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 (02/21/2017). The purpose of this agreement is to allocate financial responsibility as agreed upon and to describe the cost division.

General Incident Information:

Incident Name: Pumpkin
Incident Start Date and Time: 8/06/2020 12:55
Origin: BLM
Township: 5N
Range: 48E
Section: 9
Estimated Size: Unknown
Acres at the time of this agreement: 1289.6

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>MCD-223</td>
<td>NDU2</td>
</tr>
<tr>
<td>DNRC</td>
<td>MCD-223</td>
<td>740001</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: 8/06/2020 12:55
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 this fire 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 46.5%
   - c. FWS %
   - d. NPS %
   - e. BIA %

2. State Share:
   - a. MT 53.5%
   - 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>Eric Lepisto</td>
<td>BLM</td>
</tr>
<tr>
<td>Agency Administrator</td>
<td>Sarah Lee</td>
<td>BLM</td>
</tr>
<tr>
<td>Incident Business</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advisor(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incident Commander(s)</td>
<td>Dan Decker</td>
<td>County</td>
</tr>
<tr>
<td></td>
<td>Matt Harding</td>
<td>BLM</td>
</tr>
<tr>
<td></td>
<td>Jake Miller</td>
<td></td>
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</table>

Other IMT members as appropriate
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: ____________ Date: 9/14/20
Chris Pileski, Area Manager

Agency Name: Eastern Montana/Dakotas District, BLM
Address 111 Garryowen Road
City, State Zip Miles City MT 59301

Signature: ____________ Date: 9/29/20
Eric Lepisto MCFO Manager
Pumpkin 8/6/20
BLM: 598.8, PRI: 445.1, State: 245.7
Total: 1,289.6 acres