECHNOLOGY DIVISION IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6);(b)(7)(C) WASHINGTON DC 20536				b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 11320 RANDOM HILLS ROAD (b)(6);(b)(7)(C)				
7. TO: (b)(6);(b)(7)(C)				c. CITY FAIRFAX		d. STATE VA	e. ZIP CODE 22030	
a. NAME OF CONTRACTOR MSAB INCORPORATED				f. SHIP VIA				
b. COMPANY NAME				8. TYPE OF ORDER				
c. STREET ADDRESS 2001 JEFFERSON DAVIS HWY SUITE 801				<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Quote # (b)(4)		<input checked="" type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.		
d. CITY ARLINGTON		e. STATE VA	f. ZIP CODE 22202	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.				
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE ICE HMLND SEC INV HQ DIV 4				
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> 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) 09/01/2016		
				16. DISCOUNT TERMS Net 30				
17. SCHEDULE (See reverse for Rejections)								
ITEM NO. (a)	SUPPLIES OR SERVICES (b)			QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 831301762 (b)(4) Continued ...							
18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)		
21. MAIL INVOICE TO:								
a. NAME DHS ICE						(b)(4)		
b. STREET ADDRESS (or P.O. Box) BURLINGTON FINANCE CENTER PO BOX 1620 ATTN ICE-HSI-HQ-DIV 4								
c. CITY WILLISTON		d. STATE VT	e. ZIP CODE 05495-1620			(b)(4)		
22. UNITED STATES OF AMERICA BY (Signature)				23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER				

## 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.

SHIPMENT NUMBER	PARTIAL		DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T REP.	DATE
	FINAL				
TOTAL CONTAINERS		GROSS WEIGHT	RECEIVED AT	TITLE	

## REPORT OF REJECTIONS

[illegible]

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

PAGE NO  
3

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>CONDITIONS ARE APPLICABLE. THIS IS A FIRM FIXED PRICE ORDER.</p> <p>NAICS: (b)(4)</p> <p>PSC: (b)(4)</p> <p>THE CONTRACTOR SHALL NOTIFY THE GOVERNMENT 30 DAYS PRIOR TO THE EXPIRATION OF ANY SOFTWARE LICENSING/MAINTENANCE AGREEMENT.</p> <p>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.</p> <p>LIMITATION OF AUTHORITY</p> <p>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.</p> <p>Continued ...</p>					

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

PAGE NO  
4

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>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.</p> <p>Exempt Action: N Accounting Info: (b)(7)(E)</p> <p>Period of Performance: (b)(4) (b)(4)</p> <p>(b)(4);(b)(6);(b)(7)(C)</p> <p>SECTION 508 COMPLIANCE 29 U.S.C. SECTION 508 OF THE REHABILITATION ACT (29 U.S.C. 794D), AS AMENDED BY THE WORKFORCE INVESTMENT ACT OF 1998 (P.L. Continued ...</p>					
					(b)(4)	

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(b)(4)

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

PAGE NO  
5

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>105-220), AUGUST 7, 1998, REQUIRES THAT WHEN FEDERAL AGENCIES DEVELOP, PROCURE, 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.</p> <p>FAR 52.223-16 IEEE 1680 STANDARD FOR THE ENVIRONMENTAL ASSESSMENT OF PERSONAL COMPUTER PRODUCTS IS HEREBY INCORPORATED BY REFERENCE.</p> <p>Included by reference IAW FAR 52.222-50, Combating Trafficking in Persons (FEB 2009); FAR 52.232-39 Unenforceability of Unauthorized Obligations (JUN 2013)</p> <p>ADVANCE PAYMENTS ARE NOT AUTHORIZED. CONTRACTOR SHALL SUBMIT INVOICE MONTHLY OR QUARTERLY IN ARREARS.</p> <p>INVOICE PAYMENT INSTRUCTIONS</p> <p>Please use these procedures when you submit an invoice for all acquisitions emanating from ICE/OAQ.</p> <p>1. Invoices shall now be submitted via one of the following three methods:</p> <p>a. By mail: See Block 21.</p> <p>b. By facsimile (fax) at: 802-288-7658 (include a cover sheet with point of contact &amp; # of pages)</p> <p>Continued ...</p>					

