

## DEPARTMENT OF NATURAL RESOURCES STATE OF MICHIGAN

#### TIMBER SALE PROSPECTUS

Notice is hereby given that bids will be received by the Unit Manager, SAULT STE. MARIE MANAGEMENT UNIT, for certain timber on the following described lands:

RE-ROUTE HARDWOODS / T42N, R07W, SEC. 02, SE1/4, NESW.
T42N, R07W, SEC. 01, W1/2SW.
MACKINAC COUNTY (Appr. \$15,059.40)

BEECHLESS HARDWOODS / T42N, R07W, SEC. 01, S1/2SE, NWSE, E1/2SW.
MACKINAC COUNTY (Appr. \$11,976.30)

MCNAMARA POND MIX / T43N, R07W, SEC. 21, SE1/4, E1/2SW, NENE.
MACKINAC COUNTY (Appr. \$17,045.55)

JIM DANDY HARDWOOD / T43N, R09W, SEC. 14, SWNW, SW1/4, W1/2SE.
MACKINAC COUNTY (Appr. \$53,779.20)

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SALE DATE AND TIME: 3:30 p.m. on September 22, 2009.

#### NAUBINWAY

#### BID INSTRUCTIONS (Ver. 06/23/2008):

- 1. <u>Bid Location</u>, Date, and Time: Bids must be received by the Unit Manager, Sault Ste Marie Management Unit, <u>Naubinway Field Office</u>, PO Box 287, US 2, Naubinway, MI 49762, no later than 3:30 p.m. on September 22, 2009. For further information concerning this sale, contact the Unit Manager at 906-477-6048.
- 2. Bidder's Qualifications: Purchaser shall obtain workers compensation insurance to cover claims under Michigan's Worker's Disability Compensation Act of 1969 or similar employee benefit act of any other state applicable to an employee. If all or part of a timber sale was prepared by a private contractor, that contractor and that contractor's company are not permitted to bid on the timber sale contract. Bids will not be accepted from individuals or companies appearing on the DNR/FMFM No-Bid List. This list contains the names of purchasers who previously failed to execute a contract within 21-days or who have a history of poor performance.
- 3. Preparation of Sealed Bids: Bids shall be manually signed in ink; bid prices must be entered for each species and product in the Bid Price column for all material subject to bidding; and all fill-in blanks must be completed. If erasures or other changes appear on the forms, each erasure or change must be initialed by the person signing the bid.
- 4. Submission of Sealed Bids: Bid forms may be obtained from the Unit Manager. All bids must be submitted on the bid form and in an envelope clearly identified as described in this section. NOTE: Only one bid form per bid envelope. Sealed bids must be submitted to the Unit office designated in the prospectus and must be submitted at or prior to the time established in the prospectus. The envelope should show on the outside (a) that it is a "Bid for Timber," and (b) the sale name or number, and (c) the date and time of bid opening as shown in the prospectus. Bids received after the time specified in the sale prospectus are late bids and will be rejected.
- 5. Public Opening of Sealed Bids: If conditions permit, the sealed bids will be publicly opened and posted at the time and place set in the prospectus.
- 6. Award of Contract: Award of the contract will be made to the Bidder whose bid, conforming to the prospectus, is most advantageous to the State of Michigan on the basis of total value at rates bid for the estimated quantities. The State reserves the right to reject any bid or waive any minor irregularity in bids received. A written award mailed (or otherwise furnished) to the successful Bidder shall be deemed to result in a binding contract without further action by either party.
- 7. <u>Down Payment:</u> The Bidder to whom award is made must make a down payment within 21 days of the sale award. The amount of the down payment will be calculated as shown in the Bond and Payment Schedule of this prospectus. Only cash may be used to meet this requirement.
- 8. Performance Security: As guarantee of faithful performance, a cash bond, certificate of deposit, surety bond or irrevocable letter of credit (LOC) is required within 21 days of the sale award. The amount of the performance security is shown in the Bond and Payment Schedule of this prospectus. If an LOC or surety is used, the coverage must extend for at least 6 months beyond the contract expiration.
- 9. Timber Sale Contract: Additional conditions and requirements common to all timber sales are listed on the timber sale contract (R4031) and are available on line at <a href="https://www.michigan.gov/dnr">www.michigan.gov/dnr</a>. Contact the Unit Manager for additional information or a sample contract. Within 21 days of the date of the award letter, the bidder must sign the contract and provide the required down payment, performance security, and verification of worker's disability compensation. The down payment and performance security shall be in accordance with the provisions of the timber sale contract, in the sums stated in this prospectus. If these actions are not taken, then the Bidder, the Bidder's corporation, and the corporation's principals may not be permitted to bid on State timber sales for a period of 1 year. In addition, the Bidder certifies that if awarded this contract, the Bidder will complete the timber sale contract in accordance with its terms and any modifications thereof including requirements to purchase, cut, and remove the included timber by the termination date.

10. Disclaimer of Estimates and Bidder's Warranty of Inspection: Before submitting this bid, the Bidder is advised and cautioned to inspect the sale area, review the requirements of the sale contract, and take other steps as may be reasonably necessary to ascertain the location, estimated volumes, construction estimates, and operating costs of the proposed sale. Failure to do so will not relieve the Bidder from responsibility for completing the contract.

The Bidder warrants that this bid is submitted solely on the basis of the Bidder's examination and inspection of the quality and quantity of the timber offered for sale and the Bidder's opinion of the value thereof and the costs of recovery. No reliance should be placed on the State of Michigan's estimates of timber quality, quantity or costs of recovery. Bidder further acknowledges that the State of Michigan: (i) expressly disclaims any warranty of fitness of timber for any purpose; (ii) offers this timber as is without any warranty of quality (merchantability) or quantity and (iii) expressly disclaims any warranty as to the quantity or quality of timber sold.

11. Certification and Chain-of-Custody: Unless otherwise indicated in the contract under section 7 - Other Conditions of the Sale Specific Conditions & Requirements, the area encompassed by this timber sale is certified to the standards of the Forest Stewardship Council (FSC) - Certificate #SCS-FM/COC-090N and the Sustainable Forestry Initiative (SFI) - Certificate # NSF-SFIS-5Y031-S1. Forest products from this sale may be delivered to the mill as "FSC and / or SFI certified" as long as the contractor hauling the forest products is chain-of-custody (COC) certified or covered under a COC certificate from the destination mill. The purchaser is responsible for maintaining COC after leaving the sale area.

REBECCA A. HUMPHRIES Director

#### RE-ROUTE HARDWOODS (115-08-01)

A timber sale contract for this <u>LUMP SUM SEALED</u> timber sale will be awarded the responsible bidder offering the highest sealed bid price. Bids must be at or above the following appraised price for each species:

SPECIES SAWLOGS	ESTIMATED VOLUME*	APPRAISED PRICE
SUG. MAPLE PULPWOOD	8.70 MBF	\$ 640.00/MBF
BEECH MIX HARDWD	151.90 CORDS 347.00 CORDS	\$ 12.00/CORD \$ 21.00/CORD

In addition, the successful bidder agrees to purchase the following species at the indicated appraised price:

