| REQUEST FOR QUOTATION (THIS IS NOT AN ORDER) | THIS RFQ [X] IS [ ] IS NOT A SMALL BUSINESS SET-ASIDE | PAGE 01 OF PAGES 11 |
|---|---|---|

| 1. REQUEST NO. | 2. DATE ISSUED | 3. REQUISITION/PURCHASE REQUEST NO. | 4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1 | RATING |
|---|---|---|---|---|
| N00173-12-Q-0212 | 06/20/2012 | 55-4163-12 | | |

| 5a. ISSUED BY | 6. DELIVER BY (Date) |
|---|---|
| Supply Officer (Code 3410) NRL Washington DC 20375-5329 | 07/30/2012 |

| 5b. FOR INFORMATION CALL (NO COLLECT CALLS) | | | 7. DELIVERY |
|---|---|---|---|
| NAME | TELEPHONE NUMBER | | [X] FOB DESTINATION [ ] OTHER (See Schedule) |
| | AREA CODE | NUMBER | 9. DESTINATION |
| Cynthia V. Offutt | 202 | 767-3452 | a. NAME OF CONSIGNEE |
| 8. TO: | | | Naval Research Laboratory |
| a. NAME | b. COMPANY | | b. STREET ADDRESS |
| All Quoters | | | 4555 Overlook Avenue SW |
| c. STREET ADDRESS | | | c. CITY |
| | | | Washington |
| d. CITY | e. STATE | f. ZIP CODE | d. STATE: DC / e. ZIP CODE: 20375-5329 |

| 10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) | IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter. |
|---|---|
| 06/29/2012 | |

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

| ITEM NO. (a) | SUPPLIES/ SERVICES (b) | QUANTITY (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) |
|---|---|---|---|---|---|
| | See attached continuation sheets | | | | |

| 12. DISCOUNT FOR PROMPT PAYMENT | a. 10 CALENDAR DAYS (%) | b. 20 CALENDAR DAYS (%) | c. 30 CALENDAR DAYS (%) | d. CALENDAR DAYS NUMBER | PERCENTAGE |
|---|---|---|---|---|---|
| | | | | | |

NOTE: Additional provisions and representations [ ] are [ ] are not attached.

| 13. NAME AND ADDRESS OF QUOTER | 14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION | 15. DATE OF QUOTATION |
|---|---|---|
| a. NAME OF QUOTER | | |
| b. STREET ADDRESS | 16. SIGNER | |
| | a. NAME (Type or print) | b. TELEPHONE AREA CODE |
| c. COUNTY | | |
| d. CITY / e. STATE / f. ZIP CODE | c. TITLE (Type or print) | NUMBER |

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| STANDARD FORM 36 JULY 1966<br>GENERAL SERVICES ADMINISTRATION<br>FED. PROC. REG. (41 CFR) 1-16.101 | CONTINUATION SHEET | REF. NO. OF DOC. BEING CONT'D<br>N00173-12-Q-0212 | PAGE OF<br>2 11 |
|---|---|---|---|

NAME OF OFFEROR CONTRACTOR

All Quoters

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| 001 | Ellisys Full Spectrum, All-Channel Bluetooth Explorer 400 Instant Protocol Analysis System Powered By Ellisys Rainbow TM Technology. (Part No. BEX400LE)<br><br>Brand Name or Equal<br><br>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-3875/6675.<br><br>Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of this RFQ. | 1 | ea | | |