AMENDMENT OF SOLICITATION/MODIFIC		1. CONTRACT		PAGE OF PAGES		
	3. EFFECTIVE DATE	4. REQUISITION/PURC		5. PROJECT NO. (If applicable)		
0001			HASE REQ. NO.	5. PROJECT NO. (Il applicable)		
6. IŞSTÜED BY CODE	01/14/2010 FMPS	7. ADMINISTERED BY	(If other than Item 6)	CODE FMPS		
/ Consumer product safety com		CONSUMER PRO	DUCT SAFETY C			
DIV OF PROCUREMENT SERVICES			JREMENT SERVIC			
4330 EAST WEST HWY		4330 EAST WEST HWY				
ROOM 517		ROOM 517				
BETHESDA MD 20814		BETHESDA MD	20814			
NAME AND ADDRESS OF CONTRACTOR (No., stre	et, county, State and ZIP Code)	(x) 9A. AMENDMENT (	OF SOLICITATION NO.			
AREN A WOZNIAK						
		9B. DATED (SEE 17	'EM 11)			
AINT LOUIS MO 63123-5831						
		x 10A. MODIFICATIO CPSC-N-10-	N OF CONTRACT/ORDER	NO.		
	C					
State of the state		10B. DATED (SEE )	TEM 13)			
CODE	FACILITY CODE	11/17/2009	Э			
	11. THIS ITEM ONLY APPLIES TO	AMENDMENTS OF SOLIC	ITATIONS			
The above numbered solicitation is amended as set	-			tended.		
Offers must acknowledge receipt of this amendment Items 8 and 15, and returning co	prior to the hour and date specified in th opies of the amendment; (b) By acknowle					
separate letter or telegram which includes a reference	e to the solicitation and amendment num	nbers. FAILURE OF YOUR	ACKNOWLEDGEMENT T	O BE RECEIVED AT		
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an off				,		
reference to the solicitation and this amendment, and	t is received prior to the opening hour an					
2. ACCOUNTING AND APPROPRIATION DATA (If re	quired) Ne	t Increase:	ç	\$3,273.75		
0-PS-EXFM-4310-11179-252E	MODIFICATION OF CONTRACTS/ORDE					
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A,	PURSUANT TO: (Specify authority) TH	E CHANGES SET FORTH	IN ITEM 14 ARE MADE IN	THE CONTRACT		
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT	CT/ORDER IS MODIFIED TO REFLEC H IN ITEM 14, PURSUANT TO THE AU	T THE ADMINISTRATIVE ( THORITY OF FAR 43,103)	CHANGES (such as change b).	es in paying office,		
C. THIS SUPPLEMENTAL AGREEMEN	NT IS ENTERED INTO PURSUANT TO	AUTHORITY OF:				
D. OTHER (Specify type of modification	n and authority)					
X UNILATERAL MODIFICA						
E. IMPORTANT: Contractor I is not,	is required to sign this document a	nd return	copies to the issui	ing office.		
14. DESCRIPTION OF AMENDMENT/MODIFICATION	(Organized by UCF section headings, i	including solicitation/contra	ct subject matter where fea	sible.)		
DUNS Number:						
HOSPITAL ID# 3K842022						
Addification No. 0001 provid	les additional fundim	ng for FY-2010	· -			
Additional funds in the amou		· ·				
Sebruary 28, 2010. As a res						
5,457.39. Additional fundi	ng will be provided,	, by modificat	ion, when fund	ds become		
vailable.						
otal quantity for line item	n 0001 is now 1,792					
Continued		0A as hereinfore changed	remains unchanged and in	full force and effect.		
Continued Except as provided herein, all terms and conditions of th	he document referenced in Item 9A or 1					
Continued Except as provided herein, all terms and conditions of th	he document referenced in Item 9A or 1		E OF CONTRACTING OFF	FICER (Type or print)		
Continued	he document referenced in Item 9A or 1			EICER (Type or print)		
Continued Except as provided herein, all terms and conditions of th	he document referenced in Item 9A or 10 15C. DATE SIGNED	16A. NAME AND TITL	ssler	FICER (Type or print)		
Continued Except as provided herein, all terms and conditions of the first state of t		16A NAME AND TITL Doris B. Ke	ssler	16C. DATE SIGNED		
ontinued Except as provided herein, all terms and conditions of the 5A. NAME AND TITLE OF SIGNER (Type or print)		16A. NAME AND TITL Doris B. Ke 16B. UNITED STATES	ssler			

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	CPSC-N-10-0016/0001	2	2

NAME OF OFFEROR OR CONTRACTOR KAREN A WOZNIAK

,

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
	Total quantity for line itme 0002 is now 417 Total amount funded for FY-2010: \$5,457.39 Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	1075	ΕA	2.75	2,956.25
	MINIMUM QTY: 1,075 MAXIMUM QTY: 5,375 Change Item 0002 to read as follows(amount shown				
0002	is the obligated amount): ESTIMATED QUANTITY SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	250	EA	0.67	167.50
	MINIMUM QTY: 100 MAXIMUM QTY: 1,000				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	REIMBURSEMENT FOR ESTIMATED MONTHLY RECURRING COMMUNICATION CHARGES.	3	МО	50.00	150.00
		)			
	.9067				OPTIONAL FORM 336 (4-86)