

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1 CONTRACT ID CODE	PAGE OF PAGES 1 2
2 AMENDMENT/MODIFICATION NO. 0001	3 EFFECTIVE DATE 03/04/2010	4 REQUISITION/PURCHASE REQ NO	5. PROJECT NO. (If applicable)
6 ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6) CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	CODE FMPS
8 NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code) NORTHEAST ALABAMA REGIONAL MED CTR ATTN CATHY BANNISTER NURSE MGR 400 EAST 10TH STREET ANNISTON AL 36202-6263		(x) 9A AMENDMENT OF SOLICITATION NO.	9B DATED (SEE ITEM 11)
CODE		X 10A. MODIFICATION OF CONTRACT/ORDER NO. <del>CPSC-N-10-0088</del>	10B. DATED (SEE ITEM 13) 01/20/2010
FACILITY CODE			

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended.  is not extended.  
Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods. (a) By completing Items 8 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted, or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$2,093.00  
0100A10DPS 2010 1117900000 EXFM004310 252E0

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b)
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
	D. OTHER (Specify type of modification and authority)
X	UNILATERAL MODIFICATION, FAR 43.103 (b)
<b>E. IMPORTANT:</b> Contractor <input checked="" type="checkbox"/> is not. <input type="checkbox"/> is required to sign this document and return <u>0</u> copies to the issuing office.	

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

DUNS Number: [REDACTED]  
HOSPITAL ID#: 6A802016  
BASIC CONTRACT: 10/01/09 THRU 09/30/10

Modification 0001 to contract EXFM004310 is hereby issued to provide full funding for the period of April 1, 2010 through September 30, 2010.

As a result, the contract is hereby increased by \$2,093 from \$2,093 to a total of \$4,186.00

Discount Terms:  
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Donna Hutton
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	16B. UNITED STATES OF AMERICA <i>Donna Hutton</i> (Signature of Contracting Officer)
	16C. DATE SIGNED 3/5/2010

Todd Stevenson

DN

OK

**CONTINUATION SHEET**

REFERENCE NO OF DOCUMENT BEING CONTINUED  
CPSC-N-10-0088/0001

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NAME OF OFFEROR OR CONTRACTOR  
NORTHEAST ALABAMA REGIONAL MED CTR

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p style="text-align: center;">Net 30</p> <p>Payment:                      CONSUMER PRODUCT SAFETY COMMISSION                      DIVISION OF FINANCIAL SERVICES                      4330 EAST WEST HWY                      ROOM 522                      BETHESDA MD 20814                      FOB: Destination</p> <p>Change Item 0001 to read as follows (amount shown is the obligated amount):</p>				
0001	<p>ESTIMATED QUANTITY                      ACCESS ONLY TO NEISS SURVEILLANCE REPORTS,                      SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL                      STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED                      STATEMENT OF WORK.</p> <p>MINIMUM QTY: 1,150                      MAXIMUM QTY: 5,750</p> <p>Period of Performance: 10/01/2009 to 09/30/2010</p>	2300	EA	0.91	2,093.00