AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE
   0003

2. AMENDMENT/MODIFICATION NO
   0003

3. EFFECTIVE DATE
   See Block 16C

4. REQUISITION/PURCHASE REQ. NO.
   REQ-4310-15-0194

5. PROJECT NO. (if applicable)

6. ISSUED BY
   CONSUMER PRODUCT SAFETY COMMISSION
   DIV OF PROCUREMENT SERVICES
   4130 EAST WEST HWY
   ROOM 523
   BETHESDA MD 20814

7. ADMINISTERED BY (if other than item 6)

8. NAME AND ADDRESS OF CONTRACTOR (If, street, county, State and ZIP Code)
   OREGON STATE POLICE
   255 CAPITAL STREET NE
   4TH FLOOR
   SALEM OR 97310-1300

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION CONTRACT/OFFER NO.
   CPSC-G-14-0020

10B. DATED (SEE ITEM 13)
   11/15/2013

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.

12. ACCOUNTING AND APPROPRIATION DATA (if required)
   0100A15DSE 2015 1182800000 EXHR004310 22520
   Net Increase: $200.00

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/OFFERS. IT MODIFIES THE
   CONTRACT/OFFER 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/OFFER 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:

D. OTHER (Specify type of modification and authority)
   ☑ EXERCISE OPTION - 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: 
   COR: Thomas Schroeder
   Phone: (301) 504-7510
   Email: tschroeder@cpsc.gov

Modification 0003 to Contract CPSC-G-14-0020 is hereby issued to revise as follows:

The COR is changed:
FROM: Mark Edwards
TO: Thomas Schroeder

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)
   Greg A. Grayson
   Signature of person authorized to sign

15C. DATE SIGNED 5/15/2015

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
   Signature of Contracting Officer

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

STANDARD FORM 30 (REV. 10-63)
Prepared by GSA
FAR (48 CFR) 53.243

NSN 7540-01-152-8070
Previous edition unusable
1- The quantity for Line item 0002 is increased by 5 to a new total quantity of 15.

2- As a result of the above, funding for option year one (August 1, 2014 through July 31, 2015) is increased by $50.00 to a new total of $150.00.

3- At this time the second option year is exercised for the period beginning August 1, 2015 through July 31, 2016 in accordance with FAR Clause 52.217-9, Option to Extend the Term of the Contract. Pricing is in accordance with Line item 0003.

4- The funded quantity for line item 0003 is increased from 0 to 15.

5- As a result of the above, funding in the amount of $150.00 is provided for the second option year. Additional funding will be provided via modification at a later date when funding becomes available.

Change Item 0002 to read as follows (amount shown is the obligated amount):

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td>NOT TO EXCEED: 15</td>
<td>-5 EA</td>
<td>10.00</td>
<td></td>
<td>50.00</td>
</tr>
</tbody>
</table>

Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2014 through July 31, 2015, in accordance with the attached Statement of Work. Quantity: 5 @ $10.00 = $50.00

Change Item 0003 to read as follows (amount shown is the obligated amount):

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0003</td>
<td>NOT TO EXCEED: 15</td>
<td>15 EA</td>
<td>10.00</td>
<td></td>
<td>150.00</td>
</tr>
</tbody>
</table>

Medical Examiner's/Coroner's Alert Program (MECAP) Reports to be submitted for the period August 1, 2015 through July 31, 2016, in accordance with the attached Statement of Work. Continued...
<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Quantity: 15 @ $10.00 = $150.00

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.