AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		CONTRACT ID CODE	PAGE 1	OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQ	UISITION/PURCHASE REQ. NO.	5. PROJECT	NO. (If applicable)			
P00002	See Block 16C							
6. ISSUED BY CODE	LMA	7. ADN	MINISTERED BY (If other than Item 6)	CODE LM	A			
BLM MT-STATE OFC(MT935) 5001 SOUTHGATE DR. BILLINGS MT 59101		500	MT STATE OFC(MT935) L SOUTHGATE DR. LINGS MT 59101					
8. NAME AND ADDRESS OF CONTRACTOR (No., street	county. State and ZIP Code)	, J9A	AMENDMENT OF SOLICITATION NO.	hvila i sa				
6. NAME AND ADDITION OF SOME TOTAL (No., since)	county, State and Em Godey	(x) ^{9A.}	AMENDMENT OF COLONATION NO.					
PARK CATERING		OD.	DATED (DEC (TEM 44)					
Attn: Jerry Parks		96.	DATED (SEE ITEM 11)					
237 BEAR TRL WHITEFISH MT 59937-8427								
WIII 1011 111 33331 0421		x 104	L MODIFICATION OF CONTRACT/ORDE	R NO.				
•		108	B. DATED (SEE ITEM 13)		AND REAL PROPERTY OF THE PROPE			
CODE 0071337525	FACILITY CODE	0	6/04/2018					
	11. THIS ITEM ONLY APPLIES	TO AMENDM	ENTS OF SOLICITATIONS					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED IN ORDER NO. IN ITEM 10A.	odification of contracts/or PURSUANT TO: (Specify authority) CT/ORDER IS MODIFIED TO REFLI H IN ITEM 14, PURSUANT TO THE	THE CHANG	DDIFIES THE CONTRACT/ORDER NO. AS ES SET FORTH IN ITEM 14 ARE MADE WINISTRATIVE CHANGES (such as change) OF FAR 43.103(b).	DESCRIBED IN IT	Т			
D. OTHER (Specify type of modification								
X 52.217-9 Option to E	xtend							
E. IMPORTANT: Contractor is not	🗵 is required to sign this documen	ent and return	1 copies to the is:	suing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION Modification P0002 is being Feeding Options Memo. 2020 Type III Caterer Northe Copies of the agreement are	issued to exercise	e Option	n Two, new rates and	NMAC Incid	lent			
2	roddinga for dar a		31g.m.611g.5, 110 01100p.01					
Contact Name: Jerry Parks								
Contact Phone: 406-249-5926								
Proskfact Pater 600 00								
Breakfast Rate: \$22.00								
Continued	an decrement of the control of the c	or 104 I	ratafora abangad samaina	nd in full force	Foot			
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e accument referenced in Item 9 A		retofore changed, remains unchanged and NAME_AND TITLE OF CONTRACTING C					
C P	- 4	1		IOLIT (Type of p				
LAERALD FAI 15B. CONTRACTOR/OFFEROR	15C. DATE SIGNE		Vett Cummins UNITED STATES OF AMERICA		16C. DATE SIGNED			
Horseld Vails	6/5/2	erfo.						
(Signature of person authorized to sign)		-10	(Signature of Contracting Officer)					

CONTINUATION	SHEET
CONTRICTOR	O 1 1 1 1 2

REFERENCE NO. OF DOCUMENT BEING CONTINUED 140L3618A0023/P00002

PAGE 2

OF 2

NAME OF OFFEROR OR CONTRACTOR PARK CATERING

TEM NO.	SUPPLIES/SERVICES	QUANTITY		CONTRACTOR CONTRACTOR	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Lunch Rate: \$27.00				
	Dinner Rate: \$30.00				
	Mileage Rate: \$ 20.00				
	Optional:				
	\$3.00 Per Chair Per Day				
	\$9.00 Per Table Per Day				
	Hot/Cold Sinks (6ea.) (Hand washing) (Daily Rate)				
	\$360.00 Extended Description: 4 Sinks, Paper				
	Towels, Soap, Lights, Garbage Cans, and				
	Cleaning/Stocking.				
	Tent \$125 daily				
	Relocation Fee \$1200				
	Legacy Doc #: BLM				
	Period of Performance: 06/02/2020 to 06/05/2021				
					3
	•				
					1
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