**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<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>
<th>6. ISSUED BY CODE</th>
<th>7. ADMINISTERED BY (If other than Item 6) CODE</th>
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<tr>
<td></td>
<td>0004</td>
<td>08/23/2010</td>
<td></td>
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<td>FMPS</td>
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</table>

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

8 NAME AND ADDRESS OF CONTRACTOR (City, street, country, State and ZIP Code)

RAYMOND COLUCCI
FORT MYERS FL 33966-5717

DUNS Number: 8A134065
HOSPITAL ID#: 8A134065
BASIC CONTRACT: 10/01/09 THRU 09/30/10

Modification No. 0004 adjusts the quantity of surveillance reports for FY-2010 as follows:

**ITEM #1** is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is decreased by $1,480.00, from $55,020.00 to $53,540.00.

Continued...

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

15A. NAME AND TITLE OF SIGNER (Type or print)
Doris B. Kessler

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)
Doris B. Kessler

16C. DATE SIGNED
08/23/2010

17. ADMINISTERED BY (If other than Item 6) CODE
FMPS

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

**PRODUCT SAFETY COMMISSION**
<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>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>-800 EA</td>
<td>1.85</td>
<td>-1,480.00</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL QTY FOR ITEM #1: 27,200/EA

Discount Terms: Net 30

Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814

FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010

Change Item 0001 to read as follows (amount shown is the obligated amount):

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

Accounting Info:
10-PS-EXFM-4310 Funded: $0.00
Accounting Info: 0100A10DPS-2010-1117900000-EXFM004310-252E0 Funded: -$1,480.00

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