	N/MODIFICATION OF CO	NTRACT	1 CONTRACT ID CODE	PAG	GE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE D		REQUISITION/PURCHASE REQ. NO.		1 2 CT NO. (If applicable)			
0002	08/30/203	i	NEGOIGHTORFORGRASE REG. NO.	5. PROJEC	o i No. (ir applicable)			
S ISSUED BY	CODE FMPS		. ADMINISTERED BY (If other than Item	6) CODE F	MPS			
CONSUMER PRODUCT SAFE	TY COMMISSION		ONSUMER PRODUCT SAFE	TY COMMISSI	ON .			
DIV OF PROCUREMENT SE	CRVICES	- 1	DIV OF PROCUREMENT SE	RVICES				
4330 EAST WEST HWY ROOM 517			4330 EAST WEST HWY ROOM 517					
BETHESDA MD 20814			BETHESDA MD 20814					
B. NAME AND ADDRESS OF CONTRACT	TOD ALL TO A LOCAL TO							
8. NAME AND ADDRESS OF CONTRACT	OR (No., street, county, State and 21	(x	9A. AMENDMENT OF SOLICITATION	NO.				
TLANTIC CARE REGIONAL				* * .				
ATTN MARGARET BELFIELI	D ADMINISTRATOR		9B. DATED (SEE ITEM 11)					
.925 PACIFIC AVENUE TLANTIC CITY NJ 08401	1~6712		٠,٠					
		×	10A MODIFICATION OF CONTRACT/ CPSC-N-10-0086	ORDER NO.				
	•	_						
O.O. Million			10B DATED (SEE ITEM 13)					
CODE	FACILITY CODE		01/19/2010					
			NDMENTS OF SOLICITATIONS					
The above numbered solicitation is ame Offers must acknowledge receipt of this			for receipt of Offers citation or as amended, by one of the folio		not extended. completina			
Items 8 and 15, and returning	copies of the amendm	ient; (b) By acknowledgin	g receipt of this amendment on each cop	of the offer submitted	; or (c) By			
			. FAILURE OF YOUR ACKNOWLEDGE! ESPECIFIED MAY RESULT IN REJECT!					
	hange an offer already submitted	i, such change may be m	ade by telegram or letter, provided each t					
12. ACCOUNTING AND APPROPRIATION			Increase:	\$408.00				
ee Schedule			increase.	\$400.0 0				
13. THIS ITEM ONLY A	PPLIES TO MODIFICATION OF	CONTRACTS/ORDERS.	IT MODIFIES THE CONTRACT/ORDER N	O. AS DESCRIBED IN	ITEM 14.			
					LCT			
A, ITIG OTANGE ONDER	RIS ISSUED PURSUANT TO: (S)	pecify authority) THE CH	IANGES SET FORTH IN ITEM 14 ARE M	ADE IN THE CONTRA	101			
CHECK ONE A, THIS CHANGE ORDER NO, IN ITEM 1	R IS ISSUED PURSUANT TO: (S) 0A.	pecify authority) THE CH	IANGES SET FORTH IN ITEM 14 ARE M	ADE IN THE CONTRA				
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CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE (OF.
	CPSC-N-10-0086/0002	2	2

NAME OF OFFEROR OR CONTRACTOR

ATLANTIC CARE REGIONAL MEDICAL CENTER

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #1: 7,240/EA Discount Terms: Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814 FOB: Destination 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.	240	EA	1.70	408.00
	MINIMUM QTY: 1,750 MAXIMUM QTY: 8,750				
	Accounting Info: 10-PS-EXFM-4310 Funded: \$0.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: \$408.00 Period of Performance: 10/01/2009 to 09/30/2010				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
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