SPECIES	ESTIMATED VOLUME*	APPRAISED PRICE
SAWLOGS		· · · · · ·
RED MAPLE	2.40 MBF	\$ 159.00/MBF

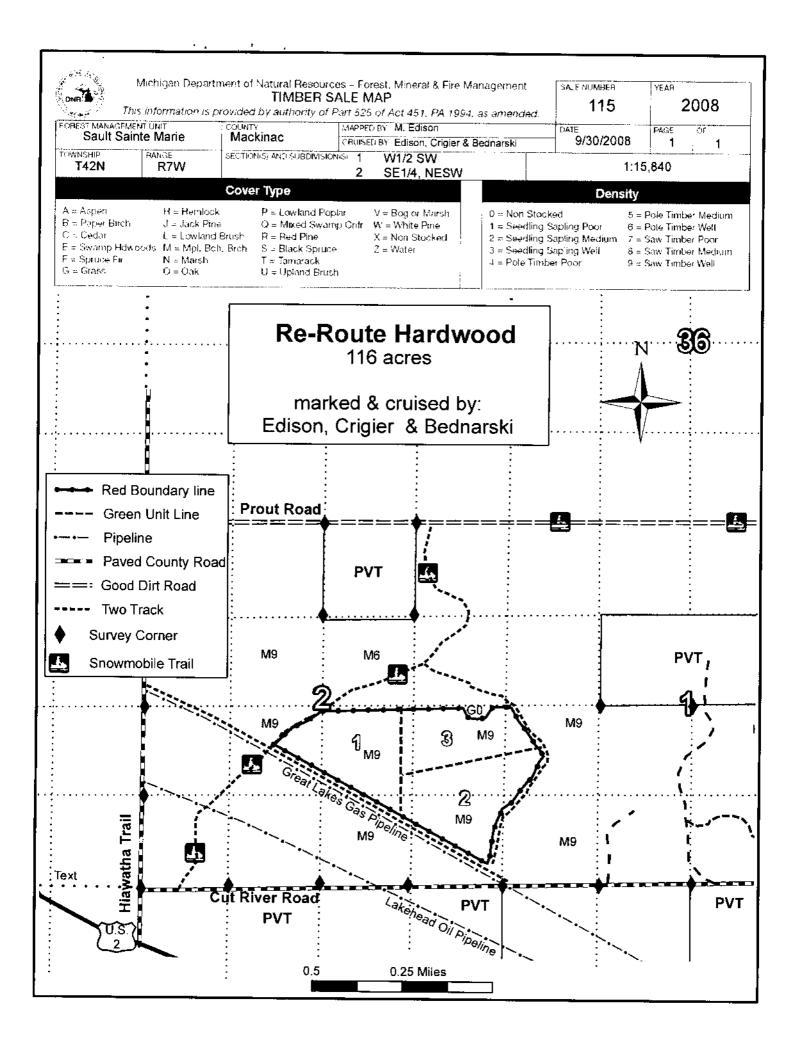
<sup>\*</sup>The volumes are statistically estimated within plus (+) or minus (-) 18.11 percent. These estimated volumes are final and not subject to adjustment. Prospective bidders are urged to examine this timber and to make their own estimates of quantity and quality.

#### BOND AND PAYMENT SCHEDULE:

- 1. A bond in the amount of \$1,250.00 to insure faithful performance of the conditions of the contract, will be deposited by the successful bidder within 21 days of the sale award.
- 2. Cutting in any sale or unit without the required advance payment would be considered a trespass.
- 3. Total payment may be paid in advance or according to the following schedule:
  - (a) Ten percent (10%) of the sale value must be paid within 21 days of the sale award.
  - (b) The 10% down payment will be credited towards the first unit cut.
  - (c) Payment for each of the following units must be made before cutting begins in that unit:

PAYMENT UNIT	NUMBER	PERCENT	OF	TOTAL	SALE	VALUE
1				38%		
2				33%		
3				29€		

- 4. If no cutting takes place, the 10% down payment will not be refunded.
- 5. Operations on the contract issued will terminate on December 31, 2011.



## Sale Specific Conditions & Requirements

Sale Name: Re-route Hardwoods Sale Number: 45-115-08-01

## 1 - Sale Area

#### 1.2 - Boundaries

## 1.2.1 - Painted boundaries (6/05)

The sale boundary is marked and identified by red paint. Payment unit boundary trees are marked and identified by green paint.

## 2 - Timber Specifications

#### 2.1 - Included Timber

## 2.1.3 - Cut tree marked unit(s) (8/04)

Within Payment Unit(s) 1, 2, & 3, all trees are designated for cutting when marked with orange paint above and below stump height, regardless of merchantability.

#### 2.2 - Utilization

## 2.2.4 - Skidding length (2/04)

Skidding of lengths over 17 feet within all units is not permissible unless approved by the Unit Manager or their representative.

#### 4 - Transportation

#### 4.1 - Construction

## 4.1.7 - Road closure (4/07)

All new roads built into the sale must be blocked to vehicle traffic upon completion of the sale. In general, this will require constructing a four (4') foot high berm constructed of stumps and logs covered with earth. These roads must be rendered impassable to cars and trucks.

#### 4.1.11 - Permits (5/07)

The Purchaser will secure any necessary highway and/or pipeline permits that may be required.

## 5 - Operations

#### 5.1 - Notification

#### 5.1.1 - Pre-sale conference (2/08)

A pre-sale conference on site between the Purchaser and sale administrator is required prior to beginning any operations. The sale administrator must be contacted at least 5 days in advance to schedule the conference.

#### Sale Name: Re-route Hardwoods Sale Number: 45-115-08-01

#### 5.1.4 - Post-sale conference (2/04)

A post-sale conference on site between the Purchaser and sale administrator is required 5 days prior to the completion of active logging operations to determine clean-up and repair of landings, road edges, and the fulfillment of other contract specifications.

#### 5.2 - Conduct of Operations

#### 5.2.1 - Slash

#### 5.2,1,2 - Slash Removal

#### 5.2.1.2.1 - Slash removal, right-of-way (12/04)

All slash must be removed at least 10 feet from the cleared right-of-way of forest roads/ snowmobile trails.

#### 5.2.2 - Hazard Trees/Snags

#### 5.2.2.1 - Den trees (2/04)

Obvious hollow and/or den trees shall be protected and left standing unless they are a safety hazard.

#### 5.2.4 - Dead and Down Creation

#### 5.2.4.3 - Dead and down creation, dead trees (6/07)

Except as provided for in General Condition and Requirement 5.2.2, no dead trees, standing or down, are to be cut, skidded, or processed. Orange marked trees may be harvested.

## 5.2.12 - Bark slippage restriction (3/07)

Within Payment Unit(s) 1, 2, & 3, unless changed by written agreement, cutting and skidding are not permitted during the period of May 1st to June 30th. This restriction is because of bark slippage.

## 5.2.38 - No decking against live trees (2/04)

Cut products may not be decked against unmarked or designated leave trees.

#### 5.2.41 - Snowmobile trail protection (4/07)

The snowmobile trail is shown on the Timber Sale Map. If the trail is used, it must be maintained and restored to a condition equal to or better than before the sale. Do not cut or damage posts with orange trail markers or traffic control signs. If the trail is used for hauling, it must be graded to the satisfaction of the Unit Manager or their representative prior to December 1st. If the snowmobile trail road is to be used for hauling during the snowmobile season, then a snow covered base must be left on the trail. No decking of forest products will be permitted along the snowmobile trail during this period. In addition, any trees cut within 5 feet of the trail must have the stumps removed and be disposed of according to the direction of the Unit Manager or their representative.

#### 5.4 - Soil Protection

## Sale Name: Re-route Hardwoods Sale Number: 45-115-08-01

#### 5.4.1 - Rutting restriction, general (5/08)

Operations are to cease immediately if equipment and weather conditions result in rutting of roads which is 12 inches or greater in depth and 50 feet in length. In addition, operations are to cease immediately if equipment and weather conditions result in rutting on skid trails which is 12 inches or greater in depth and 50 feet in length. The Unit Manager or their representative may restrict hauling and/or skidding if ruts exceed the specified depth. With the Unit Manager or their representative's approval, the Purchaser may return to the area when the weather conditions have changed and/or the risk of rutting has decreased.

#### 5.8 - Protection of Endangered Species

#### 5.8.5 - Protection of raptor nests (9/05)

All trees with raptor nests will be protected if found during harvesting operations. Notification will be made to the Unit Manager and Wildlife Biologist so an on-site evaluation and recommendation can be made, if necessary.

#### 6 - Safety and Fire Prevention

## 6.2 - Signing

#### 6.2.2 - Snowmobile trail posting (1/09)

The Purchaser is responsible for posting and maintaining caution signs on Cut River snowmobile trail prior to beginning operations during the snowmobile season (approximately December 1 to March 31). The trail must be posted 200 feet from the sale area to warn of logging activity and truck traffic. Signs must be removed when harvest operations are suspended or completed. The Purchaser will provide these signs.

## 7 - Other Conditions

## 7.3 - Contract Modifications

#### 7.3.1 - Emerald Ash Borer

## 7.3.1.2 - Emerald ash borer, ash or firewood on sale (2/05)

There is ash and/or "firewood" in this sale and it is located within an emerald ash borer quarantined area. The Director of the Michigan Department of Agriculture (MDA) by the authority of Act No. 72 of the Public Acts of 1945, as amended, and Quarantine Regulation No. 620, has promulgated this quarantine to prevent the further spread of this pest and sets forth: definitions, regulated articles, regulated areas, conditions of movement, violations and penalties, and special exemptions. The purchaser must comply with this quarantine. Contact the MDA for further information.

