ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER: 11/10/2009

2. CONTRACT NO. (If any): CPSC-N-10-0007

3. ORDER NO.: 50000

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: PAM SCHEER
   b. COMPANY NAME

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
   □ g. SERVICE-DISABLED VETERAN-OWNED

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)
    Multiple
    Net 30

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>
<td>DUNS Number</td>
<td>HOSPITAL ID #: 303106056</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>This contract is being incrementally funded in the amount of $2,260.00 for the period Continued ...</td>
<td></td>
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<td></td>
<td></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: 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 4/2006)
Prescribed by GSA/FAR 48 CFR 13.213(j)
<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>650 EA</td>
<td>3.29</td>
<td>2,138.50</td>
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</tr>
<tr>
<td>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td></td>
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<tr>
<td></td>
<td>MINIMUM QTY: 325</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>MAXIMUM QTY: 1,625</td>
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<tr>
<td>0002</td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>150 EA</td>
<td>0.81</td>
<td>121.50</td>
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<td></td>
<td>MINIMUM QTY: 30</td>
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<tr>
<td></td>
<td>MAXIMUM QTY: 300</td>
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<tr>
<td>0003</td>
<td>OPTION PERIOD: 10/01/10 THRU 09/30/11</td>
<td>1300 EA</td>
<td>3.29</td>
<td>0.00</td>
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<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</td>
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</tr>
<tr>
<td></td>
<td>MINIMUM QTY: 325</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>MAXIMUM QTY: 1,625</td>
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<tr>
<td></td>
<td>Amount: $4,277.00 (Option Line Item)</td>
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<td>Accounting Info: 11-PS-EXFM-4310-11179-252E</td>
<td>11-PS-EXFM-4310-11179-252E</td>
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<td>$4,277.00</td>
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<td></td>
<td>Period of Performance: 10/01/2010 to 09/30/2011</td>
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<tr>
<td></td>
<td>Continued ...</td>
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<td></td>
</tr>
</tbody>
</table>

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $2,260.00
### 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-10-0007</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0004</td>
<td>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
<td>300 EA</td>
<td>0.81</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

- MINIMUM QTY: 30
- MAXIMUM QTY: 300
- Amount: $243.00 (Option Line Item)

Accounting Info:
11-PS-EXFM-4310-11179-252E
$243.00
Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $6,780.00. The obligation for this award is shown in box 17(i).