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D. OTHEF X UNILA E.IMPORTANT: Cont 14. DESCRIPTION OF AM DUNS Number: NOSPITAL ID# Modification (TEM #1 is cha	ropriation date, etc.) SET	FORTH IN ITEM 14, PURSUA	NT TO THE AUTI	HORI	DMINISTRATIVE CHANGES (such as changes Y OF FAR 43.103(b).	թայուց առ	,
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14. DESCRIPTION OF AN DUNS Number: NOSPITAL ID# Nodification (TEM #1 is cha		CATION, FAR 43.			0 copies to the issuin	a office	
OUNS Number: HOSPITAL ID# Modification (TEM #1 is cha	AMENDMENT/MODIFICA				solicitation/contract subject matter where feasi		
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ITEM #1 is cha			_			_	
	0003 adjusts	the quantity o	of survei	lla	nce reports for FY-2010	as foll	ows:
	honded of f-1	lower leas north	2)				
	manyeu as rol	rows: (see page	-				
or FI-ZULU T	the total amo	unt of this cor	ntract is	in	creased by \$477.00, from	\$29,89	2.00 to
30,369.00.	occas and				,,,,,,, .		
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Continued							
			in Item 9A or 10A		eretofore changed, remains unchanged and in fi		
15A. NAME AND TITLE O	. UF SIGNER (Type or on	ntj			NAME AND TITLE OF CONTRACTING OFFI	GER (Type of	pnn()
	· · · · · · · · · · · · · · · · · ·				ris B. Kessler		
15B. CONTRACTOR/OFF		15C. 0	DATE SIGNED	168	WAITED STATES OF AMERICA	1	16C. DATE SIGNED
					March 1. 9 140	ver	09/30/2010
(Signature of NSN 7540-01-152-8070	DFFEROR				(Signature of Contracting Officer)	TANDARD	RM 30 (REV. 10-83)

**

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE O	F			
CONTINUATION SHEET	CPSC-N-10-0085/0003	2	2			
NAME OF OFFEROR OR CONTRACTOR						

ATLANTIC CARE REGIONAL MEDICAL CENTER

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	TOTAL QTY FOR ITEM #1: 19,100/EA Discount Terms: Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814				
	Change Item 0001 to read as follows (amount shown is the obligated amount):				
0001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	300	EA	1.59	477.(
	MINIMUM QTY: 3,600 MAXIMUM QTY: 19,100				
	Accounting Info: 10-PS-EXFM-4310 Funded: \$0.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0				
	Funded: \$477.00 Period of Performance: 10/01/2009 to 09/30/2010 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				