AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	P	PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJ	1 2 ECT NO. (if applicable)	
001	02/08/2011				. ,,	
ISOUED BY CODE		7. AI	OMINISTERED BY (If other than Item 6)	CODE		
ONSUMER PRODUCT SAFETY COM DIV OF PROCUREMENT SERVICES 330 EAST WEST HWY COOM 517 DETHESDA MD 20814	MISSION					
NAME AND ADDRESS OF CONTRACTOR (No., sere	et, county, State and ZIP Code)	(x) 9	A. AMENDMENT OF SOLICITATION NO.			
ANNER HEALTH WASHAKIE MED (מיזי	H				
TTN JENNIFER MONTGOMERY INT		9	B. DATED (SEE ITEM 11)	***************************************	,	
00 SOUTH 15TH D BOX 700 WASHAKIE CTY						
ORLAND WY 82401-0700			OA MODIFICATION OF CONTRACT/ORDER PSC-N-10-0090	R NO.		
			OD DATED (OCC. (TOUR D)			
CODE	FACILITY CODE		0B. DATED (SEE ITEM 13)			
	11. THIS ITEM ONLY APPLIES		01/20/2010			
The above numbered solicitation is amended as set					is not extended.	
			MODIFIES THE CONTRACT/ORDER NO. AS			
			ADMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b).	ges in paying	office,	
C. THIS SUPPLEMENTAL AGREEME	NT IS ENTERED INTO PURSUANT	TTO AUTHO	RITY OF:			
D. OTHER (Specify type of modification	n and authority)					
X SECTION I.6., OPTIO	N TO EXTEND THE TE	RM OF	THE CONTRACT			
. IMPORTANT: Contractor (£ is not.	is required to sign this docume	ent and retur	n 0 copies to the iss	uing office.		
14. DESCRIPTION OF AMENDMENTMODIFICATION DUNS Number: HOSPITAL ID# 3D343055				·		
The purpose of this modific 1, 2010 through September 3		se tne	option year for the po	eriod (or October	
Continued	the dearman) referenced in their OA			in full force a		
Except as provided herein, all terms and conditions of ISA. NAME AND TITLE OF SIGNER (Type or print)	wie Gogeriant jedrenden in kam 9A		enetorore changed, remains unchanged and A. NAME AND TITLE OF CONTRACTING O			
		Do	ris B. Kessler			
158. CONTRACTOR/OFFEROR	15C. DATE SIGN	IED 168	. UNIXED STATES OF APPERICA	1.	16C. DATE SIGNED	
(Signature of person authorized to sign)		4	(Signature of Contricting Officer)	<u>u</u>	02/08/2011	
NSN 7540-01-152-8070					D FORM 30 (REV. 10-83)	
Previous edition unusable				Prescribed FAR (48 CI		

	PETERSIAT NA CE POGLESTAT PENA CONTINUED	PAGE C	```
CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	AGE C	<u>"</u>
	CPSC-N-10-0090/0001	2	4

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(0)	(E)	(F)
0002	Change Item 0002 to read as follows(amount shown is the obligated amount): ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL	1400	EA	1.25	1,750.0
	STUDY REPORTS.				
	MINIMUM QTY: 350 MAXIMUM QTY: 1,750				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				