Toda

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES			
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 2			
0001	09/16/2010		o. Troduco ( to. (ii applicatio)			
6. ISPOED BY CODE	FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE FMPS			
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	ISSION	CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				
8. NAME AND ADDRESS OF CONTRACTOR (No., street	, county, State and ZIP Code)	(A) 9A. AMENDMENT OF SOLICITATION NO.	A			
HUNTINGTON MEMORIAL HOSPITAL ATTN ANGEL HOVANESSIEN DIRECTOR 100 WEST CALIFORNIA BOULEVARD PASADENA CA 91109-7013		9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0152  10B. DATED (SEE ITEM 13)				
CODE	FACILITY CODE	04/14/2010				
	11. THIS ITEM ONLY APPLIES TO A		*****			
CHECK ONE A. THIS CHANGE ORDER IS ISSUED PORDER NO. IN ITEM 10A.	OFFERS PRIOR TO THE HOUR AND Dirac already submitted, such change may be a received prior to the opening hour and uired)  Net XFM 0 4 3 1 0 - 2 5 2 E 0  ODIFICATION OF CONTRACTS/ORDER  URSUANT TO: (Specify authority) THE	ATE SPECIFIED MAY RESULT IN REJECTION OF made by telegrem or letter, provided each telegra	\$1,490.73  DESCRIBED IN ITEM 14.			
C. THIS SUPPLEMENTAL AGREEMEN  D. OTHER (Specify type of modification and address of the second seco		UTHORITY OF:				
X UNILATERAL MODIFICAT						
E. IMPORTANT: Contractor X is not,	is required to sign this document and	return 0 copies to the iss	uing office.			
14 DESCRIPTION OF AMENDMENT/MODIFICATION (DUNS Number: BASIC CONTRACT: 10/01/09 THRUBUS HOSPITAL ID# 8L192018  Modificatin No. 0001 adjusts	J 09/30/10					
ITEM #1 is changed as follows  For FY-2010 the total amount \$18,695.73.		increased by \$2,490.73, 1	From \$17,205.00 to			
Continued						
Except as provided herein, all terms and conditions of the	document referenced in Item 9A or 10A					
15A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITLE OF CONTRACTING OF	FICER (Type or print)			
		Doris B. Kessler				
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA (Signature of Contracting Officer)	16C. DATE SIGNED 09/16/2010			
(Signature of person authorized to sign) NSN 7540-01-152-8070		(Signature or Contracting Officer)	STANDARD FORM 30 (REV. 10-83)			
Previous edition unusable			Prescribed by GSA FAR (48 CFR) 53.243			

CONTINUATION CUEST	REFERENCE NO. OF DOCUMENT BEING CONTINUED			
CONTINUATION SHEET	CPSC-N-10-0152/0001	2	2	

NAME OF OFFEROR OR CONTRACTOR

HUNTINGTON MEMORIAL HOSPITAL

ITEM NO.	SUPPLIES/SERVICES	QUANTITY (C)	UNIT (D)		AMOUNT (F)
(A)	(B)	(C)	(D)	(E)	( E )
0001	TOTAL QTY FOR ITEM #1: 16,843/EA Discount Terms:	1343	EΑ	1.11	1,490.7
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				·
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