

# ORDER FOR SUPPLIES OR SERVICES

|                                                                    |                                              |                                                           |                                                     |                                 |
|--------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|---------------------------------|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO.<br><b>DASG60-02-D-0013</b> | 2. DELIVERY ORDER/ CALL NO.<br><b>001802</b> | 3. DATE OF ORDER/CALL<br>(YYYYMMDD)<br><b>2005 Sep 12</b> | 4. REQ./ PURCH. REQUEST NO.<br><br>MIPR 5LR K8SF608 | 5. PRIORITY<br><br><b>DX-A2</b> |
|--------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|---------------------------------|

|                                                                                                    |                       |                                                                                                                                      |                       |                                                                                                                                     |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| 6. ISSUED BY<br>US ARMY SPACE & MISSILE DEFENSE COMMAND<br>PO BOX 1500<br>HUNTSVILLE AL 35807-3801 | CODE<br><b>W9113M</b> | 7. ADMINISTERED BY (if other than 6)<br>DCMA HUNTSVILLE<br>BUILDING 4505, SUITE 301<br>MARTIN ROAD<br>REDSTONE ARSENAL AL 35898-0001 | CODE<br><b>S0107A</b> | 8. DELIVERY FOB<br><input type="checkbox"/> DESTINATION<br><input checked="" type="checkbox"/> OTHER<br><br>(See Schedule if other) |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                 |                      |          |                                                                         |                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------|----------------------|----------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. CONTRACTOR<br>NAME AND ADDRESS<br>MADISON RESEARCH CORPORATION<br>401 WYNN DRIVE<br>HUNTSVILLE AL 35805-1962 | CODE<br><b>0A9A9</b> | FACILITY | 10. DELIVER TO FOB POINT BY (Date)<br>(YYYYMMDD)<br><b>SEE SCHEDULE</b> | 11. MARK IF BUSINESS IS<br><input type="checkbox"/> SMALL<br><input checked="" type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED |
|                                                                                                                 |                      |          | 12. DISCOUNT TERMS                                                      | 13. MAIL INVOICES TO THE ADDRESS IN BLOCK<br><b>See Item 15</b>                                                                                              |

|                                    |      |                                                                                                                                         |                       |                                                                                    |
|------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|
| 14. SHIP TO<br><b>SEE SCHEDULE</b> | CODE | 15. PAYMENT WILL BE MADE BY<br>DFAS-COLUMBUS CENTER<br>DFAS-CO/SOUTH ENTITLEMENT OPERATION<br>P.O. BOX 182264<br>COLUMBUS OH 43218-2264 | CODE<br><b>HQ0338</b> | <b>MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.</b> |
|------------------------------------|------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------|

|                   |                |                                     |                                                                                                                                                       |
|-------------------|----------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16. TYPE OF ORDER | DELIVERY/ CALL | <input checked="" type="checkbox"/> | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. |
|                   | PURCHASE       |                                     | Reference your quote dated<br>Furnish the following on terms specified herein. REF:                                                                   |

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

|                    |           |                      |                           |
|--------------------|-----------|----------------------|---------------------------|
| NAME OF CONTRACTOR | SIGNATURE | TYPED NAME AND TITLE | DATE SIGNED<br>(YYYYMMDD) |
|--------------------|-----------|----------------------|---------------------------|

If this box is marked, supplier must sign Acceptance and return the following number of copies:

17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE  
**See Schedule**

| 18. ITEM NO.        | 19. SCHEDULE OF SUPPLIES/ SERVICES | 20. QUANTITY ORDERED/ ACCEPTED* | 21. UNIT | 22. UNIT PRICE | 23. AMOUNT |
|---------------------|------------------------------------|---------------------------------|----------|----------------|------------|
| <b>SEE SCHEDULE</b> |                                    |                                 |          |                |            |

|                                                                                                                                                                        |                              |                                |                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------|---------------------------------|
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | 24. UNITED STATES OF AMERICA |                                | 25. TOTAL<br><b>\$83,300.00</b> |
|                                                                                                                                                                        |                              | CONTRACTING / ORDERING OFFICER | 26. DIFFERENCES                 |

