AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					1. CONTRACT ID CODE		PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE D	DATE	14. R	EQUISITION/PURCHASE REQ. NO.	5. P	ROJECT NO. (If applicable)				
_				REQ-4310-17-0107							
0003 6, ISSUED BY	CODE	See Bloc	K 16C	7. ADMINISTERED BY (If other than Item 6) CODE							
CONSUMER PRODUCT SAFETY DIV OF PROCUREMENT SERVI 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	COMM			-							
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)					(x) 9A. AMENDMENT OF SOLICITATION NO.						
MOUNTAIN STATES HEALTH ALLIANCE 400 N STATE OF FRANKLIN ROAD JOHNSON CITY TN 37604-6035					9B. DATED (SEE ITEM 11)						
JOHNSON CITT IN 37004 00.	,,,			×	10A MODIFICATION OF CONTRACT/ORDE CPSC-N-14-0081	R NO.					
					10B. DATED (SEE ITEM 13)						
CODE _		FACILITY COD	E	1	06/10/2014						
		11. THIS ITE	M ONLY APPLIES TO	AME	NOMENTS OF SOLICITATIONS						
Items 8 and 15, and returning separate letter or telegram which includes a re THE PLACE DESIGNATED FOR THE RECE virtue of this amendment you desire to change reference to the solicitation and this amendment 12. ACCOUNTING AND APPROPRIATION DAT	eference IPT OF I e an offe ent, and	to the solicitation OFFERS PRIOR or already submitt Is received prior	n and amendment nun TO THE HOUR AND t ted , such change may to the opening hour ar	nbers. DATE be mad date	SPECIFIED MAY RESULT IN REJECTION O ade by telegram or letter, provided each teleg e specified.	T TO BE I F YOUR ( ram or leti	RECEIVED AT  OFFER If by  ler makes				
0100A17RSE 2017 11179000				t I	ncrease:	\$12,	305.00				
				ERS. I	T MODIFIES THE CONTRACT/ORDER NO. A	S DESCR	IBED IN ITEM 14.				
	ONTRA T FORTI	CT/ORDER IS MI H IN ITEM 14, PU	ODIFIED TO REFLEC URSUANT TO THE AL	T THE	ANGES SET FORTH IN ITEM 14 ARE MADE  ADMINISTRATIVE CHANGES (such as char RITY OF FAR 43.103(b).		<del></del>				
D. OTHER (Specify type of mod	dification	and authority)			<u> </u>						
X Exercise Option	- U1	nilateral	. Modificati	ion,	FAR 52.217-9						
E. IMPORTANT: Contractor	is not.	s required	to sign this document	and re	turn copies to the i	ssuing off	ice.				
14 DESCRIPTION OF AMENDMENT/MODIFIEDUNS Number: HOSPITAL ID#: 9A532042 COR: Zsuzanna Kocsis PHONE: (301) 504-6906 EMAIL: zkocsis@cpsc.gov	CATION	(Organized by U	ICF section headings,	includ	ing solicitation/contract subject matter where	feasible.)					
Modification 0003 to corperiod as follows:	ntrad	ct CPSC-N	J-14-0081 is	s he	ereby issued to exercis	e the	third option				
1. In accordance with co Consumer Product Safety Continued	Com	mission h	ereby exerc	cise	es the third option per	iod (	July 1, 2017				
Except as provided herein, all terms and condi		the document ref	erenced in Item 9 A or	10A,							
15A. NAME AND TITLE OF SIGNER (Type or	pnnt)				16A NAME AND TITLE OF CONTRACTING  Greg A. Grayson	OFFICE	בינואה מו אוווול				
15B CONTRACTOR/OFFEROR			15C. DATE SIGNED	,	16B UNITED STATES OF AMERICA	Las	100 3/10/20				
(Signature of person authorized to si	gn)				(Ingnature of Contracting Officer)		JI'LE A				
NSN 7540-01-152-8070					V	STA	NDARD FORM 30 (REV. 10-83)				

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 1)
Prescribed by GSA
FAR (48 CFR) 53.243

N

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE OF CPSC+N-14-0081/0003
 OF 2
 2

NAME OF OFFEROR OR CONTRACTOR
MOUNTAIN STATES HEALTH ALLIANCE

ГЕМ NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT. (D)	UNIT PRICE (E)	AMOUNT (F)
(A)	through June 30, 2018). Pricing is in accordance with line item 0004.	(0)	(5)	(2)	127
	4. The funded quantity for line item 0004 is increased from 0 to 11,500.				
	5. As a result, funding is added for line item 0004 in the amount of \$12,305.00.				
	6. As a result of the above, funding in the amount of \$12,305.00 is added for the third option 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):				
	OPTION PERIOD 3 JULY 1, 2017 THROUGH JUNE 30, 2018				
004	Not To Exceed: 11,500	-2250	EA	1.07	12,305.
	Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 11,500 @ \$1.07 = \$12,305.00				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
		:			
		:			