**AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT**

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (If applicable)</th>
<th>6. ISSUED BY CODE</th>
<th>7. ADMINISTERED BY (If other than item 6) CODE</th>
<th>8. NAME AND ADDRESS OF CONTRACTOR</th>
<th>9. AMENDMENT OF SOLICITATION NO.</th>
<th>10A. MODIFICATION OF CONTRACT/ORDER NO.</th>
<th>10B. DATED (SEE ITEM 13)</th>
<th>11. NAME AND TITLE OF SIGNER (Type or print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0004</td>
<td>07/28/2010</td>
<td></td>
<td></td>
<td></td>
<td>FMPS</td>
<td></td>
<td>CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</td>
<td></td>
<td>CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</td>
<td>SHADY GROVE ADVENTIST HOSPITAL ATTN LOUISE BRISSETTE-CHASIN ER 9901 MEDICAL CENTER DRIVE ROCKVILLE MD 20850</td>
<td></td>
</tr>
</tbody>
</table>

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

- □ The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers is extended. □ is not extended.
- Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing items 8 and 15, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**12. ACCOUNTING AND APPROPRIATION DATA (If required)**

See Schedule

**Net Decrease:** -$799.02

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

- **CHECK ONE**
  - □ A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
  - □ B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
  - □ C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
  - □ D. OTHER (Specify type of modification and authority)
  - □ X Unilateral Modification, FAR 43.103 (b)

**E. IMPORTANT:** Contractor □ is not. □ is required to sign this document and return copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

**HOSPITAL ID#: 5P761068**

Modification No. 0004 adjusts the quantity of surveillance reports for FY-2010 as follows:

**ITEM #1 is changed as follows: (see page 2).**

For FY-2010 the total amount of this contract is decreased by $799.02, from $63,218.83 to $62,419.81.

**Continued...**

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

**15A. NAME AND TITLE OF SIGNER (Type or print):** Doris B. Kessler

**16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print):** Doris B. Kessler

**15B. CONTRACTOR/OFFEROR:** SHADY GROVE ADVENTIST HOSPITAL

**15C. DATE SIGNED:** 07/28/2010

**16B. UNITED STATES OF AMERICA:**

**STANDARD FORM 30 (REV. 10-83)**

Prepared by GSA

FAR (48 CFR) 53.243
<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL QTY FOR ITEM #1: 28,885/ea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Change Item 0001 to read as follows (amount shown is the obligated amount):

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>ESTIMATED QUANTITY (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>-386 EA</td>
<td>2.07</td>
<td>-799.02</td>
<td></td>
</tr>
</tbody>
</table>

MINIMUM QTY: 7,500
MAXIMUM QTY: 37,500

Accounting Info:
Funded: $0.00

Accounting Info:
Funded: -$799.02

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.