## Amendment of Solicitation/Modification of Contract

### 1. Contract ID Code

#### 2. Amendment/Modification No.
0002

#### 3. Effective Date
02/07/2011

#### 4. Requisition/Purchase Req. No.

#### 5. Project No. (if applicable)

#### 6. Issued By
CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

#### 7. Administered By (if other than Item 6)

#### 8. Name and Address of Contractor
PEKIN MEMORIAL HOSPITAL
ATTN PATRICIA WEBER SUPPYPATIENT ACC
600 SOUTH 13TH STREET
PEKIN IL 61554-4969

#### 9. Name and Address of Contractor (less, street, county, State and ZIP Code)

#### 10. Amendment of Solicitation No.

#### 11. Dated (See Item 11)

CPSC-N-10-0076

#### 13. Dated (See Item 13)
02/24/2010

#### 14. Net Increase:
$3,000.00

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### 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.

- Others 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 the 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 TO ACKNOWLEDGE 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 such telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

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### 15. Description of Amendment/Modification

- The purpose of this modification is to exercise the option year for the period of October 1, 2010 through September 30, 2011.

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### 16. NAME AND TITLE OF SIGNER
Doris B. Kessler

### 17. NAME AND TITLE OF CONTRACTING OFFICER

### 18. CONTRACTOFFEROR

### 19. DATE SIGNED
02/07/2011

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**Note:**

- 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.

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**DUNS Number:**
8C161077

**Hospital ID:**
8C161077

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**Standard Form:**

- NBS 7540:01-192-0070
- Previous Edition Unavailable

- Standard Form 30 (REV. 10-83)
- Prescribed by GSA
- FAR (48 CFR) 53.243
Change Item 0002 to read as follows (amount shown is the obligated amount):

**0002**

ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.

MINIMUM QTY: 1,000  
MAXIMUM QTY: 5,000  

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

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0002</td>
<td>ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
<td>4000</td>
<td>EA</td>
<td>0.75</td>
<td>3,000.00</td>
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