

|   |                                    |   |                                |
|---|------------------------------------|---|--------------------------------|
| <b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>   |                                    | 1. CONTRACT ID CODE   | PAGE OF PAGES<br>1 2           |
| 2. AMENDMENT/MODIFICATION NO.<br>0003   | 3. EFFECTIVE DATE<br>See Block 16C | 4. REQUISITION/PURCHASE REQ. NO.                            | 5. PROJECT NO. (If applicable) |
| 6. ISSUED BY<br>CONSUMER PRODUCT SAFETY COMMISSION<br>DIV OF PROCUREMENT SERVICES<br>4330 EAST WEST HWY<br>ROOM 523<br>BETHESDA MD 20814                            | CODE<br>EMPS                       | 7. ADMINISTERED BY (If other than Item 6)                   | CODE                           |
| 8. NAME AND ADDRESS OF CONTRACTOR (No. street, county, State and ZIP Code)<br>MERCY SAINT FRANCIS HOSPITAL<br>100 WEST US HIGHWAY 60<br>MOUNTAIN VIEW MO 65548-8542 |                                    | (x) 9A. AMENDMENT OF SOLICITATION NO.                       |                                |
| CODE  |                                    | FACILITY CODE   | 9B. DATED (SEE ITEM 11)        |
|   |                                    | X 10A. MODIFICATION OF CONTRACT/ORDER NO.<br>CPSC-N-14-0073 |                                |
|   |                                    | 10B. DATED (SEE ITEM 13)<br>06/30/2014                      |                                |

**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)  
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 date, 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:   |
| X         | D. OTHER (Specify type of modification and authority)<br>UNILATERAL MODIFICATION, FAR 43.103(b)  |

E. IMPORTANT: Contractor  is not  is required to sign this document and return \_\_\_\_\_ 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#: 8K052065  
COR: Randolph Mitchell  
PHONE: (301) 504-6962  
EMAIL: rmitchell@cpsc.gov

Modification 0003 to contract CPSC-N-14-0073 is hereby issued to acknowledge the Contractor's change of name as follows:

1- The Contractor's name is hereby changed from "St. John's St. Francis Hospital" to "Mercy Saint Francis Hospital". "Change of Name" Agreement attached plus State of Missouri, Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A 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)<br>Rudi M. Johnson |
| 15B. CONTRACTOR/OFFEROR                       | 15C. DATE SIGNED  |
| (Signature of person authorized to sign)      | (Signature of Contracting Officer)  |
| 16B. UNITED STATES OF AMERICA                 | 16C. DATE SIGNED<br>12-22-2016  |

CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CPSC-N-14-0073/0003

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR  
MERCY SAINT FRANCIS HOSPITAL

| ITEM NO.<br>(A) | SUPPLIES/SERVICES<br>(B)   | QUANTITY<br>(C) | UNIT<br>(D) | UNIT PRICE<br>(E) | AMOUNT<br>(F) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
|                 | Articles of Amendment and Certificate.<br><br>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED<br>AND IN FULL FORCE AND EFFECT. |                 |             |                   |               |

## CHANGE-OF-NAME AGREEMENT

St. John's St. Francis Hospital (Contractor), a corporation duly organized and existing under the laws of the State of Missouri, and the United States of America (Government), enter into this Agreement as of December 12, 2016.

(a) The parties agree to the following facts:

(1) The Government, represented by various Contracting Officers of the US Consumer Product Safety Commission, has entered into certain contracts and purchase orders with St. John's St. Francis Hospital, namely: CPSC-N-14-0073. The term "the contracts," as used in this Agreement, means the above contracts and purchase orders and all other contracts and purchase orders, including all modifications, made by the Government and the Contractor before the effective date of this Agreement (whether or not performance and payment have been completed and releases executed if the Government or the Contractor has any remaining rights, duties, or obligations under these contracts and purchase orders).

(2) St. John's St. Francis Hospital, by an amendment to its certificate of incorporation, dated 10/31/2011, has changed its corporate name to Mercy Saint Francis Hospital.