27a. QUANTITY IN COLUMN 20 HAS BEEN  
 INSPECTED     RECEIVED     ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED

|                                                      |                       |                                                                   |
|------------------------------------------------------|-----------------------|-------------------------------------------------------------------|
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | c. DATE<br>(YYYYMMDD) | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE |
|------------------------------------------------------|-----------------------|-------------------------------------------------------------------|

|                                                            |                                                                    |                    |                                 |
|------------------------------------------------------------|--------------------------------------------------------------------|--------------------|---------------------------------|
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | 28. SHIP NO.                                                       | 29. DO VOUCHER NO. | 30. INITIALS                    |
|                                                            | <input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL | 32. PAID BY        | 33. AMOUNT VERIFIED CORRECT FOR |

|                                                               |  |                       |  |                                                                                                                        |                  |
|---------------------------------------------------------------|--|-----------------------|--|------------------------------------------------------------------------------------------------------------------------|------------------|
| f. TELEPHONE NUMBER                                           |  | g. E-MAIL ADDRESS     |  | 31. PAYMENT<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL | 34. CHECK NUMBER |
| 36. I certify this account is correct and proper for payment. |  | a. DATE<br>(YYYYMMDD) |  | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                                                                           |                  |
|                                                               |  |                       |  | 35. BILL OF LADING NO.                                                                                                 |                  |

|                 |                 |                                 |                      |                     |                     |
|-----------------|-----------------|---------------------------------|----------------------|---------------------|---------------------|
| 37. RECEIVED AT | 38. RECEIVED BY | 39. DATE RECEIVED<br>(YYYYMMDD) | 40. TOTAL CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO. |
|-----------------|-----------------|---------------------------------|----------------------|---------------------|---------------------|

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                                                                                                                         | MAX QUANTITY | UNIT | UNIT PRICE | MAX AMOUNT  |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|------------|-------------|
| 0001    | SETAC - FP Labor<br>COST                                                                                                                                                                                                                                  | 1            | Lot  | UNDEFINED  | UNDEFINED   |
|         | Provide services outlined in the scope of work (SOW), as defined in a given task order (T/O), at the fixed prices/government labor category specified in Section B paragraph entitled, "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH" |              |      |            |             |
|         | FOB: Origin                                                                                                                                                                                                                                               |              |      |            |             |
|         | PURCHASE REQUEST NUMBER: MIPR5LRK8SF608                                                                                                                                                                                                                   |              |      |            |             |
|         |                                                                                                                                                                                                                                                           |              |      | MAX COST   | \$78,300.00 |

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                                                                                                           | MAX QUANTITY | UNIT | UNIT PRICE | MAX AMOUNT |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|------------|------------|
| 0003    | Consultants<br>COST                                                                                                                                                                                                                         | 1            | Lot  | UNDEFINED  | UNDEFINED  |
|         | Provide services outlined in the scope of work (SOW) at the cost reimbursable amounts as approved on a task-order-by-task-order basis. Total Fee, including prime and subcontractor/consultant, shall not exceed 3% of the estimated costs. |              |      |            |            |
|         | FOB: Origin                                                                                                                                                                                                                                 |              |      |            |            |
|         | PURCHASE REQUEST NUMBER: MIPR5LRK8SF608                                                                                                                                                                                                     |              |      |            |            |
|         |                                                                                                                                                                                                                                             |              |      | MAX COST   | \$0.00     |

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                                                                                                                                                    | MAX QUANTITY | UNIT | UNIT PRICE | MAX AMOUNT |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|------------|------------|
| 0004    | Materials and STE<br>COST                                                                                                                                                                                                                                                            | 1            | Lot  | UNDEFINED  | UNDEFINED  |
|         | Provide materials, special test equipment (STE), and associated services outlined in the individual task orders at the cost reimbursable amounts as approved by the T/OM and the Contracting Officer. NO FEE ON THIS CLIN.<br>FOB: Origin<br>PURCHASE REQUEST NUMBER: MIPR5LRK8SF608 |              |      |            |            |
|         |                                                                                                                                                                                                                                                                                      |              |      | MAX COST   | \$5,000.00 |

