| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT | | | 1. CONTRACT ID CODE | PAGE C | PAGE OF PAGES | |
|---|--|--|---|------------------------------|--------------------|--|
| 2. AMENDMENT/MODIFICATION NO. | 3. EFFECTIVE DATE | A PE | UISITION/PURCHASE REQ. NO. | 1 | 2 | |
| 0002 | | 4. 1464 | NUMPERCINAL REV. NU. | 5. PROJECT N | O. (If applicable) | |
| | 03/01/2011 CODE FMPS | 7 40 | MINISTERED BY (If other than item 6) | CODE | | |
| CONSUMER PRODUCT SAFETY (DIV OF PROCUREMENT SERVIC 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814 | COMMISSION | | | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (NO | ., street, county, State and ZIP Code) | (x) ^{9A} | AMENDMENT OF SOLICITATION NO. | | | |
| OUR LADY OF THE LAKE HOSPITAL INC ATTN MS DEBBIE FORD SENIOR VP 5000 HENNESSY BOULEVARD BATON ROUGE LA 70808-4375 | | 98 | DATED (SEE ITEM 11) | 10. | | |
| | | | PSC-N-10-0078 | | | |
| CODE CODE | FACILITY CODE | | · · | | | |
| | | | 3/05/2010 | | | |
| The above numbered solicitation is amended a | 11. THIS ITEM ONLY APPLIE | | | | | |
| | It, and is received prior to the opening ho (<i>if required</i>) 000 EXFM004310 252E0 IS TO MODIFICATION OF CONTRACTS/(| OUT and date sp Net Inc ORDERS. (T M | acified. TEASE: \$1 DOIFIES THE CONTRACT/ORDER NO. AS DE | 27, 528.00 SCRIBED IN ITE | | |
| B. THE ABOVE NUMBERED CO appropriation date, etc.) SET | NTRACT/ORDER IS MODIFIED TO REI FORTH IN ITEM 14, PURSUANT TO TH | FLECT THE AD | BES SET FORTH IN ITEM 14 ARE MADE IN T MINISTRATIVE CHANGES (such as changes OF FAR 43, 103(b). | | | |
| C. THIS SUPPLEMENTAL AGRE | EMENT IS ENTERED INTO PURSUAN | IT TO AUTHOR | ITY OF: | | | |
| D. OTHER (Specify type of modif | cation and authority) | | | | | |
| X SECTION I.6., OPT | TION TO EXTEND THE TH | ERM OF T | HE CONTRACT | | | |
| E. IMPORTANT: Contractor | not, 🔲 is required to sign this docum | ment and return | 0 copies to the issuing | g office. | | |
| 14 DESCRIPTION OF AMENDMENT/MODIFICA DUNS Number: HOSPITAL ID#: 8T241018 The purpose of this modif 1, 2010 through September ITEM #3 is changed as fol | ication is to exerci 30, 2011, and to ac | ise the | option year for the per | iod of Oc | | |
| Continued Except as provided herein, all terms and conditio 15A. NAME AND TITLE OF SIGNER (Type or pri | | | relofore changed, remains unchanged and in fr NAME AND TITLE OF CONTRACTING OFF | | | |
| | | Do | ris B. Kessler | | | |
| 158. CONTRACTOR/OFFEROR | 15C. DATE SIG | | UNITED STATES OF AMERICA | | 8C. DATE SIGNED | |
| (Signature of person authorized to sign) | | | (Signature of Contracting Officer) | | | |

| metale at competency chickly | | | | | |
|------------------------------|-------------------------------|--|--|--|--|
| | STANDARD FORM 30 (REV. 10-83) | | | | |
| | Prescribed by GSA | | | | |
| | FAR (48 CFR) 53 243 | | | | |
| | | | | | |

NSN 7540-01-152-8070 Previous edition unusable

CONTINUATION SHEET CPSC-N-10-0078/0002 REFERENCE NO. OF DOCUMENT BEING CONTINUED PAGE OF 2 2

NAME OF OFFEROR OR CONTRACTOR OUR LADY OF THE LAKE HOSPITAL INC

| ITEM NO. (A) | SUPPLIES/SERVICES | QUANTITY | | UNIT PRICE | AMOUNT |
|-----------------|--|----------|-----|------------|----------|
| (A) | (B) | (C) | (D) | (E) | (F) |
| | TOTAL QTY FOR ITEM #3: 7,200/EA | | | | |
| | Change Item 0003 to read as follows(amount shown | | | | |
| | is the obligated amount): | | | | |
| 003 | NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. | -996 | EA | 3.80 | 27,360.0 |
| | MINIMUM QTY: 1,800 MAXIMUM QTY: 9,000 | | | | |
| | Change Item 0004 to read as follows(amount shown is the obligated amount): | | | | |
| 0004 | SUPPLEMENTAL/SPECIAL STUDY REPORTS. | 175 | EA | 0.96 | 168.0 |
| | MINIMUM QTY: 18 MAXIMUM QTY: 175 | | | | |
| | ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. | | | | |
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Sponsored by GSA FAR (48 CFR) 53.110