AMENDMENT OF SOLICITATION/MO	DISICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES			
AMENDMENT OF SOLICITATION/MO	DIFICATION OF CONTRACT					
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)			
6 SSUED BY	03/04/2010 CODE EMBS	7 ADMINISTEDED BY (if allow then for fi	CODE			
CONSUMER PRODUCT SAFETY DIV OF PROCUREMENT SERVI 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	COMMISSION	7. ADMINISTERED BY (If other than Ilem 6) CODE FMPS  CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				
8. NAME AND ADDRESS OF CONTRACTOR (N	o., street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.				
SHANNON HEALTH SYSTEM ATTN ANN STEVENS PATIENT 120 EAST HARRIS STREET SAN ANGELO TX 76903-5904	CARE MGR	9B. DATED (SEE ITEM 11)  x 10A. MODIFICATION OF CONTRACT/ORE CPSC-N-10-0056	DER NO.			
		10B. DATED (SEE ITEM 13)				
CODE	FACILITY CODE	01/05/2010				
	11. THIS ITEM ONLY APPLIES	S TO AMENDMENTS OF SOLICITATIONS				
CHECK ONE  A. THIS CHANGE ORDER IS IS: ORDER NO. IN ITEM 10A.	A (If required)  0.0 EXFM.0.0.4.3.1.02.5.2.E.0.  S TO MODIFICATION OF CONTRACTS/O  SUED PURSUANT TO: (Specify authority)	Net Increase:  RDERS. IT MODIFIES THE CONTRACT/ORDER NO. A  THE CHANGES SET FORTH IN ITEM 14 ARE MADI	E IN THE CONTRACT			
	NTRACT/ORDER IS MODIFIED TO REF FORTH IN ITEM 14, PURSUANT TO THE	LECT THE ADMINISTRATIVE CHANGES (such as cha E AUTHORITY OF FAR 43.103(b).  TO AUTHORITY OF:	inges in paying office,			
D. OTHER (Specify type of modifi	ication and authority)					
X Unilaterial Modi:	fication , FAR 43.103	(b)				
E. IMPORTANT: Contractor X is	not, is required to sign this docume	ent and return O copies to the i	ssuing office.			
14. DESCRIPTION OF AMENDMENT/MODIFICA	ATION (Organized by UCF section headin	ngs, including solicitation/contract subject matter where	feasible.)			
DUNS Number HOSPITAL ID# 8T251018						
the period of February 1,	2010 through Septem					
As a result, the contract of \$11,220.00.	is hereby increased	by \$7,479.66 from \$3,740.3	1 to total amount			
Contract Quantity Totals	are as follows:					
Continued						
		or 10A, as heretofore changed, remains unchanged an	d in full force and effect.			
15A. NAME AND TITLE OF SIGNER (Type or pri	nt)	16A. NAME AND TITLE OF CONTRACTING Rudi M. Johnson	OFFICER (Type or print)			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN		16C. DATE SIGNED			
(Signature of person authorized to sign)		(Signature of Contracting Officer)	45. AUC			
NSN 7540-01-152-8070 Previous edition unusable			STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243			

Todd Stherson

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	CPSC-N-10-0056/0001	2	2

NAME OF OFFEROR OR CONTRACTOR SHANNON HEALTH SYSTEM

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Line Item 0001 - 11000 each  All other terms and conditions remain unchanged and in full force and effect.				
	Change Item 0001 to read as follows(amount shown is the obligated amount):				
0001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	7333	EA ,	1.02	7,479.66
	MINIMUM QTY: 2,750 MAXIMUM QTY: 13,750				
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				}	