#### 7.5 - Loss

## 7.5.1 - Deteriorating timber (7/04)

The sale area has received damage from Beech Bark Disease. The purchaser should harvest the wood as soon as possible. The Department of Natural Resources is held free of responsibility of any further damage or deterioration due to delay in harvesting.

## BEECHLESS HARDWOODS (116-08-01)

A timber sale contract for this <u>LUMP SUM SEALED</u> timber sale will be awarded the responsible bidder offering the highest sealed bid price. Bids must be at or above the following appraised price for each species:

SPECIES SAWLOGS	ESTIMATED VOLUME*	<u>AF</u>	PRAISED PRICE
SUG. MAPLE PULPWOOD	9.20 MBF	\$	626.00/MBF
BEECH MIX HARDWD	107.00 CORDS	ş	12.30/CORD
HIA HARDWD	226.00 CORDS	Ş	21.00/CORD

In addition, the successful bidder agrees to purchase the following species at the indicated appraised price:

SPECIES	ESTIMATED VOLUME*	APPRAISED PRICE
SAWLOGS		
RED MAPLE	1.00 MBF	\$ 155.00/MBF

<sup>\*</sup>The volumes are statistically estimated within plus (+) or minus (-) 19.65 percent. These estimated volumes are final and not subject to adjustment. Prospective bidders are urged to examine this timber and to make their own estimates of quantity and quality.

## BOND AND PAYMENT SCHEDULE:

- 1. A bond in the amount of \$1,000.00 to insure faithful performance of the conditions of the contract, will be deposited by the successful bidder within 21 days of the sale award.
- 2. Cutting in any sale or unit without the required advance payment would be considered a trespass.
- 3. Total payment may be paid in advance or according to the following schedule:
  - (a) Ten percent (10%) of the sale value must be paid within 21 days of the sale award.
  - (b) The remainder is due before cutting begins.
- 4. If no cutting takes place, the 10% down payment will not be refunded.
- 5. Operations on the contract issued will terminate on December 31, 2012.

This information is	provided by author	ER SALE MAP ity of Part 625 of	o Act 451, <mark>P</mark> A 1994, i	as amended.	SALE NUMBER 116	2008
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## Sale Specific Conditions & Requirements

Sale Name: Beechless Hardwoods Sale Number: 45-116-08-01

#### 1 - Sale Area

#### 1.2 - Boundaries

## 1.2.1 - Painted boundaries (6/05)

The sale boundary is marked and identified by red paint.

## 2 - Timber Specifications

#### 2.1 - Included Timber

## 2.1.3 - Cut tree marked unit(s) (8/04)

Within Payment Unit(s) 1, all trees are designated for cutting when marked with orange paint above and below stump height, regardless of merchantability.

#### 2.2 - Utilization

## 2.2.4 - Skidding length (2/04)

Skidding of lengths over 17 feet within all units is not permissible unless approved by the Unit Manager or their representative.

#### 4 - Transportation

#### 4.1 - Construction

#### 4.1.7 - Road closure (4/07)

All new roads built into the sale must be blocked to vehicle traffic upon completion of the sale. In general, this will require constructing a four (4') foot high berm constructed of stumps and logs covered with earth. These roads must be rendered impassable to cars and trucks.

## 4.1.11 - Permits (5/07)

The Purchaser will secure any necessary highway permits that may be required.

#### 5 - Operations

## 5.1 - Notification

#### 5.1.1 - Pre-sale conference (2/08)

A pre-sale conference on site between the Purchaser and sale administrator is required prior to beginning any operations. The Unit Manager or their representative must be contacted at least 2 days in advance to schedule the conference.

#### Sale Name: Beechless Hardwoods Sale Number: 45-116-08-01

## 5.1.4 - Post-sale conference (2/04)

A post-sale conference on site between the Purchaser and sale administrator is required 5 days prior to the completion of active logging operations to determine clean-up and repair of landings, road edges, and the fulfillment of other contract specifications.

## 5.2 - Conduct of Operations

#### 5.2.2 - Hazard Trees/Snags

#### 5.2.2.1 - Den trees (2/04)

Obvious hollow and/or den trees shall be protected and left standing unless they are a safety hazard.

#### 5.2.3 - Operating Restrictions

#### 5.2.3.9 - Beech hauling restriction (9/08)

American beech wood products with bark still attached, other than chips, are not to be transported from stands infested with beech bark disease to or through uninfested beech areas from July 15 to November 15. Beech scale is mobile at this time of year and can move from infested wood to live beech. (See Map of current beech scale distribution on the DNR Forest Health Website, www.michigan.gov/dnr.)

#### 5.2.4 - Dead and Down Creation

#### 5.2.4.3 - Dead and down creation, dead trees (6/07)

Except as provided for in General Condition and Requirement 5.2.2, no dead trees, standing or down, are to be cut, skidded, or processed.

## 5.2.12 - Bark slippage restriction (3/07)

Within Payment Unit(s) 1, cutting and skidding are not permitted during the period of May 1st to June 30th This restriction is because of bark slippage.

## 5.2.38 - No decking against live trees (2/04)

Cut products may not be decked against unmarked or designated leave trees.

## 5.4 - Soil Protection

## 5.4.1 - Rutting restriction, general (5/08)

Operations are to cease immediately if equipment and weather conditions result in rutting of roads which is 12 inches or greater in depth and 50 feet in length. In addition, operations are to cease immediately if equipment and weather conditions result in rutting on skid trails which is 12 inches or greater in depth and 50 feet in length. The Unit Manager or their representative may restrict hauling and/or skidding if ruts exceed the specified depth. With the Unit Manager or their representative's approval, the Purchaser may return to the area when the weather conditions have changed and/or the risk of rutting has decreased.

## 5.8 - Protection of Endangered Species

#### Sale Name: Beechless Hardwoods Sale Number: 45-116-08-01

5.8.5 - Protection of raptor nests (9/05)

All trees with raptor nests will be protected if found during harvesting operations. Notification will be made to the Unit Manager and Wildlife Biologist so an on-site evaluation and recommendation can be made, if necessary.

#### 7 - Other Conditions

#### 7.3 - Contract Modifications

#### 7.3.1 - Emerald Ash Borer

7.3.1.2 - Emerald ash borer, ash or firewood on sale (2/05)

There is ash and/or "firewood" in this sale and it is located within an emerald ash borer quarantined area. The Director of the Michigan Department of Agriculture (MDA) by the authority of Act No. 72 of the Public Acts of 1945, as amended, and Quarantine Regulation No. 620, has promulgated this quarantine to prevent the further spread of this pest and sets forth: definitions, regulated articles, regulated areas, conditions of movement, violations and penalties, and special exemptions. The purchaser must comply with this quarantine. Contact the MDA for further information.

#### 7.5 - Loss

#### 7.5.1 - Deteriorating timber (7/04)

The sale area has received damage from Beech Bark Disease. The purchaser should harvest the wood as soon as possible. The Department of Natural Resources is held free of responsibility of any further damage or deterioration due to delay in harvesting.

