COST SHARE AGREEMENT
Between the
MONTANA DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION
EASTERN LAND OFFICE
And the
USDI BUREAU OF LAND MANAGEMENT
EASTERN MONTANA DAKOTAS DISTRICT

This cost share agreement is between the agencies identified above, as negotiated for the
following incident in accordance with the Statewide Cooperative Fire Protection
Agreement #L17FMA00001/17-FI-11015600-010 executed between the parties on
(1/27/2017). The purpose of this agreement is to allocate financial responsibility for the
Cedar Creek Fire and to describe the cost division.

General Incident Information:

Incident Name: Cedar Creek
Incident Start Date and Time: 7/14/17 15:08
Origin: PVT
Township: 14N
Range: 56E
Section: 31
Estimated Size: 774
Acres at the time of this agreement: 774
Incident Cause: Human (equipment)

Incident Numbers by Protection Agency:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Incident #</th>
<th>Accounting Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>BLM</td>
<td>MT-MCD-203</td>
<td>K5LU</td>
</tr>
<tr>
<td>DNRC</td>
<td>MT-MCD-203</td>
<td>847004</td>
</tr>
</tbody>
</table>

Cost Share Period: This agreement becomes effective on the date indicated below and will
remain in effect until amended or terminated.

State date/time: 7/14/2017 15:08
End date/time: End of Incident

Other conditions relative to this agreement:

1. Costs incurred by cooperators not engaged with the host agency or IMT in the fire
   suppression activities will not be included as a part of this cost share agreement.
2. Responsibility for tort claim costs will not be a part of this agreement. Responsibility for
   these costs will be determined outside this agreement.
3. Costs for accountable, sensitive, and durable property purchased by each agency will be
   charged directly to that agency and will not be shared.
4. Non-suppression rehabilitation costs are the responsibility of the jurisdictional agency
   and will not be shared.
5. Each agency will bill for their costs as outlined in the Cooperative Fire Agreement billing
   procedures.
Cost Share Methodology:

The percentage of acres burned methodology was chosen for these fires because the values at risk and the effort was equal for all agencies involved. See attached map for incident acreage.

Final Agency Apportionment:

1. Federal Share:
   a. USFS    %
   b. BLM    79%
   c. FWS    %
   d. NPS    %
   e. BIA    %

2. State Share:
   a. MT    21%
   b. ID    %
   c. ND    %
   d. other %

Principal Contacts:

The following personnel are the principal contacts:

<table>
<thead>
<tr>
<th>Title:</th>
<th>Name:</th>
<th>Agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Administrator</td>
<td>Chris Pileski</td>
<td>MT DNRC</td>
</tr>
<tr>
<td>Agency Representative</td>
<td>Diane Friez</td>
<td>BLM</td>
</tr>
<tr>
<td>Agency Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency Representative</td>
<td>Sarah Lee</td>
<td>BLM</td>
</tr>
<tr>
<td>Incident Business Advisor(s)</td>
<td>Crisafulli/Jones</td>
<td>Dawson Co/BLM</td>
</tr>
<tr>
<td>Incident Commander(s)</td>
<td></td>
<td></td>
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<tr>
<td>Other IMT members as</td>
<td></td>
<td></td>
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<tr>
<td>appropriate</td>
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Signatures of Authorized Personnel & Attachments:

This agreement and the apportionment described are our best judgments of fair and equitable agency cost responsibilities.

List and include appropriate attachments: Map attached

Original Agreement: #1
Supplemental Agreement: Number___ Supersedes Agreement #____ Dated________

Agency Name: Eastern Land Office, MT DNRC
Address: 321 Main St Suite 11, P.O. Box 1794
City, State Zip: Miles City MT 59301

Signature: [Signature]
Chris Pileski, Area Manager
Date: 10/23/17

Agency Name: Miles City Field Office, BLM
Address: 111 Garryowen Road
City, State Zip: Miles City MT 59301

Signature: [Signature]
Diane Friez, District Manager
Date: 10/24/17