

2. AMENDMENT/MODIFICATION NO 0002 3. EFFECTIVE DATE 08/24/2010 4. REQUISITION/PURCHASE REQ. NO. 5. PROJECT NO. (If applicable)

6. ISSUED BY CODE FMPS 7. ADMINISTERED BY (If other than Item 6) CODE FMPS
 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)
 NORTHEAST ALABAMA REGIONAL MED CTR
 ATTN CATHY BANNISTER NURSE MGR
 400 EAST 10TH STREET
 ANNISTON AL 36202-6263

9A. AMENDMENT OF SOLICITATION NO. (x)
 9B. DATED (SEE ITEM 11)
 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-10-0088 (x)
 10B. DATED (SEE ITEM 13) 01/20/2010

CODE 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 Decrease: -\$819.00
 See Schedule

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 data, 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)

E. IMPORTANT: Contractor is not, is required to sign this document and return _____ 0 copies to the issuing office

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)
 DUNS Number: _____
 HOSPITAL ID#: 6A802016
 BASIC CONTRACT: 10/01/09 THRU 09/30/10

Modification 0002 to contract CPSC-N-10-0088 is hereby issued to adjust the quantity of surveillance reports for FY-2010 as follows:

ITEM #1 is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is decreased by \$819.00, from \$4,186.00 to \$3,367.00.
 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)
 15B. CONTRACTOR/OFFEROR 15C. DATE SIGNED 16B. UNITED STATES OF AMERICA 16C. DATE SIGNED
 (Signature of person authorized to sign) (Signature of Contracting Officer) 08/24/2010

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED
CPSC-N-10-0088/0002

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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) |
|----------------|--|-----------------|-------------|-------------------|---------------|
| 0001 | <p>TOTAL QTY FOR ITEM #1: 3,700/EA</p> <p>Discount Terms: 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> <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>Accounting Info: 10-PS-EXFM-4310 Funded: \$0.00 Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: -\$819.00 Period of Performance: 10/01/2009 to 09/30/2010</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p> | -900 | EA | 0.91 | -819.00 |