## MCNAMARA POND MIX (117-08-01)

A timber sale contract for this <u>LUMP SUM SEALED</u> timber sale will be awarded the responsible bidder offering the highest sealed bid price. Bids must be at or above the following appraised price for each species:

SPECIES	ESTIMATED VOLUME*	APF	RAISED PRICE
PULPWOOD		<del></del>	
MIX ASPEN	139.00 CORDS	\$	14.90/CORD
MIX HARDWD	739.00 CORDS	\$	15.30/CORD

In addition, the successful bidder agrees to purchase the following species at the indicated appraised price:

SPECIES	ESTIMATED VOLUME*	APPRAISED PRICE
SAWLOGS		<del></del>
SUG. MAPLE	2.30 MBF	\$ 484.00/MBF
RED MAPLE	3.30 MBF	\$ 123.00/MBF
PULPWOOD		
BEECH	135.00 CORDS	\$ 9.40/CORD
P. BIRCH	49.00 CORDS	\$ 8.75/CORD
MIX SOFTWD	27.00 CORDS	\$ 16.70/CORD

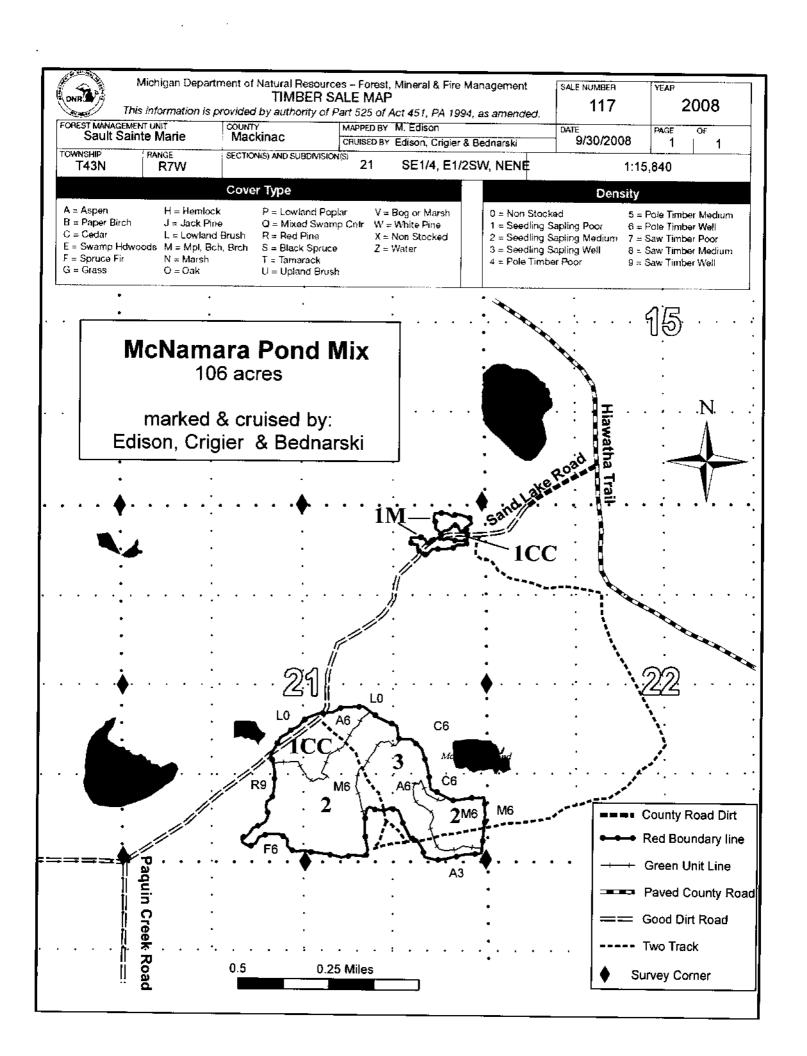
<sup>\*</sup>The volumes are statistically estimated within plus (+) or minus (-) 17.17 percent. These estimated volumes are final and not subject to adjustment. Prospective bidders are urged to examine this timber and to make their own estimates of quantity and quality.

#### BOND AND PAYMENT SCHEDULE:

- 1. A bond in the amount of \$1,400.00 to insure faithful performance of the conditions of the contract, will be deposited by the successful bidder within 21 days of the sale award.
- 2. Cutting in any sale or unit without the required advance payment would be considered a trespass.
- 3. Total payment may be paid in advance or according to the following schedule:
  - (a) Ten percent (10%) of the sale value must be paid within 21 days of the sale award.
  - (b) The 10% down payment will be credited towards the first unit cut.
  - (c) Payment for each of the following units must be made before cutting begins in that unit:

PAYMENT UNIT NUMBER	PERCENT OF TOTAL SALE VALUE
1	19%
2	51%
3	30%

- 4. If no cutting takes place, the 10% down payment will not be refunded.
- 5. Operations on the contract issued will terminate on December 31, 2012.



## Sale Specific Conditions & Requirements

Sale Name: Mcnamara Pond Mix Sale Number: 45-117-08-01

#### 1 - Sale Area

#### 1.2 - Boundaries

## 1.2.1 - Painted boundaries (6/05)

The sale boundary is marked and identified by red paint. Payment Units are marked and identified by green paint. Do not cut painted boundary line trees unless also marked with orange paint.

## 2 - Timber Specifications

#### 2.1 - Included Timber

#### 2.1.1 - Clearcut unit(s) with unmerchantable trees (2/04)

Within Payment Unit(s) 1CC & 3, cut all deciduous trees that are two (2) inches or more in diameter measured at a point of four and one-half (4-1/2) feet above ground level regardless of merchantability. Also, cut all coniferous trees that are 4 inches or more in diameter regardless of merchantability. Leave trees, identified in accordance with 2.1.10 - Leave trees, within clearcutting unit boundaries are not Included Timer and are to be protected.

#### 2.1.3 - Cut tree marked unit(s) (8/04)

Within Payment Unit(s) 1M & 2, all trees are designated for cutting when marked with orange paint above and below stump height, regardless of merchantability.

#### 2.1.10 - Leave trees (2/04)

In all units, DO NOT CUT any white pine or hemlock.

#### 2.2 - Utilization

## 2.2.4 - Skidding length (2/04)

Skidding of lengths over 17 feet is not permissible unless approved by the Unit Manager or their representative.

#### 2.2.9 - No chipping permitted (12/08)

Within Payment Unit(s) 1CC, 1M, 2, and 3, all wood must be removed by whole tree, tree segment, or roundwood. No chipping is permitted.

#### 3 - Payments

#### 3.3 - Pre-measured Sales

## 3.3.4 - Dividing payment units (7/05)

Payment unit(s) 2 may be divided at the request of the purchaser and upon approval of the Unit Manager. Dividing payment units is a contract modification which requires a Timber Sale Contract Supplement.

Sale Name: Mcnamara Pond Mix Sale Number: 45-117-08-01

#### 4 - Transportation

#### 4.1 - Construction

#### 4.1.7 - Road closure (4/07)

All new roads built into the sale must be blocked to vehicle traffic upon completion of the sale. In general, this will require constructing a four (4') foot high berm constructed of stumps and logs covered with earth. Contact the sale administrator for specific details of design and placement.

## 5 - Operations

#### 5.1 - Notification

#### 5.1.1 - Pre-sale conference (12/08)

A pre-sale conference on site between the Purchaser and sale administrator is required prior to beginning any operations to determine landing and road locations. The sale administrator must be contacted at least 5 days in advance to schedule the conference.

#### 5.1.4 - Post-sale conference (2/04)

A post-sale conference on site between the Purchaser and sale administrator is required 5 days prior to the completion of active logging operations to determine clean-up and repair of landings, road edges, and the fulfillment of other contract specifications.

## 5.2 - Conduct of Operations

#### 5.2.2 - Hazard Trees/Snags

#### 5.2.2.1 - Den trees (2/04)

Obvious hollow and/or den trees shall be protected and left standing unless they are a safety hazard.

## 5.2.3 - Operating Restrictions

#### 5.2.3.1 - Operating restrictions (12/08)

Within Payment Unit(s) 1-3, unless changed by written agreement, cutting, skidding, and hauling are limited to the period of October 1 to April 30. This restriction is due to deer yard considerations.

#### 5.2.4 - Dead and Down Creation

## 5.2.4.3 - Dead and down creation, dead trees (6/07)

Except as provided for in General Condition and Requirement 5.2.2, no dead trees, standing or down, are to be cut, skidded, or processed.

#### 5.2.12 - Bark slippage restriction (3/07)

Within Payment Unit(s) 2, unless changed by written agreement, cutting and skidding are not permitted during the period of May 1st to June 30th. This restriction is because of bark slippage.

Section Name: Sale Specific Page 2 of 3 Current as of 7/20/2009 9:11:44AM

## Sale Name: Mcnamara Pond Mix Sale Number: 45-117-08-01

5.2.38 - No decking against live trees (2/04)

Cut products may not be decked against unmarked or designated leave trees.

