				1. CONTRACT ID CODE	PAGE OF PAGES			
AMENDMENT OF SOLICITATION/MC	JUIFIC	ATION OF CONTRACT			1 2			
2. AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE	4. RE	QUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)			
0002		09/12/2012						
S ISSUED BY	CODE	FMPS	7. Al	DMINISTERED BY (If other than Item 6)	CODE			
CONSUMER PRODUCT SAFETY DIV OF PROCUREMENT SERVI 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814		MISSION						
. NAME AND ADDRESS OF CONTRACTOR (NO., 3796	t, county, State and ZIP Code)	(x) ^g	A. AMENDMENT OF SOLICITATION NO.				
NEW YORK CITY HEALTH AND	HOS	PITALS CORP						
ATTN LOUIS J NEVILLES SR	ASS	OC DIR	98. DATED (SEE ITEM 11)					
151 CLARKSON AVENUE								
BROOKLYN NY 11203-2097				DA. MODIFICATION OF CONTRACT/ORD	ER NO.			
				CPSC-N-12-0148				
				OB DATED (SEE ITEM 13)				
CODE		FACILITY CODE		03/26/2012				
· · · · · · · · · · · · · · · · · · ·		11. THIS ITEM ONLY APPLIES						
12. ACCOUNTING AND APPROPRIATION DA								
13. THIS ITEM ONLY APPLI	ES TO N	IODIFICATION OF CONTRACTS/OF	RDERS. IT	MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIBED IN ITEM 14.			
CHECK ONE A. THIS CHANGE ORDER IS IS ORDER NO IN ITEM 10A.	SSUED	PURSUANT TO: (Specify authority)	THE CHAI	NGES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT			
8. THE ABOVE NUMBERED C appropriation date, etc.) SE	ONTRA	CT/ORDER IS MODIFIED TO REFL H IN ITEM 14, PURSUANT TO THE	ECT THE AUTHORI	ADMINISTRATIVE CHANGES (such as cha IY OF FAR 43.103(b).	nges in paying offica,			
C. THIS SUPPLEMENTAL AGE	REEMEI	IT IS ENTERED INTO PURSUANT	TO AUTHO	RITY OF:				
D. OTHER (Specify type of mod	dification	and authority)						
X UNILATERAL MODI	FICA	TION, FAR 43.103(b))					
	is not.	is required to sign this document			-			
14. DESCRIPTION OF AMENDMENTMODIFI		(Organized by UCF section heading	gs, includin	solicitation/contract subject matter where	feasible.)			
DUNS Number:								
OSPITAL ID# 3N952022 COR: Mark Edwards								
PHONE: (301) 504-7510								
EMAIL: medwards@cpsc.gov	,							
medwards@cpsc.gov	r							
Addification # 0002 to c	ontr	act CPSC-N-12-0149	A is h	ereby issued to review	the accounting			
data on Modification #00		000 0000 H 12-0140	, 13 II	erent roomen in tents	e the accounting			
AND DIS INCLESCALINI #00	• ـ ـ ـ ـ ـ							

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Itam 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)			
		Doris B. Kessler			
15B. CONTRACTOR/OFFEROR (Signature of person euthorized to sign)	15C, DATE SIGNED	168. UNITED STATES OF AMERICA	16C. DATE SIGNED		
NSN 7540-01-152-8070 Previous edition unusable		Pr	ANDARD FORM 30 (REV. 10-83) escribed by GSA IR (48 CFR) 53.243		

REFERENCE NO. OF DOCUMENT BEING CONTINUED CONTINUATION SHEET CPSC-N-12-0148/0002

PAGE OF 2 2

NAME OF OFFEROR OR CONTRACTOR NEW YORK CITY HEALTH AND HOSPITALS CORP

4 NO. 4.)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
		1			
	As a result thereof:				
	1)-Accounting Data for ITEM #0001 (Base Period)				
	is revised to read: 0100A12RPS 2012 1117900000 EXFM004310 252E0				
	De-obligation of -\$7,500.00				
	2)-Accounting Data for ITEM #0002 (First Option				
	Period) is revised to read: 0100A12DPS 2012 1117900000 EXFM004310 252E0				
	Obligation of \$17,250.00				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
		1			