| ITEM NO | SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                        | MAX QUANTITY | UNIT | UNIT PRICE | MAX AMOUNT |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------|------------|------------|
| 0005    | Travel<br>COST                                                                                                                                                                                                                                                                                           | 1            | Lot  | UNDEFINED  | UNDEFINED  |
|         | Travel as directed in the individual task orders. Travel must be completed within the cost reimbursable amounts allowed per the Joint Travel Regulations and the DCAA-approved Company-Implemented Policy and Procedures. NO FEE ON THIS CLIN.<br>FOB: Origin<br>PURCHASE REQUEST NUMBER: MIPR5LRK8SF608 |              |      |            |            |
|         |                                                                                                                                                                                                                                                                                                          |              |      | MAX COST   | \$0.00     |

BLOCK 17 (DD1155) CONTINUED:

|                            |           |
|----------------------------|-----------|
| TASK ORDER FUNDS REQUIRED  | \$ 83,300 |
| TASK ORDER FUNDS AVAILABLE | \$ 83,300 |
| UNFUNDED BALANCE           | \$ 0      |

BLOCK 18 (DD1155) CONTINUED: In the performance of this Task Order (T/O), the contractor shall provide the total Direct Productive Person Hours (DPPHs), plus or minus 10 percent, as stated for fixed-price labor categories stated in Section B of the contract listed in Block 1 of the DD Form 1155. These DPPHs shall be billed at the fixed price stated in Exhibit V of the contract. The contractor shall not exceed the DPPHs, nor the total dollars, stated for consultant below. The contractor is allowed to provide up to 10 percent less than the DPPHs stated for consultant and still expend the total dollars as stated in the T/O. Furthermore, under no circumstance shall the contractor exceed the dollars stated for Materials, Travel, or Total T/O.

LABOR CATEGORIES: Labor categories are as listed in the contract, Section B, paragraph entitled "GOVERNMENT LABOR CATEGORIES AND ASSOCIATED FIXED PRICES PER DPPH"

|                         | DPPHs ORDERED | NTE AMOUNT |
|-------------------------|---------------|------------|
| FIXED-PRICE LABOR TOTAL | ■ DPPHs       | \$ 78,300  |
| *CONSULTANT TOTAL       | DPPHs         | \$ 0       |
| T/O TOTAL LABOR         | ■ DPPHs       | \$ 0       |
| MATERIAL                | NTE           | \$ 5,000   |
| TRAVEL                  | NTE           | \$ 0       |
| T/O TOTAL               |               | \$ 83,300  |

## Section C - Descriptions and Specifications

SOW

## “Aerodynamic Drag Reduction” Statement of Work

1.0 The contractor shall design, test and develop advanced aerodynamic enhancements utilizing electrohydrodynamic (EHD) drag reduction for Unmanned Aerial vehicles (UAV). The contractor shall utilize proprietary analytical models, data and test equipment to evaluate improved performance of an EHD enhanced UAV.

2.0 The developed analytical models shall include but are not limited to the following:

2.1 Estimated EHD impacts on drag reduction on the main airfoil

2.2 Extended performance of the main propulsion system

2.3 Identification of potential problems and recommended solutions.

3.0 The contractor shall adhere to all previous classification restrictions in accordance with the NSPOM and Security Classification Guide “Unconventional Propulsion” as appropriate.

4.0 Tests shall be conducted on a contractor electric UAV at the system and subsystem level. Work shall include static and dynamic tests at the contractor’s cleared facility. Flight tests shall be coordinated with and through the Technical POC.

5.0 The development of software and/or system components is prohibited under this task order.

PERIOD OF PERFORMANCE

12 SEP 05 through 1 MAY 06

KEY PERSONNELDELIVERABLES

| Item/Title                    | CDRL# | # Copies | Delivery Date                |
|-------------------------------|-------|----------|------------------------------|
| Task Order Management Plan    | A001  | 1 *      | Per CDRL                     |
| FMER                          | A003  | 1 *      | Per CDRL                     |
| Interim Technical Report      | A004  | 1        | Monthly to T/OM (Classified) |
| Final Technical Report        | A005  | 2*/**    | 1 May 06 (Classified)        |
| Quarterly Transmittal Listing | A007  | 1        | Per CDRL                     |

\* Plus Electronic Version.