#### 5.4 - Soil Protection

#### 5.4.1 - Rutting restriction, general (5/08)

Operations are to cease immediately if equipment and weather conditions result in rutting of roads which is 12 inches or greater in depth and 50 feet in length. In addition, operations are to cease immediately if equipment and weather conditions result in rutting on skid trails which is 12 inches or greater in depth and 50 feet in length. The Unit Manager or their representative may restrict hauling and/or skidding if ruts exceed the specified depth. With the Unit Manager or their representative's approval, the Purchaser may return to the area when the weather conditions have changed and/or the risk of rutting has decreased.

## 5.8 - Protection of Endangered Species

## 5.8.5 - Protection of raptor nests (12/08)

All trees with raptor nests will be protected if found during harvesting operations. Notification will be made to the Unit Manager and Wildlife Biologist so an on-site evaluation and recommendation can be made, if necessary.

#### 7 - Other Conditions

#### 7.3 - Contract Modifications

#### 7.3.1 - Emerald Ash Borer

## 7.3.1.2 - Emerald ash borer, ash or firewood on sale (2/05)

There is ash and/or "firewood" in this sale and it is located within an emerald ash borer quarantined area. The Director of the Michigan Department of Agriculture (MDA) by the authority of Act No. 72 of the Public Acts of 1945, as amended, and Quarantine Regulation No. 620, has promulgated this quarantine to prevent the further spread of this pest and sets forth: definitions, regulated articles, regulated areas, conditions of movement, violations and penalties, and special exemptions. The purchaser must comply with this quarantine. Contact the MDA for further information.

#### 7.5 - Loss

#### 7.5.1 - Deteriorating timber (7/04)

The sale area has received damage from Beech Bark Disease. The purchaser should harvest the wood as soon as possible. The Department of Natural Resources is held free of responsibility of any further damage or deterioration due to delay in harvesting.

#### JIM DANDY HARDWOOD (119-08-01)

A timber sale contract for this <u>LUMP SUM SEALED</u> timber sale will be awarded the responsible bidder offering the highest sealed bid price. Bids must be at or above the following appraised price for each species:

SPECIES SAWLOGS	ESTIMATED VOLUME*	APPRAISED PRICE
SUG. MAPLE PULPWOOD	86.70 MBF	\$ 526.00/MBF
MIX HARDWD	457.00 CORDS	\$ 16.50/CORD

In addition, the successful bidder agrees to purchase the following species at the indicated appraised price:

SPECIES	ESTIMATED VOLUME*	APPRAISED PRICE
SAWLOGS		
RED MAPLE	4.50 MBF	\$ 141.00/MBF

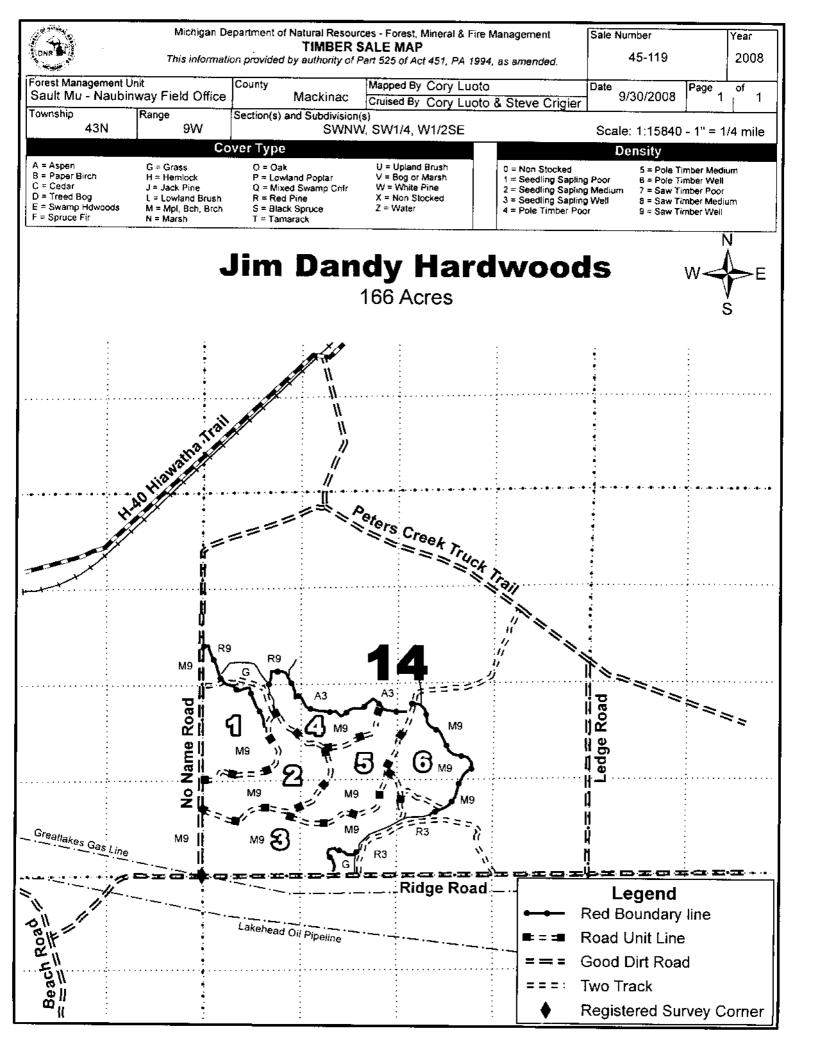
<sup>\*</sup>The volumes are statistically estimated within plus (+) or minus (-) 7.28 percent. These estimated volumes are final and not subject to adjustment. Prospective bidders are urged to examine this timber and to make their own estimates of quantity and quality.

#### BOND AND PAYMENT SCHEDULE:

- 1. A bond in the amount of \$4,500.00 to insure faithful performance of the conditions of the contract, will be deposited by the successful bidder within 21 days of the sale award.
- Cutting in any sale or unit without the required advance payment would be considered a trespass.
- 3. Total payment may be paid in advance or according to the following schedule:
  - (a) Ten percent (10%) of the sale value must be paid within 21 days of the sale award.
  - (b) The 10% down payment will be credited towards the first unit cut.
  - (c) Payment for each of the following units must be made before cutting begins in that unit:

PAYMENT	UNIT	NUMBER	PERCENT	OF	TOTAL	SALE	VALUE
	1				20%		
	2				18%		
	3				880		
	4				12%		
	5				30%		
	6				12%		

- 4. If no cutting takes place, the 10% down payment will not be refunded.
- 5. Operations on the contract issued will terminate on December 31, 2012.



#### Sale Specific Conditions & Requirements

Sale Name: Jim Dandy Hardwood Sale Number: 45-119-08-01

#### 1 - Sale Area

#### 1.2 - Boundaries

## 1.2.1 - Painted boundaries (6/05)

The sale boundary is marked and identified by red paint, the No Name Rd, the Ridge Road, and two tracks. Payment Units are separated by two tracks.

## 2 - Timber Specifications

#### 2.1 - Included Timber

#### 2.1.3 - Cut tree marked unit(s) (8/04)

Within Payment Unit(s) 1, 2, 3, 4, 5 and 6, trees are designated for cutting when marked with orange paint above and below stump height, regardless of merchantability.

#### 2.2 - Utilization

## 2.2.4 - Skidding length (2/04)

Skidding of lengths over 17 feet is not permissible unless approved by the Unit Manager or their representative.

#### 3 - Payments

#### 3.3 - Pre-measured Sales

#### 3.3.4 - Dividing payment units (7/05)

Payment unit(s) 1, 2, 3, 4, 5 and 6 may be divided at the request of the purchaser and upon approval of the Unit Manager. Dividing payment units is a contract modification which requires a Timber Sale Contract Supplement.

## 5 - Operations

## 5.2 - Conduct of Operations

#### 5.2.2 - Hazard Trees/Snags

#### 5.2.2.1 - Den trees (2/04)

Obvious hollow and/or den trees shall be protected and left standing unless they are a safety hazard.

## 5.2.4 - Dead and Down Creation

#### 5.2.4.3 - Dead and down creation, dead trees (6/07)

Except as provided for in General Condition and Requirement 5.2.2, no dead trees, standing or down, are to be cut, skidded, or processed.

## Sale Name: Jim Dandy Hardwood Sale Number: 45-119-08-01

## 5.2.12 - Bark slippage restriction (3/07)

Within Payment Unit(s) 1, 2, 3, 4, 5 and 6, unless changed by written agreement, cutting and skidding are not permitted during the period of May 1st to June 30th This restriction is because of bark slippage.

