AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID GODE	PAGE OF PAGES
			1 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
0003 6. ISSUEPBÝ CODE	02/25/2011	7. ADMINISTERED BY (If other than Item 6)	CODE
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	ISSION		
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and 21P Code)	100 9A. AMENDMENT OF SOLICITATION NO.	
MADIGAN ARMY MEDICAL CENTER ATTN FRANCES W CLARK ADMIN OF DEPT OF EMERGENCY MEDICINE MO FACOMA WA 98431-0001	FFICER	98. DATEO (SEE ITEM 11) × 10A. MODIFICATION OF CONTRACT/ORDE CPSC-N-10-0113	R NO.
		10B. DATED (SEE ITEM 13)	
CODE	FACILITY CODE	03/06/2010	
	11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLICITATIONS	
THE PLACE DESIGNATED FOR THE RECEIPT OF 6 virtue of this amendment you desire to change an ofference to the solicitetion and this amendment, and 12 ACCOUNTING AND APPROPRIATION DATA (# reg 0100A11DPS 2011 1117 900000 E	r already submitted, such change may bis received prior to the opening hour and unred) Net XFM004310 252E0	e made by telegrem or letter, provided each telegra	s 9, 030.00
B. THE ABOVE NUMBERED CONTRAC appropriation date, etc.) SET FORTH	CT/ORDER IS MODIFIED TO REFLECT IN ITEM 14, PURSUANT TO THE AUT		
C. THIS SUPPLEMENTAL AGREEMEN	I IS ENTERED INTO PORSONNT TO A	RUTHURITT OF:	
D. OTHER (Specify type of modification	and authority)		
X SECTION 1.6., OPTION	TO EXTEND THE TERM	OF THE CONTRACT	
E. IMPORTANT: Contractor X is not.	is required to sign this document an	nd return0 copies to the iss	suing office.
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID# 6W861016 The purpose of this modifica 1, 2010 through September 30	tion is to exercise	the option year for the p	eriod of October
Continued Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	ie document referenced in Item 9A or 10	16. NAME AND TITLE OF CONTRACTING O	
15B CONTRACTOR/OFFEROR	15C, DATE SIGNED	168. UNITED STATES OF AMERICA	16C, DATE SIGNED
THE WASTERNANCE WINDS	ISO. DATE GIGNED	Loris B. Ka	02/25/2011
(Signature of person authorized to sign)		(Signature of Contracting Officer)	
NSN 7540-01-152-8070			STANDARD FORM 30 (REV. 10-83)

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53 243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (OF.
	CPSC-N-10~0113/0003	2	2

NAME OF OFFEROR OR CONTRACTOR

MADIGAN ARMY MEDICAL CENTER

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #2: 10,500/EA		╁		
	Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.	3300	EA	0.86	9,030.0
	MINIMUM QTY: 2,625 MAXIMUM QTY: 13,125				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED				
	AND IN FULL FORCE AND EFFECT.				
					•