**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
<thead>
<tr>
<th>2 AMENDMENT/MODIFICATION NO.</th>
<th>3 EFFECTIVE DATE</th>
<th>4 REQUISITION/PURCHASE REQ. NO.</th>
<th>5 PROJECT NO. (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0003</td>
<td>07/07/2010</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 ISSUED BY | CODE  

| CONSUMER PRODUCT SAFETY COMMISSION  
DIV OF PROCUREMENT SERVICES  
4330 EAST WEST HWY  
ROOM 517  
BETHESDA MD 20814  

8 NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and Zip Code)

| RAYMOND COLUCCI  
FORT MYERS FL 33966-5717 |

9A AMENDMENT OF SOLICITATION NO.

9B DATED (SEE ITEM 11)

9C MODIFICATION OF CONTRACT/ORDER NO.

CPSC-N-10-0005

10A DATED (SEE ITEM 13)

10B DATED (SEE ITEM 13)

11 ACCOUNTING AND APPROPRIATION DATA (If required)

0100A100PS 2010 1117900000 EXFM004310 252E00 Net Increase: $16,185.00

12 CHECK ONE

<table>
<thead>
<tr>
<th>A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority)</th>
<th>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)</th>
</tr>
</thead>
</table>

E. IMPORTANT: Contractor is not 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: B
- HOSPITAL ID#: 8A134065
- BASIC CONTRACT: 10/01/09 THRU 09/30/10

Modification No. 0003 adjusts the quantity of surveillance reports for FY-2010 as follows:

ITEMS 1 and 2 are changed as follows: (see page 2).

For FY-2010 the total amount of this contract is increased by $16,185.00, from $38,835.00 to $55,020.00.

Continued ...

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

15A NAME AND TITLE OF SIGNER (Type or print)

15B CONTRACTOR/OFFERER

16A NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16B UNITED STATES OF AMERICA

16C DATE SIGNED

16D DATE SIGNED

(DO NOT WRITE OR PRINT ON THIS LINE)

(DO NOT WRITE OR PRINT ON THIS LINE)

STANDARD FORM 30 (REV 10-83)  
Prescribed by GSA  
FAR (48 CFR) 53.243
## Item No.
<table>
<thead>
<tr>
<th>Supplies/Services</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>
</tr>
<tr>
<td>0001</td>
<td>8500</td>
<td>EA</td>
<td>1.85</td>
<td>15,725.00</td>
</tr>
</tbody>
</table>

*ESTIMATED QUANTITY
NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 4,875  
MAXIMUM QTY: 28,000

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

| ESTIMATED QUANTITY | 1000 EA | 0.46 | 460.00 |

SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 600  
MAXIMUM QTY: 7,000

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