AMENDMENT OF SOLICITATION/MOD	FICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES			
2. AMENDMENT/MODIFICATION, NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 2 5. PROJECT NO. (if applicable)			
0010		4. REGUISHIONIPURCHASE REG. NO.	5. PROSECT NO. (# applicable)			
	12/28/2010 DDE FMPS	7. ADMINISTERED BY (if other than item 6)	CODE			
CONSUMER PRODUCT SAFETY CODIV OF PROCUREMENT SERVICE 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	OMMISSION					
8. NAME AND ADDRESS OF CONTRACTOR (No.,	street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.				
SHADY GROVE ADVENTIST HOSP ATTN LOUISE BRISSETTE-CHAS 9901 MEDICAL CENTER DRIVE ROCKVILLE MD 20850	PITAL	9B. DATED (SEE ITEM 11) x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0061				
		10B. DATED (SEE ITEM 13)				
CODE	FACILITY CODE	01/04/2010				
The above numbered solicitation is amended as	set forth in Item 14. The hour and date speci	AMENDMENTS OF SOLICITATIONS fied for receipt of Offers solicitation or as amanded, by one of the following re	xtended. [] (s not extended.			
	n offer already submitted, such change may b, and is received prior to the opening hour end (if required) Net					
		RS. IT MODIFIES THE CONTRACT/ORDER NO. AS	DESCRIBED IN ITEM 14.			
CHECK ONE A. THIS CHANGE ORDER IS ISSU ORDER NO. IN ITEM 10A,	IED PURSUANT TO: (Specify authority) THE	E CHANGES SET FORTH IN ITEM 14 ARE MADE II	N THE CONTRACT			
		THE ADMINISTRATIVE CHANGES (such as change HORITY OF FAR 43.103(b)	es in paying office,			
C. THIS SOPPLEMENTAL AGREE	MENT IS ENTERED INTO PURSUANT TO A	NOTHORNY OF				
D. OTHER (Specify type of modification)	ation and authority)					
X SECTION 1.6, OPTION	ON TO EXTEND THE TERM O	OF THE CONTRACT				
E. IMPORTANT: Contractor Sis no	ot. is required to sign this document an	d return 0 copies to the issu	uing office.			
HOSPITAL ID#: SP761063		cluding solicitation/contract subject matter where fea				
The purpose of this modifi	cation is to provide a	dditional funding for FY-2	2011.			
		provided for the period N will be provided, by modif				
The total amount of this c	ontract is increased b	y \$17,232.00, from \$4,450.	19 to \$21,682.19.			
Continued						
Except as provided herein, all terms and conditions	of the document referenced in Item 9A or 10.	A, as heretofore changed, remains unchanged and in	n full force and effect.			
15A. NAME AND TITLE OF SIGNER (Type or print)	ı	16A, NAME, AND TITLE OF CONTRACTING OF	FICER (Type or print)			
		Doris B. Kessler				
15B. CONTRACTOR/OFFEROR	15C DATE SIGNED	168. UNITED STATES OF AMERICA	16C. DATE SIGNED			
(Signature of person authorized to sign)		(Signature of Contracting Officer)	12/28/2010			
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243			

CONTINUATION OUTET	REFERENCE NO. OF DOCUMENT BEING CONTINUED		
CONTINUATION SHEET	CPSC-N-10-0061/0010	2	2

NAME OF OFFEROR OR CONTRACTOR

SHADY GROVE ADVENTIST HOSPITAL

ITEM NO	SUPPLIES/SERVICES	QUANTITY	•	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0003	Change Item 0003 to read as follows(amount shown is the obligated amount): NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS FOR THE QUANTITY OF 10,053 EA. @ \$2.07 = \$20,809.71.	8000	EΑ	2.07	16,560.0
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
004	SUPPLEMENTAL/SPECIAL STUDY REPORTS FOR THE QUANTITY OF 1,558 EA. @ \$0.56 = \$872.48.	1200	EA	0.56	672.0
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				