AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 2 5. PROJECT NO. (if applicable)	
_		w. Regulation Porchase Neg. No.	S. PROSECT NO. (II Spandado)	
0003 B ISSUED BY CODE	02/17/2011	7. ADMINISTERED BY (If other than Item 8)	CODE	
CONSUMER PRODUCT SAFETY COMMODIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	ISSION		Harris Ha	
S. NAME AND ADDRESS OF CONTRACTOR (No., atree	t, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.		
FAIRFIELD MEMORIAL HOSPITAL ATTN CARRIE PURVIS DIRECTOR 102 US HIGHWAY 321 BYP N VINNSBORO SC 29180-9251		9B DATED (SEE ITEM 11) x 10A MODIFICATION OF CONTRACT/ORDE CPSC-N-10-0075 10B. DATED (SEE ITEM 13)	R NO.	
CODE	FACILITY CODE	01/12/2010		
	11. THIS ITEM ONLY APPLIES T	O AMENDMENTS OF SOLICITATIONS		
CHECK ONE A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) To CTIORDER IS MODIFIED TO REFLE HIN ITEM 14, PURSUANT TO THE A	DERS. IT MODIFIES THE CONTRACTIONDER NO. AS THE CHANGES SET FORTH IN ITEM 14 ARE MADE CCT THE ADMINISTRATIVE CHANGES (such as chan AUTHORITY OF FAR 43.103(b).	IN THE CONTRACT	
D. OTHER (Specify type of modification				
X SECTION I.6., OPTION	is required to sign this document			
14.DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID# 8A143065 The purpose of this modifically, 2010 through September 30	tion is to exercise	•		
Except as provided herein, all terms and conditions of to 15A. NAME AND TITLE OF SIGNER (Type or print)	ne document referenced in Item 9A or			
THE PERSONNERS OF STREET (1940 OF PRINT)		Doris B. Kessler	ir Fround (Typis or print)	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UMFED STATES OF AMERICA	16C. DATE SIGNED 02/17/2011	
(Signature of person authorized to sign)		(Signature of Contracting Officer)		

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET REFERENCE NO. OF DOCUMENT BEING CONTINUED

CPSC-N-10-0075/0003 PAGE OF

2 2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	1005	EA	9.46	9,507.30
	MINIMUM QTY: 251 MAXIMUM QTY: 1,256				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	SUPPLEMENTAL/SPECIAL STUDY REPORTS.	10	EA	2,36	23.60
	MINIMUM QTY: 1 MAXIMUM QTY: 10				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
	·				
		1			