#### 5.2.38 - No decking against live trees (2/04)

Cut products may not be decked against unmarked or designated leave trees.

#### 5.4 - Soil Protection

## 5.4.1 - Rutting restriction, general (1/09)

Operations are to cease immediately if equipment and weather conditions result in rutting of roads and skid trails which is 12 inches or greater in depth and 50 feet in length. The Unit Manager or his/her representative may restrict hauling and/or skidding if ruts exceed the specified depth. With the Unit Manager or his/her representative's approval, the Purchaser may return to the area when the risk of rutting has decreased.

## 5.8 - Protection of Endangered Species

## 5.8.5 - Protection of raptor nests (9/05)

All trees with raptor nests will be protected if found during harvesting operations. Notification will be made to the Unit Manager and Wildlife Biologist so an on-site evaluation and recommendation can be made, if necessary.

#### 7 - Other Conditions

#### 7.3 - Contract Modifications

#### 7.3.1 - Emerald Ash Borer

## 7.3.1.2 - Emerald ash borer, ash or firewood on sale (2/05)

There is ash and/or "firewood" in this sale and it is located within an emerald ash borer quarantined area. The Director of the Michigan Department of Agriculture (MDA) by the authority of Act No. 72 of the Public Acts of 1945, as amended, and Quarantine Regulation No. 620, has promulgated this quarantine to prevent the further spread of this pest and sets forth: definitions, regulated articles, regulated areas, conditions of movement, violations and penalties, and special exemptions. The purchaser must comply with this quarantine. Contact the MDA for further information.

# RE-ROUTE HARDWOODS (115-08-01) T42N, R07W, SEC. 02, SE1/4, NESW. T42N, R07W, SEC. 01, W1/2SW. MACKINAC COUNTY

In response to the notice of sale to be held 3:30 p.m. on September 22, 2009, I am hereby submitting my sealed bid (firm offer) for the following forest products to be cut. Bids for individual species and total bid value must be at or above the appraised price. All non-responsive bid forms may be rejected.

SPECIES SAWLOGS	APPRAISED PRICE	BID PRICE	ESTIMATED VOLUME	* = VALUE
SUG. MAPLE	\$ 640.00/MBF	\$ x	8.70 MBF	= \$
PULPWOOD	Ţ 010:00/122	ΥΛ	0.70 FIBE	- ş
BEECH	\$ 12.00/CORD	\$ X	151,90 CORDS	= \$
MIX HARDWD	\$ 21.00/CORD	\$ <u> </u>	347.00 CORDS	= \$
			SUBTOTAL 1 \$_	<del></del>
In addition, the su appraised price:	ccessful bidder agrees	to purchase the	following species	at the
SPECIES	APPRAISED PRICE	ESTIMATED	VOLUME* VAL	UE
SAWLOGS RED MAPLE	å 150 00 (vær			
RED MAPLE	\$ 159.00/MBF	2.40	MBF = \$	381.60
		su	BTOTAL 2 \$	381.60
	SUBTOTAL 1 +	SUBTOTAL 2 = T	OTAL BID VALUE \$_	
estimated volumes a	statistically estimate are final and not subje aber and to make their 	ect to adjustment	. Prospective bid	dders are urged
will be the basis to must be bid or the b awarding a contract	ny or all bids may be o determine total bid oid form may be reject will be based upon my equipment and manpowe	value. All bids ed. I also unders past performance	must be signed an tand that conside and ability to c	d all bid items ration and
(bidder's	printed name)	(bidder's si	gnature)	
Address/Telephone	<del>)</del>			

THE WINNING BIDDER MUST COMPLETE THE FORM ON THE REVERSE SIDE WITHIN 21 DAYS OF SALE AWARD



## Michigan Department of Natural Resources Forest, Mineral and Fire Management

# TIMBER SALE VERIFICATION OF WORKER'S DISABILITY COMPENSATION ACT COMPLIANCE

FOR	DEPARTMENT USE ONLY
Sale or Permit No	
Year:	Туре:

A.		As required by Act 317, P.A. 1969 (Worker's Compensation) an of Act 451 of 1994, as amended.	d Part 525	Forest Area:
sale contract.  In addition, if boxes 2B or 2C are checked, then Notice of Exclusion or Certificate of Insurance must be submitted within 21 days of the contract award and prior to the issuance of the timber sale contract.  All Information must be typed or printed except for written signatures.  Please Check Appropriate Categories:  1. My business is organized as (you must check one of the boxes below):  A.   Sole Proprietorship (individual)  B.   Partnership  C.   Corporation  2. You must check one of the boxes below:  A.   I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws.  B.   I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C.   I certify that my business has a Worker's Compensation Policy. I will provide a no riginal Certificate of Insurance within 21 days of the contract award.  If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").  Full Time Employees  Part Time Employees  Part Time Employees  Part Time Employees  Federal ID (or) Social Security No.  Address  Federal ID (or) Social Security No.  State  I elephone No.  (		VERIFICATION OF WORKER'S DISA	BILITY COMPENS	ATION ACT COMPLIANCE
All Information must be typed or printed except for written signatures.    Please Check Appropriate Categories:   1. My business is organized as (you must check one of the boxes below):   A.   Sole Proprietorship (individual)   B.   Partnership   C.   Corporation   2. You must check one of the boxes below:   A.   I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws.   B.   I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BWC-337, Rev. 5/96). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).   C.   I certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.   If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").   Full Time Employees	•	This verification must be completed and submitted within sale contract.	1 21 days of conti	act award and prior to the issuance of the timber
All Information must be typed or printed except for written signatures.  Please Check Appropriate Categories:  1. My business is organized as (you must check one of the boxes below):  A.	•	In addition, if boxes 2B or 2C are checked, then Notice of days of the contract award and prior to the issuance of the	Exclusion or Cer se timber sale cor	tificate of Insurance must be submitted within 21
1. My business is organized as (you must check one of the boxes below):  A.   Sole Proprietorship (Individual) B.   Partnership C.   Corporation  2. You must check one of the boxes below:  A.   I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws.  B.   I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BWC-337, Rev. 5/99). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C.   I certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  3. If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").  Full Time Employees Part Time Employees  Federal ID (or) Social Security No.  Address  Federal ID (or) Social Security No.  State Zip+4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	•			
A. Sole Proprietorship (individual) B. Partnership C. Corporation  2. You must check one of the boxes below: A. I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws. B. I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BWC-337, Rev. 5/96). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195). C. I certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").  Full Time Employees  Federal ID (or) Social Security No.  Address  Telephone No.  ( )  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	Ple	ease Check Appropriate Categories:	, ", ", ", ", ", ", ", ", ", ", ", ", ",	
A.	1.	A.    Sole Proprietorship (individual)     Partnership	es below):	
B.	2.	A.   I certify that my business is a sole proprietorship and	d it has no employ	rees but the sole proprietor. I am not subject to the
C.		B.  I certify that my business has satisfied its obligation Notice of Exclusion (BWC-337, Rev. 5/96). I will pro-	ovide a copy of the	Notice of Exclusion within 21 days of the contract
Full Time Employees   Part Time Employees		C. I certify that my business has a Worker's Compensa	tion Policy. 1 will	provide an original Certificate of Insurance within 21
Name of Business  Federal ID (or) Social Security No.  Telephone No. ( )  City  State  Zip + 4  Thereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	3.	If you have checked item 2(A) or 2(B), you must indicate t including family members and active partners (if none, you must	he number of <b>bot</b> ust enter "0").	h full and part time employees other than yourself
Address  Telephone No. ( )  City  State  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative		Full Time Employees		Part Time Employees
Address  Telephone No. ( )  City  State  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	Mon	no of Puninana		
City  State  State  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	i vaii	ie of dustriess	Federal ID (or) S	ocial Security No.
hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	Add	ress	Telephone No.	, , , , , , , , , , , , , , , , , , ,
Signature of Owner or Authorized Representative	City	State	".	Zip + 4
Title Date		erage during any or my present and future operations.	ree to notify the Di	NR of any changes that occur in factors affecting my
	7	itle	Date	

## BEECHLESS HARDWOODS (116-08-01) T42N, R07W, SEC. 01, S1/2SE, NWSE, E1/2SW. MACKINAC COUNTY

In response to the notice of sale to be held 3:30 p.m. on September 22, 2009, I am hereby submitting my sealed bid (firm offer) for the following forest products to be cut. Bids for individual species and total bid value must be at or above the appraised price. All non-responsive bid forms may be rejected.

