	MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE		PAGE OF P	AGES	
AMENDMENT/MODIFICATION NO.		3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ. NO	5 P	1 ROJECT NO. (If	2 applicable	
001		03/04/2010					,,/	
ISBUED BY	CODE	FMPS	7 A	DMINISTERED BY (If other than Item 6)		E FMPS		
CONSUMER PRODUCT SAFETY COMMISSION			CONSUMER PRODUCT SAFETY COMMISSION					
DIV OF PROCUREMENT SERVICES				DIV OF PROCUREMENT SERVICES				
4330 EAST WEST HWY				30 EAST WEST HWY				
ROOM 517			ROOM 517					
ETHESDA MD 20814			BE	THESDA MD 20814				
NAME AND ADDRESS OF CONTRACTO	R (No., stree	I, county, State and ZIP Code)	(x) ⁹	A AMENDMENT OF SOLICITATION NO				
G JOHNS LUTHERAN HOSPI	ITAL I	NC						
TTN CATHY WOLFE VP OF	F NURS	ING	9	B. DATED (SEE ITEM 11)				
50 LOUISIANA AVENUE								
IBBY MT 59923-2130			x 1	0A. MODIFICATION OF CONTRACT/ORD	ER NO.			
				CPSC-N-10-0077				
				OB. DATED (SEE ITEM 13)				
ODE		FACILITY CODE		01/13/2010				
(AB)		11. THIS ITEM ONLY APPLIES						
The above numbered solicitation is amend	ded as set fo				extended	is not exten		
	mendment p	prior to the hour and date specified in	the solicita	ation or as amended, by one of the following	methods:	(a) By completing	9	
Items 8 and 15, and returning				eccipt of this amendment on each copy of the				
				AILURE OF YOUR ACKNOWLEDGEMEN PECIFIED MAY RESULT IN REJECTION (
virtue of this amendment you desire to cha	ange an offe	r already submitted, such change ma	ay be made	e by telegram or letter, provided each telegr				
reference to the solicitation and this amen				·	60 75			
100A10DPS 2010 111790		1	iet in	crease:	\$2,77			
13. THIS ITEM ONLY APP	PLIES TO M	ODIFICATION OF CONTRACTS/OR	DERS. IT I	MODIFIES THE CONTRACT/ORDER NO. A	S DESCRIE	BED IN ITEM 14.		
A. THIS CHANGE ORDER IS ORDER NO. IN ITEM 104	S ISSUED F A.	PURSUANT TO: (Specify authority)	THE CHAN	IGES SET FORTH IN ITEM 14 ARE MADE	IN THE CO	DNTRACT		
					nnet in nam	ing office		
appropriation date, etc.)	SET FORTH	IN ITEM 14, PURSUANT TO THE	AUTHORIT	DMINISTRATIVE CHANGES (such as chai Y OF FAR 43 103(b).	nges in pay	ing onice,		
C THIS SUPPLEMENTAL A	GREEMEN	T IS ENTERED INTO PURSUANT	O AUTHO					
D OTHER (Specify type of n	nodification	and authority)						
X UNILATERAL MOD	IFCATI	ON, FAR 43.103 (b)						
IMPORTANT: Contractor	× is not.	is required to sign this documen	t and return	nO copies to the is	ssuing office).		
DESCRIPTION OF AMENDMENT/MOD	EICATION	(Organized by UCF section heading:	s, including	solicitation/contract subject matter where I	feasible.)			
	· · · · · · · · · · · · · · · · · · ·							
JNS Number: University of	-							
JNS Number: 0n.000556. DSPITAL ID#: 8D031065	2							
		U 09/30/10						
DSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0)9 THR							
OSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0 Ddification 0001 to co)9 THR	t CPSC-N-10-0077 i.		eby issued to provide	full :	funding f	for	
DSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0)9 THR	t CPSC-N-10-0077 i.			full:	funding f	for	
DSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0 Ddification 0001 to co ne period of April 1,)9 THR ontrac 2010	t CPSC-N-10-0077 i. through September	30, 20	010.		-		
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DSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0 Ddification 0001 to co ne period of April 1,)9 THR ontrac 2010	t CPSC-N-10-0077 i. through September	30, 20	010.		-		
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DSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0 Dedification 0001 to co ne period of April 1, as a result, the contra ascount Terms: Dontinued continued	09 THR ontrac 2010 act is	t CPSC-N-10-0077 i through September hereby increased :	30, 20 by \$2, r 10A, as hr 16A Do)10. ,772 from \$2,772 to a aretofore changed, remains unchanged and . NAME AND TITLE OF CONTRACTING O	total	of \$5,54 and effect. Type or print)		
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OSPITAL ID#: 8D031065 ASIC CONTRACT: 10/01/0 odification 0001 to co he period of April 1, a a result, the contra scount Terms: Ontinued a result all terms and con A NAME AND TITLE OF SIGNER (Type of B CONTRACTOR/OFFEROR	09 THR 2010 act is ditions of th	t CPSC-N-10-0077 i through September hereby increased i e document referenced in Item 9A or	30, 20 by \$2, r 10A, as hr 16A Do	010. 772 from \$2,772 to a eretofore changed, remains unchanged and NAME AND TITLE OF CONTRACTING O nna Hutton	total	of \$5,54 e and effect. Type or print) 16C DA	14.00 ATE SIGNED	
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Todd Stah SI	& GAM	550
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CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-10-0077/0001 PAGE OF

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
0001	Net 30 Payment: CONSUMER PRODUCT SAFETY COMMISSION DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 BETHESDA MD 20814 FOB: Destination Change Item 0001 to read as follows (amount shown is the obligated amount): ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT	450	EA	6.16	2,772.
	OF WORK. MINIMUM QTY: 225 MAXIMUM QTY: 1,125				