AMENDMENT OF SOLICITATION/MC	DIFICATION OF CONTRACT		1 CONTRACT ID CODE	PAGE OF PAGES				
2 AMENDMENT/MODIFICATION NO	3. EFFECTIVE DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5 PROJECT NO (If applicable)				
0002	03/01/2010		, and the second					
	CODE FMPS	7. A	7. ADMINISTERED BY (If other than Item 6) CODE FMPS					
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814					
8 NAME AND ADDRESS OF CONTRACTOR (A	lo., street, county, State and ZIP Code)	(x) ⁵	BA. AMENDMENT OF SOLICITATION NO.					
DENISE WELCH ATTN DENISE WELCH]	OB. DATED (SEE ITEM 11)					
BOULDER CITY NV 89005-3023			10A MODIFICATION OF CONTRACT/ORDER CPSC-N-10-0008					
			OB. DATED (SEE ITEM 13)					
CODE	FACILITY CODE	\neg	11/10/2009					
The second secon	11. THIS ITEM ONLY APPLIES	TO AMEN	DMENTS OF SOLICITATIONS					
CHECK ONE A. THIS CHANGE ORDER IS IS ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CC appropriation date, etc.) SET	00 EXFM004310 252E0 s to Modification of contracts/or	THE CHAI	MODIFIES THE CONTRACT/ORDER NO. AS D NGES SET FORTH IN ITEM 14 ARE MADE IN ADMINISTRATIVE CHANGES (such as change TY OF FAR 43, 103(b).	I THE CONTRACT				
D. OTHER (Specify type of modi	fication and authority)							
X UNILATERAL MODIF	ICATION, FAR 43.103(b))						
E. IMPORTANT: Contractor 🗓 is	not, is required to sign this documen	nt and retur	n 0 copies to the issu	ing office.				
14 DESCRIPTION OF AMENDMENT/MODIFICATION Number: 7 HOSPITAL ID#: 8S152077 BASIC CONTRACT: 10/01/09 Modification No. 0002 pro	THRU 09/30/10 ovides additional fund	ling i	n the amount of \$5,157.					
TOTAL QTY FOR ITEM #1: 3 Continued Except as provided herein, all terms and condition 15A NAME AND TITLE OF SIGNER (Type or pro	ns of the document referenced in Item 9A or	16A	NAME AND TITLE OF CONTRACTING OFF					
			ris B. Kessler					
15B CONTRACTOR/OFFEROR	15C. DATE SIGNE	D 16B	UNITED STATES OF AMERICA	16C. DATE SIGNED				
(Signature of person authorized to sign)			(Signature of Contracting Officer)	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 ()F
	CPSC-N-10-0008/0002	2	2

NAME OF OFFEROR OR CONTRACTOR

DENISE WELCH

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	TOTAL QTY FOR ITEM #2: 40/EA				
	TOTAL AMOUNT FULLY FUNDED FOR FY-2010: \$8,841.80				
	Discount Terms:				
	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):				
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	1925	EA	2.67	5,139.75
	MINIMUM QTY: 825 MAXIMUM QTY: 4,125				
	Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	23	EA	0.77	17.71
	MINIMUM QTY: 4 MAXIMUM QTY: 40				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
NSN 7540-01-15					OPTIONAL FORM 336 (4-86)