

Todd Stevenson

ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

| | | | |
|--------------------------------|--|---|--|
| 1. DATE OF ORDER 01/11/2010 | 2. CONTRACT NO. (If any) CPSC-N-10-0071 | 6. SHIP TO: a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION | |
| 3. ORDER NO. | 4. REQUISITION/REFERENCE NO. | | |

| | | | |
|---|--|---|----------------------|
| 5. ISSUING OFFICE (Address correspondence to) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 | | b. STREET ADDRESS DIV OF HAZARD & INJURY DATA SYS 4330 EAST WEST HIGHWAY ROOM 604-26 | |
| | | c. CITY BETHESDA | e. ZIP CODE 20814 |

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| 7. TO: ROBERT J HECKERT CEO | f. SHIP VIA |
| a. NAME OF CONTRACTOR DAVISS COUNTY HOSPITAL | |

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|--|--|----------------|---|
| b. COMPANY NAME | 8. TYPE OF ORDER <input checked="" type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. | | <input type="checkbox"/> b. DELIVERY Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract. |
| c. STREET ADDRESS 1314 EAST WALNUT STREET PO BOX 760 | d. CITY WASHINGTON | e. STATE IN | f. ZIP CODE 47501-2120 |

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| 9. ACCOUNTING AND APPROPRIATION DATA See Schedule | 10. REQUISITIONING OFFICE CONSUMER PRODUCT SAFETY COMMISSION |
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|---|---|---|--|--------------------------------|
| 11. BUSINESS CLASSIFICATION (Check appropriate box(es)) | | | | 12 F.O.B. POINT Destination |
| <input type="checkbox"/> a. SMALL | <input checked="" type="checkbox"/> b. OTHER THAN SMALL | <input type="checkbox"/> c. DISADVANTAGED | <input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED | |
| <input type="checkbox"/> d. WOMEN-OWNED | <input type="checkbox"/> e. HUBZone | <input type="checkbox"/> f. EMERGING SMALL BUSINESS | | |

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|------------------------------|------------------------------|-----------------------|--|------------------------------|
| 13 PLACE OF | | 14 GOVERNMENT B/L NO. | 15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Multiple | 16. DISCOUNT TERMS Net 30 |
| a. INSPECTION Destination | b. ACCEPTANCE Destination | | | |

17. SCHEDULE (See reverse for Rejections)

| ITEM NO. (a) | SUPPLIES OR SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|--------------|---|----------------------|----------|----------------|------------|-----------------------|
| | DUNS Number: [REDACTED] HOSPITAL ID#: 3C1 [REDACTED] BASIC CONTRACT: 10/01/09 THRU 09/30/10 This contract is being incrementally funded in the amount of \$7,697.23 for the period Continued ... | | | | | |

| | | | | |
|-------------------------------------|--------------------------------|--|-----------------|---------------------------|
| SEE BILLING INSTRUCTIONS ON REVERSE | 18. SHIPPING POINT | 19. GROSS SHIPPING WEIGHT | 20. INVOICE NO. | 17(h) TOTAL (Cont. pages) |
| | 21. MAIL INVOICE TO: | | | |
| | a. NAME | CONSUMER PRODUCT SAFETY COMMISSION | | \$7,697.23 |
| | b. STREET ADDRESS (or P O Box) | DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 | | \$7,697.23 |
| c. CITY | d. STATE | e. ZIP CODE | | |
| | BETHESDA | MD | 20814 | 17(i) GRAND TOTAL |

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| 22 UNITED STATES OF AMERICA BY (Signature)  | 23 NAME (Typed) Doris B. Kessler TITLE: CONTRACTING/ORDERING OFFICER |
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**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

PAGE NO

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| DATE OF ORDER 01/11/2010 | CONTRACT NO. CPSC-N-10-0071 | ORDER NO. |
|-----------------------------|--------------------------------|-----------|

| ITEM NO. (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|-----------------|--|-------------------------|-------------|-------------------|---------------|--------------------------|
| 0001 | <p>October 1, 2009 through January 31, 2010. Additional funds will be provided, by modification, when funds become available. Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,050 MAXIMUM QTY: 5,250</p> <p>Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$7,392.00 Period of Performance: 10/01/2009 to 09/30/2010</p> | 1400 | EA | 5.28 | 7,392.00 | |
| 0002 | <p>ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</p> <p>MINIMUM QTY: 70 MAXIMUM QTY: 700</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$305.23 Period of Performance: 10/01/2010 to 09/30/2011</p> | 233 | EA | 1.31 | 305.23 | |
| 0003 | <p>OPTION PERIOD: 10/01/10 THRU 09/30/11</p> <p>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. Continued ...</p> | 4200 | EA | 5.28 | 0.00 | |

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$7,697.23

**ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION**

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| DATE OF ORDER 01/11/2010 | CONTRACT NO. CPSC-N-10-0071 | ORDER NO. |
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| ITEM NO (a) | SUPPLIES/SERVICES (b) | QUANTITY ORDERED (c) | UNIT (d) | UNIT PRICE (e) | AMOUNT (f) | QUANTITY ACCEPTED (g) |
|----------------|--|----------------------------|-------------|----------------------|---------------|-----------------------------|
| 0004 | <p>MINIMUM QTY: 1,050 MAXIMUM QTY: 5,250 Amount: \$22,176.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$22,176.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</p> <p>MINIMUM QTY: 70 MAXIMUM QTY: 700 Amount: \$917.00 (Option Line Item) 10/01/2010</p> <p>Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$917.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011</p> <p>The total amount of award: \$30,790.23. The obligation for this award is shown in box 17(i).</p> | 700 | EA | 1.31 | 0.00 | |

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$0.00