ORDER FOR SUPPLIES OR SERVICES

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

1. DATE OF ORDER: 01/04/2010
2. CONTRACT NO. (if any): CPSC-N-10-0061

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

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:
CONSUMER PRODUCT SAFETY COMMISSION

7. TO: LOUISE BRISSETTE-CHASIN
a. NAME OF CONTRACTOR:
SHADY GROVE ADVENTIST HOSPITAL
b. COMPANY NAME:

8. TYPE OF ORDER
a. PURCHASE
b. DELIVERY

9. ACCOUNTING AND APPROPRIATION DATA
See Schedule

10. REQUIRING 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

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)
Multiple

16. DISCOUNT TERMS
Net 30

17. SCHEDULE (See reverse for Rejections)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPLIES OR SERVICES</td>
</tr>
<tr>
<td>QUANTITY ORDERED</td>
</tr>
<tr>
<td>QUANTITY ACCEPTED</td>
</tr>
</tbody>
</table>

DUNS Numbers:
- BASIC CONTRACT: 09/01/09 THRU 09/30/10
- HOSPITAL ID#: 5P7616068
- HOSPITAL IS#: 9P7618068

This contract is being incrementally funded Continued ...

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):

23. NAME (Typed):
Doris B. Kessler
TITLE CONTRACTING/ORDERING OFFICER
**Order for Supplies or Services**

**Schedule - Continuation**

**Date of Order:** 01/04/2010  
**Contract No.:** CPSC-N-10-0061  
**Order No.:**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Supplies/Services</th>
<th>Estimated Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Amount</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>10000 EA</td>
<td>2.07</td>
<td>20,700.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MINIMUM QTY: 7,500</td>
<td>MAXIMUM QTY: 37,500</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
|          | Accounting Info:  
10-PS-EXFM-4310-11179-252E | Funded: $20,700.00 | Period of Performance: 10/01/2009 to 09/30/2010 |
| 0002     | Supplemental//Special Study Reports in Accordance with the Attached Statement of Work. | 1567 EA | 0.56 | 877.52 |
|          | MINIMUM QTY: 470 | MAXIMUM QTY: 4,700 |
|          | Accounting Info:  
11-PS-EXFM-4310-11179-252E | Funded: $877.52 | Period of Performance: 10/01/2010 to 09/30/2011 |
| 0003     | Option Period: 10/01/10 THRU 09/30/11 | 30000 EA | 2.07 | 0.00 |
|          | Estimated Quantity  
Neiss Surveillance Reports and Special Continued ... |

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$21,577.52</td>
</tr>
</tbody>
</table>

**Admin Office:**  
Consumer Product Safety Commission  
DIV OF PROCUREMENT SERVICES  
4330 East West Hwy  
Room 517  
Bethesda MD 20814

**Additional Funds**  
Additional funds will be provided, by modification, when funds become available.
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 01/04/2010  
**CONTRACT NO**: CPSC-N-10-0061  
**ORDER NO**:  

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>0004</td>
<td>ESTIMATED QUANTITY</td>
<td>4700 EA</td>
<td>0.56</td>
<td>0.00</td>
<td></td>
<td>0.00</td>
</tr>
</tbody>
</table>

**SURVEY REPORTS.**

**MINIMUM QTY**: 7,500  
**MAXIMUM QTY**: 37,500  
**Amount**: $62,100.00 (Option Line Item)  
10/01/2010  
**Accounting Info**: 11-PS-EXFM-4310-11179-252E  
**Funded**: $0.00  
$62,100.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
**Period of Performance**: 10/01/2010 to 09/30/2011

**SUPPLEMENTAL/SPECIAL STUDY REPORTS.**

**MINIMUM QTY**: 470  
**MAXIMUM QTY**: 4,700  
**Amount**: $2,632.00 (Option Line Item)  
10/01/2010  
**Accounting Info**: 11-PS-EXFM-4310-11179-252E  
**Funded**: $0.00  
$952.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
**Period of Performance**: 10/01/2010 to 09/30/2011

The total amount of award: $86,309.52. The obligation for this award is shown in box 17(i).