

SUPPLEMENTAL AGREEMENT NO. 8

REQUESTED BY: Dale Gregory DATE: _____

CLIENT: Virgin Islands Port Authority REFERENCE URS JOB NO.: _____

ADDRESS: P.O. Box 301707 CLIENT P.O. NO.: _____
St. Thomas, US Virgin Islands 00803-1707

To confirm your authorization for additional services as they relate to our existing Agreement dated October 27, 2008, URS, will furnish the following:

Professional Planning Services for the Freedom Air International Hangar at the Cyril E. King Airport.

Proposed Scope Items are as Follows: _____

1. Review/Update the General Aviation Apron Utilization Plan to best Define the Location for the Hangar. Consider the Oil/Water Separator may Require Relocation.
2. Complete a Shadow Study to Ensure Line-of-Sight from the ATCT to the Hold Position Markings of the Taxiways.
3. Update the ALP for the Proposed Development.
4. Coordinate with FAA via Conference Call with VIPA, FAA and URS prior to Formal Submittal of ALP and Airspace Determination.
5. Submit electronic 7460-1 Notice of Proposed Construction for Permanent Facility and Temporary Cranes used during Construction.
6. Respond to Comments.

The estimated cost of the services is \$ 5,500.00. Client agrees to pay URS as compensation for its services on a monthly basis as invoices are submitted. One of the following methods of payments will be used:

- 1- () According to the hourly rate schedule attached.
- 2- () According to the provisions set forth for additional services in the original Agreement.
- 3- (X) A lump sum fee of \$ 5,500.00.
- 4- () Other method as described in Attachment _____.

The above services are anticipated to be completed within 2 months after receipt of this signed Authorization. All other provisions of our original Agreement dated October 27, 2008 remain in effect.

If the above meets with your approval, please sign in the appropriate space on both copies of this Authorization, retain one copy for your files, and return one copy to URS.

Agreed to: _____
Virgin Islands Port Authority
(CLIENT'S NAME)

Agreed to: _____
URS Caribe, LLP

BY: _____
Authorized Signature

BY:  _____
Authorized Signature

Signer's Name (Typed or Printed)

Steven G. Henriquez, P.E.

Signer's Name (Typed or Printed)

Date: _____

Date: 11/5/10

Title: _____

Title: Vice President