-		-		
SPECIES SAWLOGS	APPRAISED PRICE	BID PRICE	ESTIMATED VOLUME	E* = VALUE
SUG. MAPLE	\$ 626.00/MBF	\$x	9.20 MBF	= \$
PULPWOOD				
BEECH	\$ 12.30/CORD	\$x	107.00 CORDS	= \$ = \$
MIX HARDWD	\$ 21.00/CORD	\$x	226.00 CORDS	= \$
			SUBTOTAL 1 \$	<u> </u>
In addition, the succ	essful bidder agree:	s to purchase the	following species	at the
appraised price:				
SPECIES	APPRAISED PRICE	ESTIMATED	VOLUME* VAI	LUE
SAWLOGS				
RED MAPLE	\$ 155.00/MBF	1.00	MBF = \$	155.00
		st	BTOTAL 2 \$	155.00
	SUBTOTAL 1 +	SUBTOTAL 2 = 7	OTAL BID VALUE \$_	
*These volumes are st estimated volumes ar to examine this timb	e final and not subj	ect to adjustment	. Prospective bi	dders are urged
I understand that any will be the basis to must be bid or the bi awarding a contract we contract based upon e	determine total bid d form may be reject fill be based upon my	value. All bids ed. I also unders past performance	must be signed and that consider and ability to consider the constant of the c	d all bid items eration and
(bidder's p	rinted name)	(bidder's si	gnature)	-
Address/Telephone		<del>_</del>		<del></del>

THE WINNING BIDDER MUST COMPLETE THE FORM ON THE REVERSE SIDE WITHIN 21 DAYS OF SALE AWARD



## Michigan Department of Natural Resources Forest, Mineral and Fire Management

## **TIMBER SALE VERIFICATION OF WORKER'S DISABILITY COMPENSATION ACT COMPLIANCE**

FOR	DEPARTMENT USE ONLY	
Sale or Permit No		
Үеаг:	Туре:	
Forest Area:		

A.		As required by Act 317, P.A. 1969 (Worker's Compensa of Act 451 of 1994, as amended.	ation) and Part 525	Forest Area:
sale contract.  In addition, if boxes 2B or 2C are checked, then Notice of Exclusion or Certificate of Insurance must be submitted within 21 days of the contract award and prior to the issuance of the timber sale contract.  All Information must be typed or printed except for written signatures.  Please Check Appropriate Categories:  1. My business is organized as (you must check one of the boxes below):  A.   Sole Proprietorship (individual)  B.   Partnership  C.   Corporation  2. You must check one of the boxes below:  A.   Loerlify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws.  B.   1 certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (RWC-337, Rev. 5/96). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C.   Certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  3. If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter '0').    Federal ID (or) Social Security No.   Telephone		VERIFICATION OF WORKER'S	S DISABILITY COMPE	ENSATION ACT COMPLIANCE
All Information must be typed or printed except for written signatures.  Please Check Appropriate Categories:  1. My business is organized as (you must check one of the boxes below):  A.   Sole Proprietorship (individual)  B.   Partnership  C.   Corporation  2. You must check one of the boxes below:  A.   I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BWC-337, Rev. 5/98). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C.   I certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  3. If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").    Full Time Employees   Part Time Employees	•	This verification must be completed and submitted sale contract.	d within 21 days of co	ontract award and prior to the issuance of the timber
Please Check Appropriate Categories:  1. My business is organized as (you must check one of the boxes below):  A.   Sole Proprietorship (individual)  B.   Partnership C.   Corporation  2. You must check one of the boxes below:  A.   Lecrify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws.  B.   I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BVC-337, Rev. 5/89). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C.   Certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").  Full Time Employees  Part Time Employees  Part Time Employees  Telephone No.  Telephone	•	In addition, if boxes 2B or 2C are checked, then No days of the contract award and prior to the issuance	otice of Exclusion or C ice of the timber sale o	Certificate of Insurance must be submitted within 21 contract.
1. My business is organized as (you must check one of the boxes below):  A. Sole Proprietorship (individual)  B. Partnership C. Corporation  2. You must check one of the boxes below:  A. I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws.  B. I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BWC-337, Rev. 5/96). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C. I certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  3. If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter "0").  Full Time Employees  Part Time Employees  Part Time Employees  Telephone No.  Telephon	•	All Information must be typed or printed except for	r written signatures.	
A. Sole Proprietorship (individual) B. Partnership C. Corporation 2. You must check one of the boxes below: A. I certify that my business is a sole proprietorship and it has no employees but the sole proprietor. I am not subject to the Worker's Compensation Laws. B. I certify that my business has satisfied its obligation to the Worker's Compensation Act through the use of an approved Notice of Exclusion (BWC-337, Rev. 5/96). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195). C. I certify that my business has a Worker's Compensation Policy. I will provide an original Certificate of Insurance within 21 days of the contract award.  If you have checked item 2(A) or 2(B), you must indicate the number of both full and part time employees other than yourself including family members and active partners (if none, you must enter '0").  Full Time Employees  Part Time Employees  Part Time Employees  Name of Business  Federal ID (or) Social Security No.  Address  Telephone No. ( )  State  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my overage during any of my present and future operations.  Signature of Owner or Authorized Representative	Ple	ase Check Appropriate Categories:		
2. You must check one of the boxes below:  A.	1.	<ul><li>A. ☐ Sole Proprietorship (individual)</li><li>B. ☐ Partnership</li></ul>	the boxes below):	
A.				
Notice of Exclusion (BWC-337, Rev. 5/96). I will provide a copy of the Notice of Exclusion within 21 days of the contract award. (For questions or a copy of the BWC-337, please call the Worker's Compensation Bureau at 517-322-1195).  C.	2.	A.   I certify that my business is a sole proprietors	ship and it has no emp	ployees but the sole proprietor. I am not subject to the
C.		Notice of Exclusion (BWC-337, Rev. 5/96). I	will provide a copy of	f the Notice of Exclusion within 21 days of the contract
Including family members and active partners (if none, you must enter "0").  Full Time Employees  Part Time Employees  Part Time Employees  Name of Business  Federal ID (or) Social Security No.  Telephone No. ( )  State  Zip + 4  Thereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative		C.   I certify that my business has a Worker's Cor		
Name of Business  Federal ID (or) Social Security No.  Address  Telephone No. ( )  Zip + 4  Thereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	3.	If you have checked item 2(A) or 2(B), you <b>must</b> in including family members and active partners (if none,	idicate the number of a you must enter "0").	both full and part time employees other than yourself
Address  Telephone No. ( )  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative		Full Time Employees		Part Time Employees
Dity  State  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	Varr	ne of Business	Federal ID (o	or) Social Security No.
City  State  Zip + 4  hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative	1 4 4	7000		
hereby certify that the above information is true and correct. I agree to notify the DNR of any changes that occur in factors affecting my coverage during any of my present and future operations.  Signature of Owner or Authorized Representative		000	( )	10.
Signature of Owner or Authorized Representative	City	State	· 3v = v	Zíp + 4
Title Date		erage during any of my present and future operations.	ct. I agree to notify the	DNR of any changes that occur in factors affecting my
	T	itle	D	Date

SPECIES

PULPWOOD

ESTIMATED VOLUME\* = VALUE

## MCNAMARA POND MIX (117-08-01) T43N, R07W, SEC. 21, SE1/4, E1/2SW, NENE. MACKINAC COUNTY

In response to the notice of sale to be held 3:30 p.m. on September 22, 2009, I am hereby submitting my sealed bid (firm offer) for the following forest products to be cut. Bids for individual species and total bid value must be at or above the appraised price. All non-responsive bid forms may be rejected.

