ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 11/10/2009
2. CONTRACT NO. (If any): CPSC-N-10-0006
3. ORDER NO.: 
4. REQUISITION/REFERENCE NO.: 
5. ISSUING OFFICE (Address correspondence to):
   CONSUMER PRODUCT SAFETY COMMISSION
   DIV OF PROCUREMENT SERVICES
   4330 EAST WEST HWY
   ROOM 517
   BETHESDA MD 20814

6. SHIP TO:
   a. NAME OF CONSIGNEE: CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS: DIV OF HAZARD & INJURY DATA SYS
      4330 EAST WEST HIGHWAY
      ROOM 604-26
   c. CITY: BETHESDA
   d. STATE: MD
   e. ZIP CODE: 20814

7. TO:
   a. NAME OF CONTRACTOR: MARILYN C WILLIAMS
   b. COMPANY NAME: 
   c. STREET ADDRESS: 
   d. CITY: GRAHAM
   e. STATE: NC
   f. ZIP CODE: 27253-4303

8. TYPE OF ORDER:
   □ a. PURCHASE
   □ 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.

9. ACCOUNTING AND APPROPRIATION DATA
   10-PS-EXFM-4310-11179-252E

10. REQUISITIONING OFFICE:
    CONSUMER PRODUCT SAFETY COMMISSION

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.: 
15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date): 09/30/2010
   16. DISCOUNT TERMS: Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES (a)</th>
<th>QUANTITY ORDERED (c)</th>
<th>UNIT (d)</th>
<th>UNIT PRICE (e)</th>
<th>AMOUNT (f)</th>
<th>QUANTITY ACCEPTED (g)</th>
</tr>
</thead>
<tbody>
<tr>
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<td>SUPPLIES OR SERVICES (a)</td>
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<td>AMOUNT (f)</td>
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<td>UNIT PRICE (e)</td>
<td>AMOUNT (f)</td>
<td>QUANTITY ACCEPTED (g)</td>
</tr>
</tbody>
</table>

18. SHIPPING POINT:
19. GROSS SHIPPING WEIGHT:
20. INVOICE NO.:

21. MAIL INVOICE TO:
   a. NAME: CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS (w/P.O. Box):
      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): Doris B. Kessler
23. NAME (Typed): Doris B. Kessler
   TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2008)
Prepared by GSFA/144 3F R 519(0)
**ORDER FOR SUPPLIES OR SERVICES**  
**SCHEDULE - CONTINUATION**

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

<table>
<thead>
<tr>
<th>DATE OF ORDER</th>
<th>CONTRACT NO.</th>
<th>ORDER NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/10/2009</td>
<td>CPSC-N-10-0006</td>
<td></td>
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<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
</tr>
<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>917 EA</td>
<td>2.93</td>
<td></td>
<td>2,686.81</td>
</tr>
<tr>
<td></td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MINIMUM QTY: 1,375</td>
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</tr>
<tr>
<td></td>
<td>MAXIMUM QTY: 6,875</td>
<td></td>
<td></td>
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<tr>
<td>0002</td>
<td>ESTIMATED QUANTITY</td>
<td>8 EA</td>
<td>0.72</td>
<td></td>
<td>5.76</td>
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<tr>
<td></td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<tr>
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<td>MINIMUM QTY: 5</td>
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</tr>
<tr>
<td></td>
<td>MAXIMUM QTY: 50</td>
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<tr>
<td>0003</td>
<td>REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES.</td>
<td>2 MO</td>
<td>70.00</td>
<td></td>
<td>140.00</td>
</tr>
</tbody>
</table>

October 1, 2009 through November 30, 2009. Additional funds will be provided, by modification, when funds become available.

Admin Office:  
CONSUMER PRODUCT SAFETY COMMISSION  
DIV OF PROCUREMENT SERVICES  
4330 EAST WEST HWY  
ROOM 517  
BETHESDA MD 20814  
Period of Performance: 10/01/2009 to 09/30/2010

The total amount of award: $2,832.57. The obligation for this award is shown in box 17(i).