AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES				
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)				
0002	01/11/2010							
6 ISSUED BY CODE	FMPS	7. AE	MINISTERED 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 (No., stree	t. county, State and ZIP Code)	(x) 9/	AMENDMENT OF SOLICITATION NO.					
DENISE PAGES								
CASTRO VALLEY CA 94546-3609		9	I. DATED (SEE ITEM 11)					
		x 10 C	A MODIFICATION OF CONTRACT/ORDER PSC-N-10-0021	NO.				
465		10	B. DATED (SEE ITEM 13)					
CODE	FACILITY CODE	=	1/18/2009					
	11. THIS ITEM ONLY APPLIES	TO AMEND	MENTS OF SOLICITATIONS					
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offe reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If rec	r already submitted, such change m	ay be made and date sp	by telegram or letter, provided each telegram ecified.	•				
10-PS-EXFM-4310-11179-252E								
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/OR	DERS. IT N	ODIFIES THE CONTRACT/ORDER NO. AS D	ESCRIBED IN ITEM 14.				
			GES SET FORTH IN ITEM 14 ARE MADE IN OMINISTRATIVE CHANGES (such as changes of FAR 43.103(b).					
C THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT T	O AUTHOR	ITY OF:					
D. OTHER (Specify type of modification	and authority)							
X UNILATERAL MODIFICAT	ION, FAR 43.103(b)							
E. IMPORTANT: Contractor 🗵 is not.	is required to sign this documen	t and return	0 copies to the issuir	ng office.				
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID# 7S012042				ble.)				
Modification No. 0002 provide Additional funding is provide		-		R1 2010				
Additional funding will be p								
ITEMS #1 and #2 are changed	as follows: (see p	age 2)	•					
Total funded for FY-2010: Continued	\$5,548.00							
Except as provided herein, all terms and conditions of th	e document referenced in Item 9A or	10A, as he	retofore changed, remains unchanged and in f	ull force and effect.				
15A. NAME AND TITLE OF SIGNER (Type or print)			NAME AND TITLE OF CONTRACTING OFFI	CER (Type or print)				
15B CONTRACTOR/OFFEROR	15C DATE SIGNE		UNITED STATES OF AMERICA	16C, DATE SIGNED				
		L	pris (3 Kessel	01/11/2010				
(Signature of person authorized to sign)			(Signature of Conflacting Officer)					

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		OF .
	CPSC-N-10-0021/0002	2	2

NAME OF OFFEROR OR CONTRACTOR

DENISE BALES

ITEM NO	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Discount Terms:	T			
	Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814				
	FOB: Destination	1			
	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.	891	EA	2.74	2,441.34
	MINIMUM QTY: 1,500 MAXIMUM QTY: 7,500				
	Period of Performance: 10/01/2009 to 09/30/2010				
	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.	50	EA	0.68	34.00
	MINIMUM QTY: 30 MAXIMUM QTY: 300				
	Period of Performance: 10/01/2009 to 09/30/2010 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
,					