AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES		
					10.00	1 2		
2 AMENDMENT/MODIFICATION NO	3, EFFECT		4. F	EQUISITION/PURCHASE REQ NO	12 14	ROJECT NO. (If applicable)		
0007		lock 16C	-	DIMINISTERED BY Wester than North St.	COD	e		
SISSUED BY CONSUMER PRODUCT SAFETY DIV OF PROCUREMENT SERVI 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814		1		ADMINISTERED BY (If other than liem 6)	000			
B. NAME AND ADDRESS OF CONTRACTOR (A	o_street, county, State	and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.		<u> </u>		
OHA PUBLIC HEALTH OREGON HEALTH AUTHORITY ATTN KATRINA HEDBERG MD MPH 500 SUMMER STREET NE E-32 SALEM OR 97301-1063			×	9B DATED (SEE ITEM 11)				
			1	108. DATED (SEE ITEM 13)				
CODE	FACILITY	CODE		03/21/2013				
	11. TH	S ITEM ONLY APPLIES TO	AME	NDMENTS OF SOLICITATIONS				
THE PLACE DESIGNATED FOR THE RECE virtue of this amendment you desire to chang reference to the solicitation and this amendm 12 ACCOUNTING AND APPROPRIATION DAT SUBJECT TO THE AVAILABLE	PT OF OFFERS PE a an offer already su ent, and is received A (If required) LITY OF FUI	RIOR TO THE HOUR AND D bmitted, such change may prior to the opening hour an	DATE be m	FAILURE OF YOUR ACKNOWLEDGEMENT SPECIFIED MAY RESULT IN REJECTION OF ade by telegram or letter, provided each telegral specified.	YOUR C	IFFER If by er makes		
13. THIS ITEM ONLY APPLI	S TO MODIFICATION	DN OF CONTRACTS/ORDE	RS. I	T MODIFIES THE CONTRACT/ORDER NO. AS	DEŞCRI	BED IN ITEM 14.		
CHECK ONE A. THIS CHANGE ORDER IS IS ORDER NO IN ITEM 10A	SUED PURSUANT	TTO: (Specify authority) TH	E CH	ANGES SET FORTH IN ITEM 14 ARE MADE	IN THE C	ONTRACT		
B THE ABOVE NUMBERED C appropriation date, etc.) SE	ONTRACT/ORDER FORTH IN ITEM 1	IS MODIFIED TO REFLEC 4, PURSUANT TO THE AU	T THE	ADMINISTRATIVE CHANGES (such as chan RITY OF FAR 43 103(b)	ges in pa	ying office,		
C THIS SUPPLEMENTAL AGE	EEMENT IS ENTE	RED INTO PURSUANT TO	AUTH	ORITY OF				
D OTHER (Specify type of mod X EXERCISE OPTION			ON	52.217-9				
E. IMPORTANT: Contractor	is not. 🔲 is requ	ired to sign this document a	ind re	turn copies to the is	suing offi	СӨ		
14 DESCRIPTION OF AMENDMENT/MODIFIEDUNS Number: COR: Zsuzsanna Kocsis Phone: (301) 504-7402 Email: zkocsis@cpsc.gov	CATION (<i>Organiz</i> ed	l by UCF section headings, i	includ	ing solicitation/contract subject malter where f	easible.}			
Modification 0007 to cor as follows:	itract CPS	C-A-13-0001 is	he	ereby issued to exercise	e opt	ion period 4		
1. At this time the four 2016 through September 3 the Term of the Contract Continued	30, 2017 i . Pricin	n accordance w g is in accord	ith	n FAR Clause 52.215-9, (ce with line items 0009-	Optio -0010	n to Extend		
15A. NAME AND TITLE OF SIGNER (Type or		-		16A. NAME AND TITLE OF CONTRACTING				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			Greg A. Grayson		/ 1		
15B CONTRACTOR/OFFEROR		15C DATE SIGNED		16B. UNITED STATES OF AMERICA	m	16C DAYE SIGNED		
(Signature of person authorized to se	m)			(Signature of Contracting Officer)		0/1/1/		
NSN 7540-01-152-8070				1		DARD FORM 30 (REV_10-83)		

Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

0017111147101101177	REFERENCE NO OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	CPSC-A-13-0001/0007	2	2

NAME OF OFFEROR OR CONTRACTOR

OHA PUBLIC HEALTH OREGON HEALTH AUTHORITY

ITEM NO (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	2. This option is being issued subject to the Availability of Funds (SAF). The Government is not liable to, and shall not, provide payment to the Contractor until written notification to the Contractor, via modification, that funds are now available.				
	Change Item 0009 to read as follows(amount shown is the obligated amount):				
0009	NOT TO EXCEED 100	100	EA	0.00	0.0
	ALL DEATH CERTIFICATES IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016, THROUGH SEPTEMBER 30, 2017.				
10	Change Item 0010 to read as follows(amount shown is the obligated amount):				
0010	COMPUTER PRINTOUT(S) IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016, THROUGH SEPTEMBER 30, 2017.	1	BN	0.00	0.0
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
	12				