\*\* One (1) hardcopy to the T/OM, and one (1) hardcopy (Unclassified) to the SMDC Command Library (SMDC-IM-PL).

#### ESTIMATED TRAVEL

The contractor has no authority to incur travel costs without explicit prior written approval (email acceptable) of the Task Order Monitor. The contractor is not authorized to travel outside the United States without the explicit written approval (email acceptable) of the contracting Officer. Under no circumstance shall the contractor incur travel costs in excess of the NTE amount stated herein. NTE: \$0

#### MATERIALS

The contractor has no authority to incur material costs without the explicit prior written approval of the contracting officer. Prior to forwarding requests to the contracting officer, the contractor shall obtain the Task Order Monitor's concurrence. Electronic Mail (email) shall be utilized for both steps in this process. Under no circumstance shall the contractor incur materials costs in excess of the NTE amount stated herein. NTE: \$5000

#### SPECIAL INSTRUCTIONS

Cost data shall be segregated/reported/vouchered/paid at the ACRN level.

The "Limitation of Funds" is applicable at the ACRN level.

The effort described in the Task Order Statement of Work anticipated to be performed in FY05-FY06, is subject to the Clause at FAR 52.232-18, Availability of Funds.

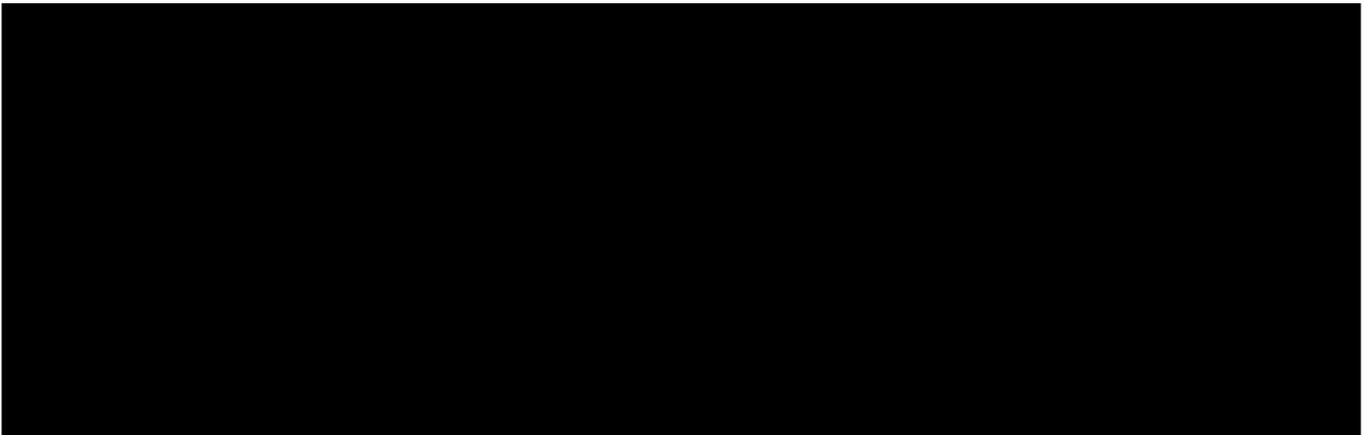
All of the terms and conditions of the contract listed in Block 1 above are applicable to this T/O.

All of the provisions and clauses of the contract listed in Block 1 above are applicable to this T/O.

No Government Furnished Property or Test Facilities are available for use in performance of this Task Order.

It is incumbent upon the contractor and/or subcontractor to ensure that appropriate Technical Assistance Agreements (TAAs) and/or applicable export licenses are in place before conducting any activity under the SOW which requires such approval and documentation.

#### DISTRIBUTION



MAILING ADDRESS:



Section G - Contract Administration Data

ACCOUNTING AND APPROPRIATION DATA

AA: 2152040 6N-6N7H P62221147C0011 255YMIPR5LRK8SF608S01021CRN:MIPR5LRK8SF608JONO:5RK8SF  
CC:RK000MRRN:RK5147C00CP  
AMOUNT: \$83,300.00