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## SCHEDULE - CONTINUATION

6

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>c. By e-mail at:</p> <p>(b)(6);(b)(7)(C)</p> <p>Invoices submitted by other than these three methods will be returned. Contractor Taxpayer Identification Number (TIN) must be registered in the Central Contractor Registration (<a href="http://www.ccr.gov">http://www.ccr.gov</a>) prior to award and shall be notated on every invoice submitted to ICE/OAQ 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 notated on every invoice. Please send an additional copy of the invoice to</p> <p>(b)(6);(b)(7)(C)</p> <p>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:</p> <p>An invoice must include:</p> <p>(i) Name and address of the Contractor;</p> <p>(ii) Invoice date and number;</p> <p>(iii) Contract number, contract line item number and, if applicable, the order number;</p> <p>(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;</p> <p>(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</p> <p>(vi) Terms of any discount for prompt payment offered;</p> <p>(vii) Name and address of official to whom payment is to be sent;</p> <p>(viii) Name, title, and phone number of person to notify in event of defective invoice; and</p> <p>(ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this Continued ...</p>					

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

PAGE NO  
7

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>contract. (See paragraph 1 above.)</p> <p>(x) Electronic funds transfer (EFT) banking information.</p> <p>(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.</p> <p>(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.</p> <p>(C) EFT banking information is not required if the Government waived the requirement to pay by EFT. DHS / ICE</p> <p>Financial Operations - Burlington</p> <p>Customer Service Inquiry Center @</p> <p>1-877-491- Monday through Friday 8:00 AM -5:30 PM EST or at e-mail address</p> <p>(b)(6);(b)(7)(C)</p> <p>Invoices without the above information may be returned for resubmission.</p> <p>3. All other terms and conditions remain the same.</p> <p>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.</p> <p>For questions regarding this order:</p> <p>Contract Officer: (b)(6);(b)(7)(C)</p> <p>202-732-(b)(6);(b)(7)(C)</p> <p>Receiving Officer: (b)(6);(b)(7)(C)</p> <p>703-293-(b)(6);(b)(7)(C)</p> <p>Technical POC: (b)(6);(b)(7)(C) 703-293-(b)(6);(b)(7)(C)</p> <p>Vendor POC: (b)(6);(b)(7)(C) 703-750-(b)(6);(b)(7)(C)</p> <p>(b)(6);(b)(7)(C)</p> <p>Continued ...</p>			(b)(6);(b)(7)(C)		

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ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION

PAGE NO  
8

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

DATE OF ORDER  
07/27/2016

CONTRACT NO.  
GS-07F-355AA

ORDER NO.  
HSCETE-16-F-00037

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).					

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

\$0.00

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# ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1 30

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

1. DATE OF ORDER 03/02/2016		2. CONTRACT NO. (If any) HSCMD-13-D-00001		6. SHIP TO: a. NAME OF CONSIGNEE ICE OFC OF PROFESSNL RESPONSIBILITY	
3. ORDER NO. HSCETE-16-J-00048		4. REQUISITION/REFERENCE NO. 192116OPRHQ160009		b. STREET ADDRESS IMMIGRATION AND CUSTOMS ENFORCEMENT 500 12TH STREET SW	
5. ISSUING OFFICE (Address correspondence to) ICEINFORMATION TECHNOLOGY DIVISION IMMIGRATION AND CUSTOMS ENFORCEMENT OFFICE OF ACQUISITION MANAGEMENT 801 I STREET NW (b)(6);(b)(7)(C) WASHINGTON DC 20536				c. CITY WASHINGTON	
				d. STATE DC	
				e. ZIP CODE 20024	
7. TO: (b)(6);(b)(7)(C)				f. SHIP VIA	
a. NAME OF CONTRACTOR CELLEBRITE USA CORP				8. TYPE OF ORDER	
b. COMPANY NAME				<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR: _____ 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.	
c. STREET ADDRESS 7 CAMPUS DRIVE				Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
d. CITY PARSIPPANY		e. STATE NJ		f. ZIP CODE 07452	
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				10. REQUISITIONING OFFICE	

