	TIAN OF AGUITAAT		1. CONTRACT ID CODE		PAGE OF F	PAGES
AMENDMENT OF SOLICITATION/MODIFICA	TION OF CONTRACT		2		1	22
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ. NO.	5. PF	ROJECT NO. (	f applicable)
0003	See Block 16C	REC	REQ-4310-17-0023			
6 ISSUED BY CODE	FMPS	7. A	ADMINISTERED BY (If other than Item 6)	COD	Ē	
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)	(x)	9A. AMENDMENT OF SOLICITATION NO.			<del></del>
IHC HEALTH SERVICES ATTN OREM COMMUNITY HOSPITAL 36 S STATE ST STE 2300 SALT LAKE CITY UT 84111-1470			9B. DATED (SEE ITEM 11)  10A. MODIFICATION OF CONTRACT/ORDER  CPSC-N-14-0131	R NO.		
		×	10B. DATED (SEE ITEM 13)			
CODE	FACILITY CODE		07/08/2014			
	_	STOAMEN	IDMENTS OF SOLICITATIONS			
Offers must acknowledge receipt of this amendment p ttems 8 and 15, and returning col separate letter or telegram which includes a reference THE PLACE DESIGNATED FOR THE RECEIPT OF 0 vidue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If req.	pies of the amendment; (b) By ack to the solicitation and amendmen DFFERS PRIOR TO THE HOUR A r already submitted, such change is received prior to the opening ho	knowledging at numbers, AND DATE ! a may be may our and date	greceipt of this amendment on each copy of th FAILURE OF YOUR ACKNOWLEDGEMENT SPECIFIED MAY RESULT IN REJECTION OF ade by telegram or letter, provided each telegra	e offer su TO BE F YOUR O	bmitted; or (c) ECEIVED AT FFER If by	Ву
0100A17DSE 2017 1117900000 E		Mer I	iiciease:	44,5		
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/C	ORDERS. I	T MODIFIES THE CONTRACT/ORDER NO. AS	DESCR	BED IN ITEM 1	4.
			ANGES SET FORTH IN ITEM 14 ARE MADE	_		
			ADMINISTRATIVE CHANGES (such as changed) RITY OF FAR 43, 103(b).			<u> </u>
C THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUAN	T TO AUTH	ORITY OF			
D. OTHER (Specify type of modification	**	ETCATT	ON FAR 43 103 /R)			
X   ADDITIONAL FUNDING -	(1 <del>-1</del> )			suina offi		·
E. IMPORTANT: Contractor Fis not.  14. DESCRIPTION OF AMENDMENT/MODIFICATION  DUNS Number:  HOSPITAL ID#: 5D411112  COR: Zsuzsanna Kocsis  PHONE: (301) 504-7402  EMAIL: zkocsis@cpsc.gov	2000			easible.)	-	
Modification # 0003 to contr funding for option period to 1. The quantity for line ite	o and add new li	ne ite	m 0006A.			1
		-				
Continued				a to a sec		
Except as provided herein, all terms and conditions of	he document referenced in Item 9		es heretofore changed, remains unchanged an 16A. NAME AND TITLE OF CONTRACTING (			
15A. NAME AND TITLE OF SIGNER (Type or print)		- 1	Greg A. Grayson	J. 1 70EN	· 1-2 pro on printly	
15B. CONTRACTOR/OFFEROR	15C DATE SIG		16B UNITED STATES OF AMERICA	m	16	C. DATE SIGNED
(Signature of person authorized to sign)			(Signature of Contracting Officer)	STAN	DARD FORM	30 (REV. 10-83)
NSN 7540-01-152-8070 Previous edition unusable			•		ribed by GSA	1.101 10 00)

Prescribed by GSA FAR (48 CFR) 53:243

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED		OF .
	CPSC-N-14-0131/0003	2	2

NAME OF OFFEROR OR CONTRACTOR
IHC HEALTH SERVICES

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	2. As a result, funding is added for line item 0005 in the amount of \$2,067.00.				
	3. The quantity for line item 0006 is increased by 100 to a new quantity of 300.				
	4. As a result, funding is added for line item 0006 in the amount of \$516.00.				
	5. New line item 0006A is added in the amount of \$2,000.00.				
	6. As a result of the above, funding for option period two (July 1, 2016 through June 30, 2017) is increased by \$4,583.00 to a new total of \$14,572.00.				
	Change Item 0005 to read as follows(amount shown is the obligated amount):				
	OPTION PERIOD 2 JULY 1, 2016 THROUGH JUNE 30, 2017				
0005	Not To Exceed: 1,600	300	EΑ	6.89	2,067.
	NEISS Surveillance Reports and Special Survey Reports in accordance with the attached statement of work.				
	Change Item 0006 to read as follows(amount shown is the obligated amount):				
0006	Not To Exceed: 300	100	EA	5.16	516.
	NEISS Supplemental / Special Study Reports in accordance with the attached statement of work.				
	Add Item 0006 A as follows:				
0006 A	Not to exceed \$2,000	1	EA	2,000.00	2,000.
	Reimbursement for attendance at a NEISS/All-Trauma Coder Meeting at CPSC in Bethesda, MD.				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				