			1 CONTRACT ID CODE	PAGE OF PAGES			
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRA	CT		1 2			
2. AMENDMENT/MODIFICATION NO.	3 EFFECTIVE DATE	4 R	EQUISITION/PURCHASE REQ. NO.	5 PROJECT NO. (If applicable)			
0007	See Block 16	ic					
6 ISSUED BY CODE	FMPS	7 /	ADMINISTERED BY (If other than Item 6)	CODE			
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	ISSION						
8. NAME AND ADDRESS OF CONTRACTOR (No., street	. county. State and ZIP Code	J	9A. AMENDMENT OF SOLICITATION NO.				
HEALTH AND WELFARE IDAHO DEPARTMENT OF ATTN JAMES B AYDELOTTE STATE REGISTRAR 450 WEST STATE STREET			98. DATED (SEE ITEM 11)				
9TH FLOOR							
BOISE ID 83720-0036		×	10A MODIFICATION OF CONTRACT/ORDE CPSC-H-13-0032	R NO			
			10B. DATED (SEE ITEM 13)				
CODE	FACILITY CODE		03/05/2013				
	11. THIS ITEM ONL	Y APPLIES TO AME	IDMENTS OF SOLICITATIONS				
separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If rec	e to the solicitation and an OFFERS PRIOR TO THE er already submitted, suc lis received prior to the o quired)	mendment numbers. HOUR AND DATE thichange may be may	SPECIFIED MAY RESULT IN REJECTION OF ade by telegram or letter, provided each telegr	TTO BE RECEIVED AT FYOUR OFFER If by			
SUBJECT TO THE AVAILABILITY			THOOISIS THE CONTRACTIONED NO. AS	P DESCRIPED IN ITEM 44			
13. THIS ITEM ONLY APPLIES TO N		RACIS/ORDERS. I	T MODIFIES THE CONTRACT/ORDER NO. AS	5 DESCRIBED IN HEM 14.			
CHECK ONE A THIS CHANGE ORDER IS ISSUED ORDER NO IN ITEM 10A	PURSUANT TO: (Specif)	v authority) THE CH.	ANGES SET FORTH IN ITEM 14 ARE MADE	IN THE CONTRACT			
B THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIE H IN ITEM 14, PURSUAI	D TO REFLECT THE NT TO THE AUTHOR	ADMINISTRATIVE CHANGES (such as chan IITY OF FAR 43.103(b).	ges in paying office,			
C THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PI	JRSUANT TO AUTH	ORITY OF				
D OTHER (Specify type of modification X EXERCISE OPTION - U	• •	DIFICATION	FAR 52.517-9				
E. IMPORTANT: Contractor Sis not.	is required to sign t	his document and re	turn copies to the is	ssuing office			
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number:	(Organized by UCF sec	tion headings, includ	ing solicitation/contract subject matter where f	easible.)			
COR: Zsuzsanna Kocsis							
PHONE: (301) 504-7402							
EMAIL: zkocsis@cpsc.gov							
Modification 0007 to contract period beginning October 1,			_				
52.517-9, Option to Extend	_	_					
at the rates specified in the							
at the rated spectrum in the	ic somedare c	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, IIII Icomo oco ocio	•			
Continued							
Except as provided herein, all terms and conditions of	the document referenced	in Item 9 A or 10A, a	as heretofore changed, remains unchanged ar	nd in full force and effect			
15A. NAME AND TITLE OF SIGNER (Type or print)			16A. NAME AND TITLE OF CONTRACTING				
			Greg A. Grayson				
15B CONTRACTOR/OFFEROR	15C (	DATE SIGNED	168 INITED STATES OF AMERICA	16C DATE SIGNED			
(Signature of person authorized to sign)			(Signature of Contractific Officer)	1/01-11 9/17/20/			
NSN 7540-01-152-8070			/	STANDARD FORM 30 (REV 10-83)			
Previous edition unusable			•	Prescribed by GSA			

Prescribed by GSA FAR (48 CFR) 53 243

CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED CPSC-H-13-0032/0007 PAGE 0F 2 2

NAME OF OFFEROR OR CONTRACTOR

HEALTH AND WELFARE IDAHO DEPARTMENT OF

(A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	This option is being issued subject to the Availability of Funds Clause (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):				
	OPTION PERIOD 4: OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017				
009	NOT TO EXCEED: 40	40	EA	0.00	0.
	DEATH CERTIFICATES/ELECTRONIC DEATH DATA IN SPECIFIED CATEGORIES SHALL BE SUBMITTED FOR DEATHS OCCURRING DURING, OR REQUESTED FOR, THE PERIOD OCTOBER 1, 2016 THROUGH SEPTEMBER 30, 2017.				
	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$0.00 (Subject to Availability of Funds)				
	Change Item 0010 to read as follows(amount shown is the obligated amount):				
010	NOT TO EXCEED: 1	1	вт	0.00	0.
	COMPUTER PRINTOUT(S) IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.				
	Accounting Info: 0100A17DSE-2017-1128200000-EXHR004310-252E0 \$0.00 (Subject to Availability of Funds)				
	ALL OTHER TERMS AND CONDITIONS SHALL REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				