AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE			PAGE OF PAGES		
2. AMENDMENT/MODIFICATION NO.	3. EFFE	CTIVE DATE	4. REQUISITIO	N/PURCHASE REQ. NO.		CT NO.	(If applicable)		
0002	02/1	5/2011							
6 JS6UED BY	CODE FMPS		7. ADMINISTE	RED BY (If other than Item 6)	COD€				
CONSUMER PRODUCT SAFETY DIV OF PROCUREMENT SERV 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		NC							
B. NAME AND ADDRESS OF CONTRACTOR	(No., street, county, S	tale and ZIP Code)	(x) 9A. AMEND	MENT OF SOLICITATION NO).		***************************************		
am manyara ucanimi									
ST FRANCIS HOSPITAL ATTN JONATHAN WADE PRESIDENT 100 WEST US HIGHWAY 60 PO BOX 82 MOUNTAIN VIEW MO 65548-0082			98. DATED (SEE ITEM 11)						
			x CPSC-N-10-0147						
			10B. DATE	D (SEE ITEM 13)					
CODE 100 CODE	FACILIT	Y CODE	04/05	/2010					
	11. T	HIS ITEM ONLY APPLIES TO	AMENDMENTS O	FEOLICITATIONS					
separate letter or telegram which includes a THE PLACE DESIGNATED FOR THE REC virtue of this amendment you desire to cher reference to the solicitation and this amendr 12. ACCOUNTING AND APPOPRIATION D.	EIPT OF OFFERS age en offer already ment, and is receive ATA (If required)	PRIOR TO THE HOUR AND I submitted, such change may d prior to the opening hour an Ne	DATE SPECIFIED be made by telegri	MAY RESULT IN REJECTION am or letter, provided each tele	OF YOUR OFFER	t Hby			
0100A11DPS 2011 1117900		04310 252E0							
13. THIS ITEM ONLY APPL	JES TO MODIFICA	TION OF CONTRACTS/ORDE	RS. IT MODIFIES	THE CONTRACT/ORDER NO.	AS DESCRIBED IN	ITEM :	14.		
A. THIS CHANGE ORDER IS ORDER NO. IN ITEM 10A.	ISSUED PURSUA!	NT TO: (Specify authority) TH	E CHANGES SET	FORTH IN ITEM 14 ARE MAD	E IN THE CONTRA	ACT			
B. THE ABOVE NUMBERED appropriation date, etc.) SI	CONTRACT/ORDE	R IS MODIFIED TO REFLECT 14, PURSUANT TO THE AU	THE ADMINISTR	RATIVE CHANGES (such as ch 143.103(b).	anges in paying of	lice,			
C. THIS SUPPLEMENTAL AG	REEMENT IS ENT	ERED INTO PURSUANT TO	AUTHORITY OF:						
D. OTHER (Specify type of me	odification and auth	ority)				-2,000			
X SECTION I.6., O	PTION TO E	EXTEND THE TERM	OF THE CO	ONTRACT					
E. IMPORTANT: Contractor	is not. 🗆 is rec	juired to sign this document as	nd return	O copies to the	issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIFICATION OF THE PROPERTY OF T	ICATION (Organiza	d by UCF section headings, ii	ncluding solicitation	n/contract subject matter where	a feasible.)				
The purpose of this mod 1, 2010 through Septemb			the option	on year for the	period of	Oct	ober		
ITEM #2 is changed as f	ollows: (s	ee p age 2).							
Continued									
Except ex provided herein, all terms and cond	itions of the docume	int referenced in Item 9A or 10	A, as heretofore d	hanged, remains unchanged ar	nd in full force and e	effect.			
ISA. NAME AND TITLE OF SIGNER (Type or	print)			NO TITLE OF CONTRACTING	OFFICER (Type or	r print)			
		Lea han harra		. Kessler		1455	DATE BIOLICO		
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	TOU. UNITED S	(Signature of Contricting Officer)	elir		2/15/2011		
(Signature of person authorized to signs NSN 7540-01-152-8070	<u>ry</u>			(Signature of Contracting Officer)	STANDARD FO	ORM 30	(REV. 10-83)		
Previous adition unusable					Prescribed by 0	3SA	•		

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED		OF	
	CPSC-N-10-0147/0002	2	2	

NAME OF OFFEROR OR CONTRACTOR

ST FRANCIS HOSPITAL QUANTITY UNIT SUPPLIES/SERVICES UNIT PRICE **AMOUNT** ITEM NO. (C) (D) (E) (B) (A) Change Item 0002 to read as follows(amount shown is the obligated amount): 600 EA 2.11 1,266.00 0002 ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS. 150 MINIMUM QTY: 750 MAXIMUM QTY: Period of Performance: 10/01/2010 to 09/30/2011 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.