AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE		PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4 RF	QUISITION/PURCHASE REQ. NO.	5. PRC	1 2 JECT NO. (If applicable)		
	09/20/2011				• • • •		
0002 6. ISSUED BY CODI		7. AL	MINISTERED BY (If other than Item 6)	CODE			
CONSUMER PRODUCT SAFETY COMDIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	MISSION						
R NAME AND ADDRESS OF CONTRACTOR (No. 18)	eel, county, State and ZIP Code)	4.3 9	A AMENDMENT OF SOLICITATION NO.				
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  STEWART MEMORIAL COMMUNITY HOSPITAL  ATTN KRIS BAUMGART CEOADMINISTRATOR  1301 WEST MAIN STREET  LAKE CITY IA 51449-1585			SA AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)  X 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0120  10B. DATED (SEE ITEM 13)				
CODE	FACILITY CODE		03/02/2010				
	11. THIS ITEM ONLY APPLIES	S TO AMEND	MENTS OF SOLICITATIONS				
separate letter or telegram which includes a referent THE PLACE DESIGNATED FOR THE RECEIPT O virtue of this amendment you desire to change an or reference to the solicitation and this amendment, an	ice to the solicitation and amendment F OFFERS PRIOR TO THE HOUR A iffer already submitted, such change in and is received prior to the opening hou	t numbers. F AND DATE S may be made	PECIFIED MAY RESULT IN REJECTION by telegram or letter, provided each teleg	OF YOUR OF	CEIVED AT FER. If by		
12. ACCOUNTING AND APPROPRIATION DATA (IF 0 0 1 0 0 A 1 1 D PS 2011 1117900000	_ ` _ · _ ·	Net In	crease:	\$1,67	1.40		
ORDER NO. IN ITEM 10A.	ACT/ORDER IS MODIFIED TO REF ITH IN ITEM 14, PURSUANT TO THE	LECT THE A	GES SET FORTH IN ITEM 14 ARE MAD  DMINISTRATIVE CHANGES (such as ch. Y OF FAR 43.103(b).  RITY OF:				
D. OTHER (Specify type of modification	on and authority)						
X UNILATERAL MODIFICA	ATION, FAR 43.103(b	<b>)</b>					
E.IMPORTANT: Contractor Sis not.	is required to sign this docume	ent and return	0 copies to the	issuing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 0+3633434 HOSPITAL ID# 3K212055 Modification No. 0002 adjus			·				
ITEMS 3 and 4 are changed a	s follows: (see pa	ge 2).					
For FY-2011 the total amoun \$13,067.80.	t of this contract	is in	creased by \$1,671.40,	from \$	11,396.40 to		
Continued							
Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	The document referenced in Item 9A		eretofore changed, remains unchanged as NAME AND TITLE OF CONTRACTING				
			ris B. Kessler		es so bound		
158. CONTRACTOR/OFFEROR	15C. DATE SIGN		UNITED STATES OF AMERICA	sour	16C. DATE SIGNED		
(Signature of person authorized to sign)		2	(Signature of Confracting Officer)		09/30/2011		
NSN 7540-01-152-8070				STANDA	RD FORM 30 (REV. 10-83)		

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED		F
	CPSC-N-10-0120/0002	2	2

NAME OF OFFEROR OR CONTRACTOR
STEWART MEMORIAL COMMUNITY HOSPITAL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
				į	
	TOTAL QTY FOR ITEM #3: 775/EA				
	TOTAL QTY FOR ITEM #4: 260/EA				
	Change Item 0003 to read as follows(amount shown	1			
	is the obligated amount):	1			
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	75	EA	15.56	1,167.
	NDFORTS.				
	Change Item 0004 to read as follows(amount shown				
	is the obligated amount):				
0004	SUPPLEMENTAL/SPECIAL STUDY REPORTS.	130	EA	3.88	504.
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
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7540-01-150		<u></u>			