| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | 1. CONTRACT ID CODE | PAGE OF PAGES | | | |
|--|--|-------------------|--|----------------------------|--|--|--|
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | 4. RE | QUISITION/PURCHASE REQ. NO. | | | | |
| 0001 | 01/11/2010 | | | | | | |
| 6 ISSUED BY | CODE FMPS | 7. Al | 7. ADMINISTERED BY (If other than Item 6) CODE FMPS | | | | |
| CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 | | DIV 433 ROO | 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 7IP Code) | <u> </u> | A. AMENDMENT OF SOLICITATION NO. | | | | |
| VEST DARLA | , | (x) | | | | | |
| MILLERSVIEW TX 76862 | | 9 | B. DATED (SEE ITEM 11) | | | | |
| | | x 1 | DA MODIFICATION OF CONTRACT/ORD PSC-N-10-0011 | DER NO. | | | |
| | | | DB. DATED (SEE ITEM 13) | - | | | |
| CODE 1 | FACILITY CODE | i | 11/12/2009 | | | | |
| | | | MENTS OF SOLICITATIONS | | | | |
| The above numbered solicitation is amended | | | | extended. Dis not extended | | | |
| B. THE ABOVE NUMBERED C appropriation date, etc.) SE | SSUED PURSUANT TO: (Specify authorit CONTRACT/ORDER IS MODIFIED TO RE T FORTH IN ITEM 14, PURSUANT TO TH | FLECT THE A | DMINISTRATIVE CHANGES (such as cha Y OF FAR 43.103(b). | | | | |
| C. THIS SUPPLEMENTAL AG | REEMENT IS ENTERED INTO PURSUAN | IT TO AUTHOI | RITY OF: | | | | |
| D. OTHER (Specify type of mo | dification and authority) | | | | | | |
| X UNILATERAL MODI | FICATION, FAR 43.103(| b) | | | | | |
| . IMPORTANT: Contractor | is not. is required to sign this docum | nent and return | copies to the is | ssuing office. | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION OF | | | | | | | |
| additional funds in the chrough February 28, 201 become available. | | | - | | | | |
| TEMS 1 and 2 are change | ed as follows: (see pa | age 2). | | | | | |
| ontinued | | | | | | | |
| Except as provided herein, all terms and condit | | | | | | | |
| ISA. NAME AND TITLE OF SIGNER (Type or) | ount) | ì | NAME AND TITLE OF CONTRACTING O | JEFILEK (Type of print) | | | |
| SB. CONTRACTOR/OFFEROR | 15C. DATE SIGI | | UNITED STATES OF AMERICA | 16C. DATE SIGNED | | | |
| (Signature of person authorized to sig | n) | A. | (Signature of Contrapting Officer) | 01/11/2010 | | | |

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET REFERENCE NO OF DOCUMENT BEING CONTINUED CPSC-N-10-0011/0001 PAGE OF 2 2

NAME OF OFFEROR OR CONTRACTOR

WEST DARLA

| ITEM NO. | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|----------------|---|----------|-----|------------|--------------------------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | | Ì | | | |
| | TOTAL AMOUNT FUNDED FOR 2010: \$9,923.84 | | | | |
| | Discount Terms: Net 30 | | | | |
| | Payment: | | } | | |
| | CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES | | [| | |
| | 4330 EAST WEST HWY | [|) { | ſ | |
| | ROOM 522 BETHESDA MD 20814 | | | | |
| | FOB: Destination Period of Performance: 10/01/2009 to 09/30/2010 | ļ | | | |
| | Period of Performance: 10/01/2009 to 09/30/2010 | | ll | | |
| | Change Item 0001 to read as follows(amount shown is the obligated amount): | | | | |
| 0001 ESTIMATED | ESTIMATED QUANTITY | 2750 | EA | 2.04 | 5,610.00 |
| | NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT | | | | |
| | OF WORK. | | | } | |
| | MINIMUM QTY: 2,750 | | ļί | | |
| | MAXIMUM QTY: 13,750 | | | | |
| | | | | | |
| | Change Item 0002 to read as follows(amount shown is the obligated amount): | ŀ | | | |
| | | | } | | |
| 0002 | ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE | 651 | EA | 0.53 | 345.03 |
| | WITH THE ATTACHED STATEMENT OF WORK. | | | { | |
| | | | | | |
| | | |] | ļ | |
| | MINIMUM QTY: 260 | | | | |
| | MAXIMUM QTY: 2,600 | | | | |
| | | | 1 | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED | | | [| |
| | AND IN FULL FORCE AND EFFECT. | | | | |
| | | | | | |
| | | | { | | |
| | | | | | |
| | | | | | |
| | | [| | | |
| | | | | | |
| | | | | | |
| | | | | | |
| NSN 7540-01-15 | <u> </u> | <u> </u> | | | OPTIONAL FORM 336 (4-86) |