AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE	OF PAGES			
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	A PF	QUISITION/PURCHASE REQ. NO.	1 5. PROJECT	2 NO. (If applicable)			
0013	05/16/2011	-7. 116	un mun en fan en		وهريسيسيني المراجع			
6. ISSUED BY CODE	FMPS	7. AI	DMINISTERED BY (If other than item 6)	CODE				
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814				L				
8. NAME AND ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Code)	(x) <sup>9</sup>	A. AMENDMENT OF SOLICITATION NO.					
SHADY GROVE ADVENTIST HOSPITAL ATTN LOUISE BRISSETTE-CHASIN ER 9901 MEDICAL CENTER DRIVE ROCKVILLE MD 20850		×	98. DATED (SEE ITEM 11)					
CODE	FACILITY CODE		01/04/2010					
	11. THIS ITEM ONLY APPLIES							
separate letter or telegram which includes a reference. THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA ( <i>It re</i> 0100A11DPS 2011 1117900000 F 13. THIS ITEM ONLY APPLIES TO M	OFFERS PRIOR TO THE HOUR At or already submitted, such change or is received prior to the opening hou guired) EXFM004310 252E0	ND DATES nay be made r and date a Net In	PECIFIED MAY RESULT IN REJECTION OF a by telegram or letter, provided each telegram specified.	YOUR OFFER. n or letter makes \$21,540.0	й by ) О			
-	- 		-					
ORDER NO. IN ITEM 10A.	FURSUMIT TO: (Specify abmonity)		NGES SET FORTH IN ITEM 14 ARE MADE I					
B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT			ADMINISTRATIVE CHANGES (such as chang Y OF FAR 43.103(b).	es in paying offic	e,			
		10/10/110						
D. OTHER (Specify type of modification	and authority)							
X UNILATERAL MODIFICAT	TION, FAR 43.103(b)	)						
E IMPORTANT: Contractor E is not	is required to sign this docume	int and retur	nO copies to the issu	uing office.				
14 DESCRIPTION OF AMENDMENT/MODIFICATION HOSPITAL ID#: The purpose of this modifica follows:				·	as			
ITEM 3 and 4 are changed as	follows: (see page	e 2).						
For FY-2011 the total amount to \$52,920.00.	of this contract	is in	creased by \$21,540.00,	from \$31	,380.00			
Continued								
Except as provided herein, all terms and conditions of th	he document referenced in Item 8A i	or 10A, as h	sectofore changed, remains unchanged and i	n full force and ef	fect.			
15A NAME AND TITLE OF SIGNER (Type or print)			A NAME AND TITLE OF CONTRACTING OF	FICER (Type or )	print)			
			oris B. Kessler					
158. CONTRACTOR/OFFEROR	15C. DATE SIGN	ED 168	UNITED STATES OF AMERICA	Ser	16C. DATE SIGNED			
(Signature of person authorized to sign)		~	(Signature of Contracting Officer)		<u> </u>			
NSN 7540-01-152-8070 Pravious edition unusebis				STANDARD FO Prescribed by G FAR (48 CFR) 5				

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والتان الأشاب فليصح الاعتجازي أسوج وحمازا معييه التباكر وجازي				والمجار المحجور ومستكالة معجبين فالشكاك
	REFERENCE	NO OF	DOCUMENT	BEING CONTINUED
CONTINUATION SHEET			0000.000	54410 00/11/10CB
GUN HINDA HUN SHEE				-

CPSC-N-10-0061/0013

NAME OF OFFEROR OR CONTRACTOR SHADY GROVE ADVENTIST HOSPITAL

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE	AMOUNT (F)
(A)					( = )
	TOTAL QTY FOR ITEM #3: 24,000/EA TOTAL QTY FOR ITEM #4: 4,000/EA				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	10000	EA	2.07	20,700.0
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	SUPPLEMENTAL/SPECIAL STUDY REPORTS.	1500	EA	0.56	840.00
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
SN 7540-01-15	24067				OPTIONAL FORM 335 (4-86)

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