	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES			
. AMENDME				1 2			
	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)			
ISSUED BY	Y CODE	08/19/2010	7 ADMINISTERED BY (If other than item 6)	CODE FMDC			
10,000,00	CODE	FMPS	ADMINISTERED BY IT OTHER THAN HEM OF	FMPS			
	ER PRODUCT SAFETY COMM	IISSION	CONSUMER PRODUCT SAFETY				
	PROCUREMENT SERVICES		DIV OF PROCUREMENT SERVICES				
1330 EA	AST WEST HWY		4330 EAST WEST HWY ROOM 517				
	DA MD 20814		BETHESDA MD 20814				
. NAME AND	DADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.				
ACKSON'	VILLE MEDICAL CENTER						
TTN ROI	BBIN CURLEE CFO		9B. DATED (SEE ITEM 11)				
701 PE	LHAM ROAD SOUTH						
O BOX 9	999		10A. MODIFICATION OF CONTRACT/ORDI	ER NO.			
ACKSON	VILLE AL 36265	k	* CPSC-N-10-0133				
A CONTRACTOR OF THE PARTY OF TH			108. DATED (SEE ITEM 13)				
ODE -	and the same of th	FACILITY CODE	03/23/2010				
	:	11. THIS ITEM ONLY APPLIES TO	MENDMENTS OF SOLICITATIONS				
THE PLAC	etter or telegram which includes a raference E DESIGNATED FOR THE RECEIPT OF	to the solicitation and amendment numb OFFERS PRIOR TO THE HOUR AND D	dging receipt of this amendment on each copy of these. FAILURE OF YOUR ACKNOWLEDGEMENT ATE SPECIFIED MAY RESULT IN REJECTION Community to the provided each teiegram or letter, provided each teiegram or letter each teiegram or le	TO BE RECEIVED AT OF YOUR OFFER. If by			
	to the solicitation and this amendment, and			an) or retres merces			
	ITING AND APPROPRIATION DATA (If req	, , NAC	Decrease:	-\$3,097.50			
)100A10	DPS-2010-1117900000-E	XFM004310-252E0		*			
	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/ORDER	S. IT MODIFIES THE CONTRACT/ORDER NO. AS	S DESCRIBED IN ITEM 14.			
CHECK ONE	A THIS CHANGE OPDED IS ISSUED I	THE INTERNATION (Specific guilbority). THE	CHANGES SET FORTH IN ITEM 14 ADE MARE	IN THE CONTRACT			
	ORDER NO. IN ITEM 10A.	OKOOANT TO GOPEONY SUNGREY) THE	CHANGES SET FORTH IN ITEM 14 ARE MADE	NA TITE GOINT OF			
	B. THE ABOVE NUMBERED CONTRAC	CT/ORDER IS MODIFIED TO REFLECT	THE ADMINISTRATIVE CHANGES (such as char HORITY OF FAR 43.103(b).	nges in paying office.			
	appropriation date, etc.) SET FORTH	I IN ITEM 14, PURSUANT TO THE AUT	HORITY OF FAR 43.103(b).				
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT TO A	UTHORITY OF:				
	D. OTHER (Specify type of modification and authority)						
	D. OTHER (Specify type of modification	and authority)					
X	D. OTHER (Specify type of modification UNILATERAL MODIFICAT						
	UNILATERAL MODIFICAT		d return copies to the is	suing office.			
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 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE CPSC-N-10-0133/0001
 OF 2
 2

NAME OF OFFEROR OR CONTRACTOR

JACKSONVILLE MEDICAL CENTER

ITEM NO.	SUPPLIES/SERVICES .	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0001	TOTAL QTY FOR ITEM #1: 2,750/EA Discount Terms:	-750		4.13	
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				