(3) This amendment accomplishes a change of corporate name only and all rights and obligations of the Government and of the Contractor under the contracts are unaffected by this change.

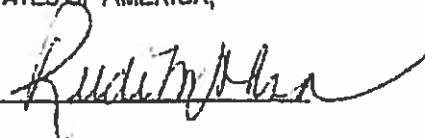
(4) Documentary evidence of this change of corporate name has been filed with the Government.

(b) In consideration of these facts, the parties agree that—

(1) The contracts covered by this Agreement are amended by substituting the name "Mercy Saint Francis Hospital" for the name "St. John's St. Francis Hospital" wherever it appears in the contracts; and

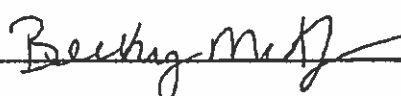
(2) Each party has executed this Agreement as of the day and year first above written.

UNITED STATES OF AMERICA,

By Rudi Murray-Johnson 

Title CPSC Contracting Officer

Mercy Saint Francis Hospital

By Becky McAfee 

Title Manager- Finance

[Corporate Seal]

CERTIFICATE

I, Becky McAfee, certify that I am the Secretary of Mercy Saint Francis Hospital; that Michael Merrigan, who signed this Agreement for this corporation, was then Vice President of this corporation; and that this Agreement was duly signed for and on behalf of this corporation by authority of its governing body and within the scope of its corporate powers. Witness my hand and the seal of this corporation this 9th day of December 2016.

By  \_\_\_\_\_

[Corporate Seal]



**State of Missouri**  
Robin Carnahan, Secretary of State

Corporations Division  
PO Box 778 / 600 W. Main St., Rm. 322  
Jefferson City, MO 65102

File Number:  
N00059876  
Date Filed: 11/15/2011  
Robin Carnahan  
Secretary of State

**Articles of Amendment  
for a Nonprofit Corporation**  
(Submit with filing fee of \$10.00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

1. The name of corporation is: St. Francis Hospital, Mountain View, Missouri N00059876  
*Name* *Charter Number*

2. The amendment was adopted on 10/31/11 and changed article(s) One to state as follows:  
*month/day/year*  
The name of the Corporation shall be: Mercy St. Francis Hospital.

3. If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5):

4. If approval by members was required, check here and provide the following information:   
A. Number of memberships outstanding:  
B. Complete either C or D:  
C. Number of votes for and against the amendments(s) by class was:

| Class | Number entitled to vote | Number voting for | Number voting against |
|-------|-------------------------|-------------------|-----------------------|
| _____ | _____                   | _____             | _____                 |
| _____ | _____                   | _____             | _____                 |
| _____ | _____                   | _____             | _____                 |

D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was:

| Class: | Number Voting undisputed: |
|--------|---------------------------|
| _____  | _____                     |
| _____  | _____                     |
| _____  | _____                     |

The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class.

5. If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained:

In Affirmation thereof, the facts stated above are true and correct:  
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

Michael Morrison Michael Morrison Vice President 11/10/11  
*Authorized signature of officer or chairman of the board* *Printed Name* *Title* *Date*

Name and address to return filed document:  
Name: Mercy Health, Attn: Michele Giunta  
Address: 14528 South Outer Forty, Suite 100  
City, State, and Zip Code: Chesterfield, MO 63017

State of Missouri  
Amend/Restate - NonProfit 1 Page(s)



T1131917521

# State of Missouri



Robin Carnahan  
Secretary of State

CERTIFICATE OF AMENDMENT  
OF A  
MISSOURI NONPROFIT CORPORATION

WHEREAS,

*Mercy St. Francis Hospital  
N00059876*

Formerly,

*ST. FRANCIS HOSPITAL, MOUNTAIN VIEW, MISSOURI*

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith.

IN TESTIMONY WHEREOF, I hereunto  
set my hand and cause to be affixed the  
GREAT SEAL of the State of Missouri.  
Done at the City of Jefferson, this  
15th day of November, 2011.

*Robin Carnahan*

Secretary of State

