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STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

| Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler 15B CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF APERICA, 04/15/2010 | | | | | | Er | | | |
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| Continued Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler 15B CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF ADERICA 16C. DATE SIGNED 04/15/2010 | | | | | | | | | |
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| 15A NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler 15C. DATE SIGNED 15B CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B UNITED STATES OF ADERICA 16C. DATE SIGNED 16B UNITED STATES OF ADERICA 04/15/2010 | Continued | | | | | | | | |
| 15A NAME AND TITLE OF SIGNER (Type or print) 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Doris B. Kessler 15C. DATE SIGNED 15B CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B UNITED STATES OF ADERICA 16C. DATE SIGNED 16B UNITED STATES OF ADERICA 04/15/2010 | Except as provided herein, all terms and | conditions of the c | locument referenced in Item 9A o | r 10A, as h | eretofore changed, remains unchanged and | in full force and effect. | | | |
| 15B CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF ADERICA, 16C. DATE SIGNED 04/15/2010 | | · | | | | | | | |
| 15B CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF ADERICA, 16C. DATE SIGNED 04/15/2010 | | | | | ris B Kossler | | | | |
| epris 3 Kladle 04/15/2010 | | | | | | | | | |
| 04/15/2010 | ID CONTRACTOR/OFFERUR | | TSU. DATE SIGNE | | UNITED STATES DEADERICA | 16C. DATE SIGNED | | | |
| (Signature of person authorized to sign) (Signature of Contracting Officer) | | | | | pro 10 Meas | 04/15/2010 | | | |

(Signature of person authorized to sign) NSN 7540-01-152-8070 Previous edition unusable

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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-G-10-0056/0001

PAGE OF 2 2

> AMOUNT (F)

> > 540.00

NAME OF OFFEROR OR CONTRACTOR EXAMINER

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE |
|----------|--|----------|------|------------|
| (A) | (B) | (C) | (D) | (E) |
| 0001 | TOTAL QTY FOR ITEM #1: 65/EA Discount Terms: Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814 FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010 Change Item 0001 to read as follows (amount shown is the obligated amount): ESTIMATED QUANTITY MEDICAL EXAMINER'S/CORONER'S ALERT PROGRAM (MECAP) REPORTS TO BE SUBMITTED FOR THE PERIOD OCTOBER 1, 2009 THROUGH SEPTEMBER 30, 2010, IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. | 45 | EA | 12.00 |