MENDMENT OF SOLICITATION/MODIFIC	CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
0003	09/15/2010		
ISSUED BY CODE	FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE FMPS
CONSUMER PRODUCT SAFETY COM		CONSUMER PRODUCT SAFETY C	OMMISSION
OIV OF PROCUREMENT SERVICES		DIV OF PROCUREMENT SERVIC	ES
330 EAST WEST HWY		4330 EAST WEST HWY ROOM 517	
ETHESDA MD 20814	•	BETHESDA MD 20814	
NAME AND ADDRESS OF CONTRACTOR (No., street	el, county, State and ZIP Code)	(X) 9A. AMENDMENT OF SOLICITATION NO.	
ARIA ROSARIO-COLON	¥		
D MEDICAL RECORDS DEPT		98. DATED (SEE ITEM 11)	
OSPITAL PAVIA			
463 ASIA STREET PO BOX 1113	7	10A. MODIFICATION OF CONTRACT/ORDER	NO.
ANTURCE PR 00910	•	× CPSC-N-10-0031	
ODE VIEW CONTRACTOR	FACILITY CODE	10B. DATED (SEE ITEM 13)	
		11/24/2009	
The above numbered solicitation is amended as set fi		O AMENDMENTS OF SOLICITATIONS	anded illis not avtended
		he solicitation or as amended, by one of the following m	ended, []] is not extended. ethods: (a) By completing
Items 8 and 15, and returning co	oples of the amendment; (b) By acknow	redging receipt of this amendment on each copy of the	offer submitted; or (c) By
		INDERS. FAILURE OF YOUR ACKNOWLEDGEMENT T DATE SPECIFIED MAY RESULT IN REJECTION OF 1	
	er already submitted, such change may	y be made by telegram or letter, provided each telegram	
ACCOUNTING AND APPROPRIATION DATA (If ner	an den alt		\$397.00
ee Schedule	N1	et Decrease:	-4391.00
13. THIS ITEM ONLY APPLIES TO N	ADDIFICATION OF CONTRACTS/ORD	ERS. IT MODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.
A. THIS CHANGE ORDER IS ISSUED	PURSUANT TO: (Specify authority) T	HE CHANGES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIED TO REFLET H IN ITEM 14, PURSUANT TO THE A	CT THE ADMINISTRATIVE CHANGES (such as change UTHORITY OF FAR 43,103(b).	s in paying office,
C. THIS SUPPLEMENTAL AGREEMEN			
C. THIS SUFFLEMENTAL AGREEMEN	THE ENTERED INTO PURSUANT IC		
D. OTHER (Specify type of modification	and authority)		
X UNILATERAL MODIFICAT	TION, FAR 43.103(b)		
IMPORTANT: Contractor Is not.	is required to sign this document	and returnO copies to the issui	ng office.
-,	(Organized by UCF section headings.	Including solicitation/contract subject matter where feas	sible.)
UNS Number: 80			
SPITAL ID# 4N391055			
dification 0003 adjusts th	e quantity of surve	illance reports for FY-2010	as follows:
YEM #1 is changed as follow	s: (see page 2).		
	و و بر		
4	of this contract i	s decreased by \$397.00, from	n \$9,909.60 to
9,512.60.			
ontípuod			
ontinued			6 D &
xcept as provided herein, all terms and conditions of th 5A. NAME AND TITLE OF SIGNER (Type or print)	te document referenced in item 9A or	10A, as heretofore changed, remains unchanged and in 16A. NAME AND TITLE OF CONTRACTING OFF	
a contract of the second s			cours (sype or print)
		Doris B. Kessler	
	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
58. CONTRACTOR/OFFEROR			09/15/2010
5B. CONTRACTOR/OFFEROR (Signeture of person authorized to sign)		(Signature of Contracting Difficer)	
(Signeture of person authorized to sign) SN 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)
(Signature of person authorized to sign)			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA
(Signature of person authorized to sign) N 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)
(Signature of person authorized to sign) N 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA

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CONTINUATION CUEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE ()F
CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-10-0031/0003	2	2

•.

NAME OF OFFEROR OR CONTRACTOR

PL.	AKT	A ROS	ARIO-C	OLON

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
<u>رم</u>)				(11)	(=)
	2,150				
	TOTAL QTY FOR ITEM #1: 2,711/EA	ч.			
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
	is the obligated amount):				
0001	ESTIMATED QUANTITY	-100	EA	3.97	-397.0
	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT			[
	OF WORK.			[
	MINIMUM QTY: 563				
	MAXIMUM QTY: 2,813	1 ·			
	Accounting Info:				
	10-PS-EXFM-4310				
	Funded: \$0.00 Accounting Info:				
	0100A10DPS-2010-1117900000-EXFM004310-252E0				
	Funded: -\$397.00				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.				
	5. C				
N 7540-01-15	2-007	I			OPTIONAL FORM 336 (4-86)
					Sponsored by GSA FAR (48 CFR) 53.110

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