ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER 01/07/2010
2. CONTRACT NO (if any) CPSC-N-10-0064
3. ORDER NO
4. REQUISITION/REFERENCE NO

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

6. SHIP TO
   CONSUMER PRODUCT SAFETY COMMISSION
   DIV OF HAZARD & INJURY DATA SYS
   4330 EAST WEST HWY
   ROOM 604-26

7. TO TINA STEELE CEO CFO
   a. NAME OF CONTRACTOR FAIRFAX MEMORIAL HOSPITAL
   b. COMPANY NAME
   c. STREET ADDRESS 
      HIGHWAY 18 TAFT AVENUE
      OSAGE COUNTY
   d. CITY FAIRFAX
   e. STATE OK
   f. ZIP CODE 74637-0219

8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY

9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule

10. REQUISITIONING 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
    g. SERVICE-DISABLED VETERAN-OWNED

12. F.O.B. POINT
    Destination

13. PLACE OF
    a. INSPECTION Destination
    b. ACCEPTANCE Destination

14. GOVERNMENT BILL NO
    See Schedule

15. DELIVER TO F.O.B. POINT
    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

16. DISCOUNT TERMS
    Net 30

17. SCHEDULE (See reverse for Rejections)

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<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>MAIL INVOICE TO</td>
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18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO
21. MAIL INVOICE TO

17(h) TOTAL (Cont. pages)

17(e) GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)
    Doris B. Kessler
    TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE
## ORDER FOR SUPPLIES OR SERVICES
### SCHEDULE - CONTINUATION

**DATE OF ORDER**: 01/07/2010  
**CONTRACT NO.**: CPSC-N-10-0064

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Additional funding will be provided, by modification, when funds become available.

**Admin Office:**  
CONSUMER PRODUCT SAFETY COMMISSION  
DIV OF PROCUREMENT SERVICES  
4330 EAST WEST HWY  
ROOM 517  
BETHESDA MD 20814  
Period of Performance: 10/01/2009 to 09/30/2010

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**: $1,498.53

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Prepared by GSA FAR (48 CFR 15.215)

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**OPTIONAL FORM 348 (Rev. 4/2000)**
ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

DATE OF ORDER: 01/07/2010
CONTRACT NO: CPSC-N-10-0064

ITEM NO. | SUPPLIES/SERVICES | QUANTITY ORDERED | UNIT | UNIT PRICE | AMOUNT | QUANTITY ACCEPTED |
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MAXIMUM QTY: 625
Amount: $4,335.00 (Option Line Item)
10/01/2010

Accounting Info:
11-PS-EXFM-4310-11179-252E
Funded: $0.00
$0.00 (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: $6,039.53. THE OBLIGATION FOR THIS AWARD IS SHOWN IN BOX 17(i).