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| *. Vessel (Hull Number):*       | *2. Purchase Order Number and Item* PO       |  **ITEM**  | *3. Date :( MM/DD/YY)*      |
| *4. Subcontractor:*      | *5. Delay & Disruption (DD):* | *6. New Work (NW):*      | *7. Information Only (IO):*      | *8. Return or Credit (RC):* |
| *9. Title: Change / Description of Work (attach additional documents if necessary):*       |
| ***Change / Description of Work (attach additional documents if necessary):***        **In consideration for the modification of the purchase order agreed to herein, the Seller hereby releases and forever discharges the Purchaser, its officers, its agents, and its employees from any and all liability under or related to this purchase order for further equitable adjustment to the price or schedule, and for other actions or claims for money damages or relief of any nature, that are attributable to the facts and circumstances that gave rise to this mutually agreed to modification, including but not limited to adjustments, actions, or claims based on impact, delay, or disruption of work. The intent of both parties is that this modification constitutes a full and final settlement of all matters related to the purchase order change described herein.** |
| *11. Submitted By*       | *12. Phone (Ext):*      | *13. Date: (MM/DD/YY)*      | *14. Subcontractor CR #:*      |
| THIS SECTION TO BE COMPLETED BY SUBCONTRACTOR |
|  LABOR ⇨ | *15. Hours:*      | *16. @ Mhr STD rate*:      | *17. @ Mhr OT rate*: | *18. Sum:* **$**      | SCHEDULE IMPACT⇨ | *19. Yes or No?* | Impacts Schedule by Number of Calendar Days⇨ | *20. Number of Days* |
|  MATERIAL, EQUIPMENT and/or EXPENSES ⇨ | *21. Sum*: $      | TO AVOID DISRUPTION OR IMPACT TO THE SCHEDULE AUTHORIZATION IS REQUIRED BY ⇨ | *22. Date: (MM/DD/YY)* /   /  |
|  TOTAL PRICE for this Condition Report ⇨ | *23. Total*: $      | *24. Delay Statement (if applicable):*  |
| NNS AUTHORIZATION |
| *25. CR Auth:* **APPROVAL** [ ]  **DISAPPROVAL** [ ]  |
| *26. Comments (if applicable):*      |
| *27. NNS Representative:*       | *28. NNS Representative Approval Signature:*  | *29. Dept:*      | *30. Date: (MM/DD/YY)* **/**  **/**  |
| **Price quote above is firm fixed price for work described above. It is understood that work may not proceed on this change order until approved by NNS Sourcing Department. Only NNS Sourcing Department can authorize work. If and when Sourcing approval is obtained, a Purchase Order Modification will be given to the Subcontractor.**  |
| *31. NNS Sourcing Representative:*       | *32. NNS Sourcing Approval Signature:*       | *33. Phone:*      | *34. Date: (MM/DD/YY)* **/ /**  |
| *35. IR, VIR and/or FMR Numbers (if applicable):*      | *36. Swilin /Paragraph* | *37. NNS Condition Report Number:***-**  |

Sheet 1 of 3

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| (Continuation Sheet) |
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| *39. Submitted By*       | *40. Phone (Ext):*      | *41. Date: (MM/DD/YY)*      | *42. Subcontractor CR #:*      |
| *43. NNS Sourcing Representative:*       | *44. Phone:*      | *45. Date: (MM/DD/YY)* **/ /**  |
| *46. IR, VIR and/or FMR Numbers (if applicable):*      | *47. Swilin /Paragraph* | *48. NNS Condition Report Number:***-** |

Sheet 2 of 3

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| (Continuation Sheet) |
| *49. Change / Description of Work (attach additional documents continuation if necessary):* |
|       | P/N | QTY | PRICE | TOTAL |       |       |       |       |       |       |       |       |
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| *50. Submitted By*       | *51. Phone (Ext):*      | *52. Date: (MM/DD/YY)*      | *53. Subcontractor CR #:*      |
| *54. NNS Sourcing Representative:*       | *55. Phone:*      | *56. Date: (MM/DD/YY)* **/**  **/**  |
| *57. IR, VIR and/or FMR Numbers (if applicable):*      | *58. Swilin /Paragraph* | *5. NNS Condition Report Number:***-**  |

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