AMENDMENT OF SOLICITATION/MODIFICA	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OI	F PAGES 2
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5 Pf	ROJECT NO	D. (If applicable)
0003	See Block 16C	REQ-4310-17-0150				
6 ISSUED BY CODE	FMPS	7. ADI	MINISTERED BY (If other than Item 6)	COD	E	
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	ISSION					
8 NAME AND ADDRESS OF CONTRACTOR (No., street	, county_State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.			
ALAMANCE REGIONAL MEDICAL CEN 1240 HUFFMAN MILL ROAD BURLINGTON NC 27215-8700	NTER INC	98 × 10 C	A MODIFICATION OF CONTRACT/ORDER PSC-N-14-0048 B. DATED (SEE ITEM 13)	R NO.		
CODE	FACILITY CODE	1 6	06/03/2014			
	11. THIS ITEM ONLY APPLIES TO	1 1				
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A.	OFFERS PRIOR TO THE HOUR AND E or already submitted, such change may is received prior to the opening hour an uired) EXHRO04310 252E0 RODIFICATION OF CONTRACTS/ORDE PURSUANT TO. (Specify authority) TH CT/ORDER IS MODIFIED TO REFLECTH IN ITEM 14, PURSUANT TO THE AU	DATE SP be made id date s id The RS. IT M IE CHAN TITHE AL ITHORIT	ECIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegrapecified. Crease: RODIFIES THE CONTRACT/ORDER NO. AS GES SET FORTH IN ITEM 14 ARE MADE (DMINISTRATIVE CHANGES (such as change) of FAR 43,103(b).	\$11, DESCRI	OFFER If by er makes 050.00 IBED IN ITE) M 14.
D. OTHER (Specify type of modification	n and authority)				-	
X Exercise Option - U	nilateral Modificati	on F	AR 52.217-9			
E. IMPORTANT: Contractor 🗵 is not.	is required to sign this document a	and return	copies to the is	suing offi	C9	
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID #: 6A541042 - AICOR: Dennis B. Wierdak PHONE: 301-504-7430 EMAIL: dwierdak@cpsc.gov		including	solicitation/contract subject matter where fe	easible.)		
Modification 0003 to contracthree as follows:	ct CPSC-N-14-0048 is	her	eby issued to exercise	opt	ion pe	riod
1. In accordance with FAR C. Consumer Product Safety Common Continued Except as provided herein, all terms and conditions of 15A. NAME AND TITLE OF SIGNER (Type or print)	mission hereby exerc	ises	option period three f	or t	he per	riod fect.
15B. CONTRACTOR/OFFEROR	15C, DATE SIGNED	161	JUNITED STATES OF AMERICA	Cys	m	16C, DATE SIGNED 4/14/201
(Signature of person authorized to sign)			(Signature of Contracting Officer)	STAN	DARD FOF	RM 30 (REV. 10-89)
NSN 7540-01-152-8070 Previous edition unusable			V	Presc	ribed by GS (48 CFR) 53	SA

CONTINUATION SHEET	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
	CPSC-N-14-0048/0003	2	2

NAME OF OFFEROR OR CONTRACTOR

ALAMANCE REGIONAL MEDICAL CENTER INC

(3)	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
Pri 2. ir 3. 00 4 th fc Jr 5 ch Jr 6 c	Supplies/SERVICES (B) Pericing July 1, 2017 through June 30, 2018. Pericing is in accordance with line item 0004. Pericing is in accordance with line item 0004 is increased from 0 to 8,500. Pericing is in accordance with line item 0004 in the amount of \$11,050.00. Pericing is in accordance with line item 0004 in the amount of \$11,050.00 for option period three for the performance period July 1, 2017 through June 30, 2018. Additional funding will be provided via modification at a later date when funding becomes available. Change Item 0004 to read as follows(amount shown is the obligated amount): DETION PERIOD 3 JULY 1, 2017 THROUGH JUNE 30, 2018 Not To Exceed: 8,500 Perceial Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 8,500 @ \$1.30 = \$11,050.00 ALL OTHER TERM AND CONDITIONS SHALL REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.	QUANTITY (C)	(D)	UNIT PRICE (E)	11,050.00