ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER 11/10/2009

2. CONTRACT NO. (If any) CPSC-N-10-0008

6. SHIP TO:
   a. NAME OF CONSIGNEE CONSUMER PRODUCT SAFETY COMMISSION

3. ORDER NO.

7. TO: DENISE WELCH
   a. NAME OF CONTRACTOR DENISE WELCH
   b. COMPANY NAME
   c. STREET ADDRESS
   d. CITY BOULDER CITY
   e. STATE NV
   f. ZIP CODE 89005-3023

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

4. REQUISITION/REFERENCE NO.

8. TYPE OF ORDER
   ☑ a. PURCHASE
   ☐ b. DELIVERY

   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.

9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule

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. Multiple

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DUNS Number: [Redacted]
HOSPITAL ID#: [Redacted]
BASIC CONTRACT: 10/01/09 THRU 09/30/10

This contract is being incrementally funded in the amount of $1,473.89 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) [Redacted]

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

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE
<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</th>
<th>ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>550 EA</td>
<td>2.67</td>
<td>1,468.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0002</td>
<td>ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>7 EA</td>
<td>0.77</td>
<td>5.39</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0003</td>
<td>OPTION PERIOD: 10/01/10 THRU 09/30/11 ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.</td>
<td>3300 EA</td>
<td>2.67</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Additional funds will be provided, by modification, when funds become available.
### SCHEDULE - CONTINUATION

**DATE OF ORDER**: 11/10/2009  
**CONTRACT NO.**: CPSC-N-10-0008  
**ORDER NO.**:

<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>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0004</td>
<td>ESTIMATED QUANTITY</td>
<td>40 EA</td>
<td>0.77</td>
<td></td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MINIMUM QTY:</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MAXIMUM QTY:</td>
<td>40</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amount: $30.80(Option Line Item)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accounting Info:</td>
<td>11-PS-EXFM-4310-11179-252E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Funded: $0.00</td>
<td>$30.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Period of Performance: 10/01/2010 to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>09/30/2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The total amount of award: $10,315.69. The obligation for this award is shown in box 17(i).