AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1 CONTRACT ID CODE		PAGE OF PAGES			
				ls s	1 2			
2. AMENDMENT/MODIFICATION NO	3 EFFECTIVE DATE	4 RI	EQUISITION/PURCHASE REQ_NO	5	PROJECT NO. (If applicable)			
0001 6 ISSUED BY CODE	See Block 16C	7 0	OMINISTERED BY (If other than Item 6)	COE	ne l			
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	IFMPS FISSION							
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.		<u> </u>			
HEALTH AND SOCIAL SERVICES ALASKA DEPARTMENT OF ATTN ANDREW JESSEN 350 MAIN ST RM 427 JUNEAU AK 99801-1149			98 DATED (SEE ITEM 11) 10A MODIFICATION OF CONTRACT/ORDER NO CPSC-H-16-0002 10B DATED (SEE ITEM 13)					
CODE	FACILITY CODE	1	03/18/2016					
	11. THIS ITEM ONLY APPLIES TO	AMEN						
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12 ACCOUNTING AND APPROPRIATION DATA (If rec SUBJECT TO THE AVAILABILITY 13. THIS ITEM ONLY APPLIES TO INCREDE A THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A B THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	e to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND D er already submitted, such change may dis received prior to the opening hour an quired) OF FUNDS MODIFICATION OF CONTRACTS/ORDER PURSUANT TO (Specify authority) THE ACT/ORDER IS MODIFIED TO REFLECT HIN ITEM 14, PURSUANT TO THE AUTHORITY WIT IS ENTERED INTO PURSUANT TO A	bers ATE S be ma d date RS. II E CHA	SPECIFIED MAY RESULT IN REJECTION OF ade by telegram or fetter, provided each telegram provided each telegram or fetter, provided each telegram or modifies the contract/order no. As anges set forth in ITEM 14 ARE MADE ADMINISTRATIVE CHANGES (such as charactry of far 43.103(b).	T TO BE ! F YOUR (am or let) S DESCR	RECEIVED AT OFFER If by Itter makes RIBED IN ITEM 14.			
D. OTHER (Specify type of modification X EXERCISE OPTION - U	n and authority) NILATERAL MODIFICATI	ON	FAR 52 517-9					
	702			reuioa off	Nica .			
E. IMPORTANT: Contractor (X) is not. 14 DESCRIPTION OF AMENDMENT/MODIFICATION	is required to sign this document a							
DUNS Number: COR: Zsuzsanna Kocsis PHONE: (301) 504-7402 EMAIL: zkocsis@cpsc.gov Modification 0001 to contract	ct CPSC-H-16-0002 is	he	reby issued to exercise	e the	e first option			
period beginning October 1, 52.517-9, Option to Extend at the rates specified in t	the Term of the Cont	rac	t. The exercise of th	is op				
Continued								
Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 115A. NAME AND TITLE OF SIGNER (Type or print)			10A, as heretofore changed, remains unchanged and in full force and effect 16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Greq A. Grayson					
15B CONTRACTOR/OFFEROR	15C DATE SIGNED		168 INITED STATES OF AMERICA	401	16C DATE SIGNED/ 9/14/20/			
(Signature of person authorized to sign)			signature of Contracting Officer)		NDARD FORM 30 (REV 10-83)			
NSN 7540-01-152-8070 Previous edition unusable			U	Pres	NDARD FORM 30 (REV 10-83) scribed by GSA (48 CFR) 53 243			

 CONTINUATION SHEET
 REFERENCE NO OF DOCUMENT BEING CONTINUED CPSC-H-16-0002/0001
 PAGE 2
 OF 2

NAME OF OFFEROR OR CONTRACTOR

HEALTH AND SOCIAL SERVICES ALASKA DEPARTMENT OF

		(C)	(D)	(E)	(F)
G p n	This option is being issued subject to the Availability of Funds Clause (SAF). The Government is not liable to, and shall not, provide payment to the Contractor until written notification to the Contractor, via modification, that funds are now available.				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
1	FIRST OPTION PERIOD OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017				
0003 N	NOT TO EXCEED: 120	120	EA	20.00	0.0
S	ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017.				
C	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$2,400.00 (Subject to Availability of Funds)				
	Change Item 0004 to read as follows(amount shown is the obligated amount):	!			
P.	COMPUTER PRINTOUT(S) IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016, THROUGH SEPTEMBER 30, 2017.	1	BN	100.00	0.0
	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$100.00 (Subject to Availability of Funds)				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.		:		