BID PRICE

APPRAISED PRICE

MIX ASPEN	\$	14.90/CORD	\$	x	139.00	CORDS	= \$	
MIX HARDWD	\$	15.30/CORD	\$	x	739.00	CORDS	= \$	_
					SUBTOTAL	. 1	\$	_
In addition, the appraised price:	successful	bidder agrees	to purchase	the	following	speci	ies at the	
SPECIES	APPR	AISED PRICE	ESTIM	ATED	VOLUME*	Ž	ALUE	
SAWLOGS								
SUG. MAPLE	\$	484.00/MBF		2.30	MBF	= \$	1,113.20	
RED MAPLE	\$	123.00/MBF		3.30	MBF	= <b>\$</b>	405.90	
PULPWOOD						,		
BEECH	\$	9.40/CORD	13	5.00	CORDS	<b>=</b> \$	1,269.00	
P. BIRCH	\$	8.75/CORD			CORDS	= \$	428.75	
MIX SOFTWD	\$	16.70/CORD			CORDS	= \$	450.90	
				şı	UBTOTAL 2	\$	3,667.75	
	St	JBTOTAL 1 + :	SUBTOTAL 2 :	= !	TOTAL BID	VALUE	\$	

\*These volumes are statistically estimated within plus (+) or minus (-) 17.17%. estimated volumes are final and not subject to adjustment. Prospective bidders are urged to examine this timber and to make their own estimates of quantity and quality.

I understand that any or all bids may be rejected, and that the individual unit bid price will be the basis to determine total bid value. All bids must be signed and all bid items must be bid or the bid form may be rejected. I also understand that consideration and awarding a contract will be based upon my past performance and ability to complete the contract based upon equipment and manpower subject to my control.

(bidder's printed name)	(bidder's signature)
Address/Telephone	

THE WINNING BIDDER MUST COMPLETE THE FORM ON THE REVERSE SIDE WITHIN 21 DAYS OF SALE AWARD



## Michigan Department of Natural Resources Forest, Mineral and Fire Management

## TIMBER SALE **VERIFICATION OF WORKER'S DISABILITY COMPENSATION ACT COMPLIANCE**

As required by Act 317, P.A. 1969 (Worker's Compensation) and Part 525

F	OR DEPARTMENT USE ONLY
Sale or Perm	No
Sale or Perm Year:	Type:

	of Act 451 of 1994, as amended.	id Fait 323	Polest Area:		
	VERIFICATION OF WORKER'S DISA	BILITY COMPENS	ATION ACT COMPLIANCE		
•	This verification must be completed and submitted within 21 days of contract award and prior to the issuance of the timber sale contract.				
•	In addition, if boxes 2B or 2C are checked, then Notice of Exclusion or Certificate of Insurance must be submitted within 21 days of the contract award and prior to the issuance of the timber sale contract.				
•	All Information must be typed or printed except for writte				
Plε	ease Check Appropriate Categories:	• 10:			
1.	My business is organized as (you must check one of the box	es below):			
	A. Sole Proprietorship (individual)	·			
	B. 🔲 Partnership				
	C. Corporation				
2.	You must check one of the boxes below:				
	<ul> <li>A.          I certify that my business is a sole proprietorship an Worker's Compensation Laws.     </li> </ul>	d it has no employ	ees but the sole proprietor. I am not subject to the		
	B.  I certify that my business has satisfied its obligation Notice of Exclusion (BWC-337, Rev. 5/96). I will proaward. (For questions or a copy of the BWC-337, pleanage).	ovide a copy of the	Notice of Exclusion within 21 days of the contract		
	C.   I certify that my business has a Worker's Compensa days of the contract award.	ition Policy. I will p	provide an original Certificate of Insurance within 21		
3.	If you have checked item 2(A) or 2(B), you <b>must</b> indicate to including family members and active partners (if none, you must).	the number of <b>bot</b> ust enter "0").	h full and part time employees other than yourself		
	Full Time Employees		Part Time Employees		
Nan	ne of Business	Federal ID (es) S	opial County Ma		
		rederal ID (01) S	ocial Security No.		
Add	ress	Telephone No.			
City	State		Zip + 4		
he	reby certify that the above information is true and correct. I ag	ree to notify the DN	IR of any changes that occur in factors affecting my		
COV	erage during any of my present and future operations.				
-	N				
3	Signature of Owner or Authorized Representative		; !		
_	(1)				
'	itle	Date			

## T43N, R09W, SEC. 14, SWNW, SW1/4, W1/2SE. MACKINAC COUNTY

In response to the notice of sale to be held 3:30 p.m. on September 22, 2009, I am hereby submitting my sealed bid (firm offer) for the following forest products to be cut. Bids for individual species and total bid value must be at or above the appraised price. All non-responsive bid forms may be rejected.

SPECIES SAWLOGS	APPRAISED PRICE	BID PRICE	ESTIMATED VOLU	ME* = VALUE
SUG. MAPLE PULPWOOD	\$ 526.00/MBF	\$x	86.70 MBF	= \$
MIX HARDWD	\$ 16.50/CORD	\$x	457.00 CORDS	= \$
			SUBTOTAL 1	\$
In addition, the success appraised price:	ful bidder agrees	to purchase the	following speci	es at the
SPECIES A	PPRAISED PRICE	ESTIMATED	VOLUME* V	ALUE
RED MAPLE	\$ 141.00/MBF	4.50	MBF = \$	634.50
		su	BTOTAL 2 \$	634. <u>50</u>
	SUBTOTAL 1 + S	SUBTOTAL 2 = T	OTAL BID VALUE	\$
*These volumes are stati: estimated volumes are fi to examine this timber a	nal and not subje	ct to adjustment	. Prospective h	pidders are prood
I understand that any or will be the basis to detenust be bid or the bid for awarding a contract will contract based upon equip	ermine total bid v orm may be rejecte be based upon my	alue. All bids d. I also unders past performance	must be signed a tand that considerand ability to	and all bid items devation and
(bidder's print	ed name)	(bidder's si	gnature)	_
Address/Telephone				

THE WINNING BIDDER MUST COMPLETE THE FORM ON THE REVERSE SIDE WITHIN 21 DAYS OF SALE AWARD



## Michigan Department of Natural Resources Forest, Mineral and Fire Management

# TIMBER SALE VERIFICATION OF WORKER'S DISABILITY COMPENSATION ACT COMPLIANCE

FOR DEPARTMENT USE ONLY				
Sale or Permit No				
Year:	Туре:	_		
	1,344			

	As required by Act 317, P.A. 1969 (Worker's Compensation of Act 451 of 1994, as amended.	n) and Part 525	Forest Area:	-		
	VERIFICATION OF WORKER'S DISABILITY COMPENSATION ACT COMPLIANCE					
•	This verification must be completed and submitted within 21 days of contract award and prior to the issuance of the timber sale contract.					
•	In addition, if boxes 2B or 2C are checked, then Notice of Exclusion or Certificate of Insurance must be submitted within 21 days of the contract award and prior to the issuance of the timber sale contract.					
•	All Information must be typed or printed except for wi	ritten signatures.	s <i>.</i>			
Ple	ase Check Appropriate Categories:	***		_		
1.	My business is organized as (you must check one of the	boxes below):				
	A. Sole Proprietorship (individual)	,				
	B. Partnership					
	C. Corporation					
2.	You must check one of the boxes below:			; 		
	A.  I certify that my business is a sole proprietorship Worker's Compensation Laws.	and it has no en	employees but the sole proprietor. I am not subject to the			
	<ul> <li>B.          I certify that my business has satisfied its obligation Notice of Exclusion (BWC-337, Rev. 5/96). I will award. (For questions or a copy of the BWC-337,     </li> </ul>	l provide a coov α	ker's Compensation Act through the use of an approved of the Notice of Exclusion within 21 days of the contract	į		
	C.  I certify that my business has a Worker's Compedays of the contract award.	ensation Policy. I	I will provide an original Certificate of Insurance within 21			
3.	If you have checked item 2(A) or 2(B), you <b>must</b> indicating including family members and active partners (if none, you	ate the number of u must enter "0").	of both full and part time employees other than yourself			
	Full Time Employees		Part Time Employees			
Nam	e of Business	Federal ID	O (or) Social Security No.	-		
Addr	ess	Telephone (	∍ No.			
City	State	/\/	Zip + 4	-		
s	eby certify that the above information is true and correct. I erage during any of my present and future operations.	agree to notify th	the DNR of any changes that occur in factors affecting my			
T	tle		Date			