1. CONTRACT ID CODE: FMPS
2. AMENDMENT/MODIFICATION NO: 0001
3. EFFECTIVE DATE: 03/04/2010
4. REQUISITION/PURCHASE REQ. NO: 0001
5. PROJECT NO (if applicable): 03/04/2010
6. CODE: FMPS
7. ADMINISTERED BY (if other than item 6): FMPS

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

8. NAME AND ADDRESS OF CONTRACTOR: SHADY GROVE ADVENTIST HOSPITAL
ATTN LOUISE BRISSETTE-CHASIN ER
9901 MEDICAL CENTER DRIVE
ROCKVILLE MD 20850

9. AMENDMENT OF SOLICITATION/MODIFICATION NO.

10. EFFECTIVE DATE
03/04/2010

11. REQUISITION/PURCHASE REQ. NO
0001

12. AMOUNT
$43,154.48

13. CONTRACT NO.
CPSC-N-10-0061

14. MODIFICATION OF ORDER NO.
CPSC-N-10-0061

15. DATE SIGNED
01/04/2010

Modification 0001 to contract CPSC-N-10-0061 is hereby issued to provide full funding for the period of February 1, 2010 through September 30, 2010.

As a result, the contract is hereby increased by $43,154.48 from $21,577.52 to total amount of $64,732.00.

Contract Quantity Totals are as follows:
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED

NSN 7540-01-152-8070
Previous edition unusable

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243
<table>
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<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
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<td>LINE ITEM 0001</td>
<td>20000</td>
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<td>LINE ITEM 0002</td>
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<td>- 4700 each</td>
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<td>Change Item 0001 to read as follows (amount shown is the obligated amount):</td>
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<td>ESTIMATED QUANTITY</td>
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<td></td>
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<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<td>MAXIMUM QTY:</td>
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