ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 2. CONTRACT NO. (if any) CPSC-N-10-0002
10/29/2009

3. ORDER NO. 4. REQUISITION/REFERENCE NO. CONSUMER PRODUCT SAFETY COMMISSION

5. ISSUING OFFICE (Address correspondence to)
CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

7. TO: JENNIFER CARINI-METCALFE DIR ED
a. NAME OF CONTRACTOR DOCTORS COMMUNITY HOSPITAL
b. COMPANY NAME

c. STREET ADDRESS 8118 GOOD LUCK ROAD

8. TYPE OF ORDER
a. PURCHASE
REFERENCE YOUR:

b. DELIVERY
Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.

11. BUSINESS CLASSIFICATION (Check appropriate box(es))
[ ] a. SMALL
[ ] b. OTHER THAN SMALL
[ ] c. DISADVANTAGED
[ ] d. WOMEN-OWNED
[ ] e. HUBZone
[ ] f. EMERGING SMALL BUSINESS

12. F.O.B. POINT
Destination

13. PLACE OF
a. INSPECTION Destination
b. ACCEPTANCE Destination

14. GOVERNMENT B/L NO. NET 30

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)
Multiple

16. DISCOUNT TERMS

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a) SUPPLIES OR SERVICES (b) QUANTITY ORDERED (c) UNIT (d) UNIT PRICE (e) AMOUNT (f) QUANTITY ACCEPTED (g)

DUNS Number: 

BASIC CONTRACT: 10/01/09 THRU 09/30/10
HOSPITAL ID# SP591085

This contract is being incrementally funded in the amount of $5,380.18 for the period Continued ...

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT 

20. INVOICE NO. 

21. MAIL INVOICE TO:

a. NAME CONSUMER PRODUCT SAFETY COMMISSION
b. STREET ADDRESS DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522

c. CITY BETHESDA
d. STATE MD
e. ZIP CODE 20814

22. UNITED STATES OF AMERICA BY (Signature) 

23. NAME (Typed) Doris B. Kessler
TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev 4/1996)
Prescribed by GSA/FAR 46 CFR 53.213(e)
IMPORTANT: Mark all packages and papers with contract and/or order numbers.

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>2350 EA</td>
<td>1.88</td>
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<td>MINIMUM QTY: 2,350</td>
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<td>0003</td>
<td>REIMBURSEMENT FOR TRAINING COSTS.</td>
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<td>2 PERSONS: 32/HR X $14.66 X 50% OR = $703.68</td>
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<td>0004</td>
<td>OPTION PERIOD: 10/01/10 THRU 09/30/11</td>
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<td>Amount: $17,672.00 (Option Line Item) 10/01/2010 Continued ...</td>
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Total Carried Forward to 1st Page (Item 17(H)) $5,380.18
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Accounting Info:
11-PS-EXFM-4310-11179-252E
$17,672.00 (Subject to Availability of Funds)
Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $24,086.18. The obligation for this award is shown in box 17(i).