11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> 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)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	DUNS Number: 033095568 The Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE), utilizes contract HSCMD-13-D-00001 (b)(4) Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages) ▲
	21. MAIL INVOICE TO:						
	a. NAME TO BE IDENTIFIED ON INDIVIDUAL (b)(4)						
	b. STREET ADDRESS (or P.O. Box) DELIVERY ORDERS						
	c. CITY		d. STATE	e. ZIP CODE		(b)(4)	17(i) GRAND TOTAL ▲

22. UNITED STATES OF AMERICA BY (Signature) 

23. NAME (Typed)  
(b)(6);(b)(7)(C)  
TITLE: CONTRACTING/ORDERING OFFICER

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

PAGE NO  
2

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

DATE OF ORDER 03/02/2016	CONTRACT NO. HSCEMD-13-D-00001	ORDER NO. HSCETE-16-J-00048
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ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>Universal Forensic Extraction Devices (UFEDs) for ICE agents.</p> <p>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.</p> <p>Exempt Action: N</p> <p>Accounting Info: (b)(7)(E)</p> <p>Period of Performance: (b)(4)</p> <p>(b)(4)</p> <p>SHIP TO: 5150 EISENHOWER AVENUE ALEXANDRIA, VA 222304 ATTN: (b)(6);(b)(7)(C) 202-421-(b)(6);(b)(7)(C)</p> <p>(b)(4)</p>					
0002	<p>(b)(4)</p> <p>*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.</p> <p>1. In accordance with Section G, Contract Administration Data, invoices shall now be submitted via one of the following three methods:</p> <p>a. By mail: (See Block 21)</p> <p>b. By facsimile (fax) at: 802-288-7658</p> <p>Continued ...</p>					

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(b)(4)

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

PAGE NO  
3

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>(include a cover sheet with point of contact &amp; # of pages)</p> <p>c. By e-mail at: (b)(6);(b)(7)(C)</p> <p>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 (<a href="http://www.ccr.gov">http://www.ccr.gov</a>) 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 (b)(6);(b)(7)(C)</p> <p>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:</p> <ul style="list-style-type: none"> <li>(i) Name and address of the Contractor;</li> <li>(ii) Invoice date and number;</li> <li>(iii) Contract number, contract line item number and, if applicable, the order number;</li> <li>(iv) Description, quantity, unit of measure, unit price and extended price of the items delivered;</li> <li>(v) Shipping number and date of shipment, including the bill of lading number and weight of shipment if shipped on Government bill of lading;</li> <li>(vi) Terms of any discount for prompt payment offered;</li> <li>(vii) Name and address of official to whom payment is to be sent;</li> <li>(viii) Name, title, and phone number of person to notify in event of defective invoice; and</li> <li>(ix) Taxpayer Identification Number (TIN). The Contractor shall include its TIN on the invoice only if required elsewhere in this Continued ...</li> </ul>					

