AMENDM	ENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE C	F PAGES	DS
2. AMENDME	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE(	QUISITION/PURCHASE REQ. NO.	5. PR	DJECT N	2 D. (If applicable)	
0007 -		10/20/2009						
6. ISSUED B	Y CODE	FMPS	7. AD	MINISTERED BY (If other than Item 6)	CODE	FMPS		
DIV OF 4330 EA ROOM 51	CR PRODUCT SAFETY COMM PROCUREMENT SERVICES AST WEST HWY .7 DA MD 20814		DIV 433 ROO	SUMER PRODUCT SAFETY ( OF PROCUREMENT SERVI( 0 EAST WEST HWY M 517 HESDA MD 20814				
8. NAME AND	DADDRESS OF CONTRACTOR (No., street	t, county, State and ZiP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.				
attn dw 170 nor	R HOSPITAL IGHT GASCHO ADMINISTR TH CASEVILLE ROAD MI 48755	ATOR	x 10	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDE PSC-N-08-0132 B. DATED (SEE ITEM 13)	R NO.			
CODE	at Make a sure differen	FACILITY CODE		2/07/2008				
~		11. THIS ITEM ONLY APPLIES TO		•				
virtue of thi reference t 12. ACCOUN	is amendment you desire to change an offe o the solicitation and this amendment, and TING AND APPROPRIATION DATA (If req EXFM 4310 11179 252E	r already submitted, such change may b is received prior to the opening hour and uired) Net	d date sp t Inc	ECIFIED MAY RESULT IN REJECTION OF by telegram or letter, provided each telegram ecified. TREASE: ODIFIES THE CONTRACT/ORDER NO. AS	s970.	makes 49		
CHECK ONE	ORDER NO. IN ITEM 10A.	CT/ORDER IS MODIFIED TO REFLECT I IN ITEM 14, PURSUANT TO THE AUT	THE AD					
			-					
	D. OTHER (Specify type of modification							
X	UNILATERAL MODIFICAT	ION, FAR 43.103(b)						
E. IMPORTAN		is required to sign this document an		0 copies to the iss				
DUNS Nu: HOSPITA BASIC C	mber:	U 09/30/08	-	solicitation/contract subject matter where fea llance reports for FY-		as fo	llows:	
	is changed as follow.	-		-				
For FY- \$20,557		of this contract is	inc	reased by \$970.49, fro	om \$19	,587.	28 to	
Continu	ed							
	wided herein, all terms and conditions of the ND TITLE OF SIGNER (Type or print)	e document referenced in Item 9A or 10.		etofore changed, remains unchanged and in NAME AND TITLE OF CONTRACTING OF				=
			Dor	is B. Kessler				
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNED	16B.	INDED STATES OF AMERICA	nol		C. DATE SIGNED	
	(Signature of person authonzed to sign)		nu.	(Signature of Contracting Officer)				
NSN 7540-01 Previous editi					Prescribe	RD FORM d by GSA CFR) 53.24	30 (REV. 10-83)	

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	CPSC-N-08-0132/0007	2	2
NAME OF OFFEROR OR CONTRACT			

SCHEURER HOSPITAL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #4: 1,987/ea				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
004	OPTION PERIOD: 10/01/08 THRU 09/30/09	107	EA	9.07	970.4
	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.				
	MINIMUM QTY: 525 MAXIMUM QTY: 2,625				
	Period of Performance: 10/01/2008 to 09/30/2009 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				