ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 11/25/2009
2. CONTRACT NO. (If any): CPSC-N-10-0023

3. ORDER NO.
4. REQUISITION/REFERENCE NO.

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

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: HUFFMAN DEBBIE
   b. COMPANY NAME: 

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
   10-PS-EXFM-40310-11179-252E

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
    b. ACCEPTANCE

14. GOVERNMENT B/L NO.
    09/30/2010

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</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Unit (c)</td>
<td>(e)</td>
<td>(f)</td>
</tr>
<tr>
<td></td>
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</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): Doris B. Kessler

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

---

DUNS Number: [Redacted]
HOSPITAL ID#: 9v212018

This contract is being incrementally funded in the amount of $4,112.71 for the period of October 1, 2009 through November 30, Continued...

UNITED STATES OF AMERICA BY (Signature): Doris B. Kessler

TOTAL (Cont. pages)

GRAND TOTAL

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OPTIONAL FORM 347 (Rev. 4/2006)
Printed by SSA/FR 48 CFR 53.217(a)(x)
## ORDER FOR SUPPLIES OR SERVICES
### SCHEDULE - CONTINUATION

**DATE OF ORDER:** 11/25/2009
**CONTRACT NO:** CPSC-N-10-0023
**ORDER NO:**

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

### 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

<table>
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<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<td>0002</td>
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The total amount of award: $4,112.71. The obligation for this award is shown in box 17(i).