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

PAGE NO  
4

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>contract. (See paragraph 1 above.)</p> <p>(x) Electronic funds transfer (EFT) banking information.</p> <p>(A) The Contractor shall include EFT banking information on the invoice only if required elsewhere in this contract.</p> <p>(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.</p> <p>(C) EFT banking information is not required if the Government waived the requirement to pay by EFT.</p> <p>4. INVOICES WITHOUT THE ABOVE INFORMATION AND/OR NOT SUBMITTED BY ONE OF THE APPROVED METHODS (MAIL, FAX, OR EMAIL) MAY BE RETURNED FOR RESUBMISSION.</p> <p>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.</p> <p>6. ADVANCE PAYMENTS ARE NOT AUTHORIZED. CONTRACTOR SHALL SUBMIT AN INVOICE MONTHLY OR QUARTERLY IN ARREARS.</p> <p>7. FOR INQUIRING PAYMENT STATUS, VENDORS CAN CALL DFC CUSTOMER SERVICE AT 214-915- OR FAX AT 214-915-6262 BETWEEN 7:30 A.M. AND 4:30 P.M., MONDAY THRU FRIDAY CST. EMAIL ADDRESS IS</p> <p>(b)(6);(b)(7)(C)</p> <p>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 ...</p>					

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

PAGE NO  
5

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

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

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	<p>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.</p> <p>FOR QUESTIONS OR CONCERNS PLEASE CONTACT THE FOLLOWING:</p> <p>CONTRACT SPECIALIST: (b)(6);(b)(7)(C) DHS/ICE/OAQ/ITD Phone: 202-732-(b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C)</p> <p>PROGRAM OFFICE COR/POC: (b)(6);(b)(7)(C) DHS/ICE/OPR Desk: 202-421-(b)(6);(b)(7)(C) Email: (b)(6);(b)(7)(C)</p> <p>CONTRACTOR: Cellebrite (201) 848-(b)(6);(b)(7)(C) (b)(6);(b)(7)(C)</p> <p>The total amount of award: (b)(4). The obligation for this award is shown in box 17(i).</p>					

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

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## ORDER FOR SUPPLIES OR SERVICES

PAGE OF PAGES

1

4

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

1. DATE OF ORDER 03/03/2016		2. CONTRACT NO. (If any)		6. SHIP TO:							
3. ORDER NO. HSCETE-16-P-00006		4. REQUISITION/REFERENCE NO. 192116OPRHQ160007		a. NAME OF CONSIGNEE DHS-ICE-OPR							
5. ISSUING OFFICE (Address correspondence to) ICE/Information Technology Division Immigration and Customs Enforcement Office of Acquisition Management 801 I Street NW, (b)(6);(b)(7)(C) Washington DC 20536				b. STREET ADDRESS ISU-TECH OPS GROUP 5150 EISENHOWER AVENUE		c. CITY ALEXANDRIA		d. STATE VA	e. ZIP CODE 22304		
7. TO: (b)(6);(b)(7)(C)				f. SHIP VIA							
a. NAME OF CONTRACTOR MSAB INCORPORATED				8. TYPE OF ORDER							
b. COMPANY NAME				<input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR:  Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.				<input type="checkbox"/> b. DELIVERY  Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.			
d. CITY ALEXANDRIA		e. STATE VA		f. ZIP CODE 223122311		10. REQUISITIONING OFFICE ICE Ofc of Professnl Responsibility					
9. ACCOUNTING AND APPROPRIATION DATA See Schedule				11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED VETERAN-OWNED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> 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)											
ITEM NO. (a)	SUPPLIES OR SERVICES (b)			QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)			
	DUNS Number: 831301762 DO/DPAS Rating: N Exempt Action: N Accounting Info: (b)(7)(E) Continued ...										
SEE BILLING INSTRUCTIONS ON REVERSE		18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)			
		21. MAIL INVOICE TO:									
		a. NAME DHS-ICE-OPR		(b)(4)							
		b. STREET ADDRESS (or P.O. Box) 5150 EISENHOWER AVENUE		(b)(4)				17(i) GRAND TOTAL			
c. CITY ALEXANDRIA		d. STATE VA		e. ZIP CODE 22304							
22. UNITED STATES OF AMERICA BY (Signature)						23. NAME (Typed) (b)(6);(b)(7)(C) TITLE: CONTRACTING/ORDERING OFFICER					