AMENDMENT OF SOLICITATION/MODIF	CATION OF CONTRACT	т	1, CONTRACT ID CODE	PAGE O	PAGES	
				1	2	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		DUISITION/PURCHASE REQ NO.	5. PROJECT NO). (II applicable)	
0003 6. ISSUED BY COD	See Block 16C FMPS	-	MINISTERED BY (if other than Item 6)	CODE		
CONSUMER PRODUCT SAFETY CO DIV OF PROCUREMENT SERVICE 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	MMISSION					
R NAME AND ADDRESS OF CONTRACTOR (No. of	reet county State and 7IP Code)	19/	AMENDMENT OF SOLICITATION NO.	<u> </u>		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) HEALTH AND SOCIAL SERVICES ALASKA DEPARTMENT OF 350 MAIN ST RM 427 JUNEAU AK 99801-1149			9B. DATED (SEE ITEM 11) 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-H-16-0002 10B. DATED (SEE ITEM 13)			
CODE 809386543	FACILITY CODE		03/18/2016			
	11. THIS ITEM ONLY A	PPLIES TO AMEND	MENTS OF SOLICITATIONS			
The above numbered solicitation is amended as so Offers must acknowledge receipt of this amendmentems 8 and 15, and returning separate letter or telegram which includes a reference that the PLACE DESIGNATED FOR THE RECEIPT wintue of this amendment you desire to change an reference to the solicitation and this amendment.	int prior to the hour and date sp copies of the amendment; (b) ence to the solicitation and ame OF OFFERS PRIOR TO THE H offer already submitted, such of and is received prior to the oper	ecified in the solicitate By acknowledging in Indiment numbers. Frour AND DATE SP Change may be mad- ning hour and date se	tion or as amended, by one of the following ceipt of this amendment on each copy of AILURE OF YOUR ACKNOWLEDGEME. ECIFIED MAY RESULT IN REJECTION (as by telegram or letter, provided each telepecified.	the offer submitted, or NTTO BE RECEIVED of DF YOUR OFFER If by gram or letter makes	(c) By AT	
12 ACCOUNTING AND APPROPRIATION DATA (III 0100A17DSE 2017 1128200000			crease:	\$560.00		
			MODIFIES THE CONTRACT/ORDER NO.	AS DESCRIBED IN ITE	M 14,	
	RACT/ORDER IS MODIFIED I RTH IN ITEM 14 PURSUANT	O REFLECT THE A TO THE AUTHORIT	IGES SET FORTH IN ITEM 14 ARE MAD DMINISTRATIVE CHANGES (such as chi Y OF FAR 43, 103(b). RITY OF			
D. OTHER (Specify type of modification)	tion and authority)					
X FUNDING ONLY - UNI	LATERAL MODIFIC	ATION FAR	43.103(b)			
E. IMPORTANT: Contractor X is no	at. ais required to sign this	document and retur	n copies to the	issuing office		
14 DESCRIPTION OF AMENDMENT/MODIFICATION OF Number: 809386543 COR: Zsuzsanna Kocsis PHONE: (301) 504-7402 EMAIL: zkocsis@cpsc.gov	ON (Organized by UCF section	n headings, including	solicitation/contract subject matter when	e leasible.)		
Modification 0003 to contr for the first option perio					funding	
1. Line item 0003A is adde	ed in the amount	of \$560.0	O for a quantity of 3	28.		
2. As a result of the above Continued	re, funding is i	ncreased b	y \$560.00 for option	period one	(October	
Except as provided herein, all terms and conditions						
15A. NAME AND TITLE OF SIGNER (Type or print)		A NAME AND TITLE OF CONTRACTING reg A. Grayson	G OFFICER (Type or pi	int)	
15B. CONTRACTOR/OFFEROR	15C. DA	TE SIGNED 16	UNITED STATES OF AMERICA	um	16C DATE SIGNED	
(Signature of person authorized to sign)			(Signature of Contracting Office		3/1/20	
NSN 7540-01-152-8070		73	V	 STANDARD FOR 	IM 30 (REV. 10-85)	

NSN 7540-01-152-8070 Previous edition unusable

Prescribed by GSA FAR (48 CFR) 53.243

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CONTINUATION SHEET		PAGE	OF
	CPSC-H-16-0002/0003	2	2

NAME OF OFFEROR OR CONTRACTOR

HEALTH AND SOCIAL SERVICES ALASKA DEPARTMENT OF

ITEM NO	SUPPLIES/SERVICES	QUANTITY	-320 574	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	1, 2016 through September 30, 2018) to a new total amount of \$2,860.00.				
	Add Item 0003 A as follows:				
0003 A	NOT TO EXCEED: 28	28	EA	20.00	560.0
	Additional death certificates in specified categories shall be submitted for deaths from 10/1/14-9/30/16 not received under a previous funding year and contract (CPSC-H-13-0039).				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				