AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

2. AMENDMENT/MODIFICATION NO. 0002

3. EFFECTIVE DATE 09/17/2010

4. REQUISITION/PURCHASE REQ. NO. FMPS

5. PROJECT NO. (if applicable)

6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION

7. ADMINISTERED BY CONSUMER PRODUCT SAFETY COMMISSION

8. NAME AND ADDRESS OF CONTRACTOR (If necessary, indicate street, city, state and ZIP Code)

CARLE FOUNDATION HOSPITAL
ATTN MS LYNNE BARNES VP OPERATIONS
HEALTH INFORMATION MANAGEMENT
611 WEST PARK STREET
URBANA IL 61801

9A. AMENDMENT OF SOLICITATION NO.

9B. DATED (SEE ITEM 11)

10A. MODIFICATION OF CONTRACT/ORDER NO.

10B. DATED (SEE ITEM 13)

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.

Offers 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 15a and 15b, and returning ______ copies of the amendment; (b) by acknowledging receipt of this 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 OF YOUR ACKNOWLEDGEMENT 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 each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (if required)

Net Increase: $1,801.80

See Schedule

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE

A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.

B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).

C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:

☐ UNILATERAL MODIFICATION, FAR 43.103 (b)

☐ OTHER (Specify type of modification and authority)

D. OTHER

X UNILATERAL MODIFICATION, FAR 43.103 (b)

14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible)

DUNS Number:

HOSPITAL ID#: 8C203018

BASIC CONTRACT: 10/01/09 THRU 09/30/10

Modification 0002 adjusts the quantity of surveillance reports for FY-2010 as follows:

ITEM #1 is changed as follows: (see page 2).

For FY-2010 the total amount of this contract is increased by $1,801.80, from $20,666.00 to $22,467.80.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)

Doris B. Kessler

15B. CONTRACTOR/OFFEROR

15C. DATE SIGNED

09/17/2010

16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)

Doris B. Kessler

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED
TOTAL QTY FOR ITEM #1: 10,924/EA
Discount Terms: 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):

<table>
<thead>
<tr>
<th>ITEM NO. (A)</th>
<th>SUPPLIES/SERVICES (B)</th>
<th>QUANTITY (C)</th>
<th>UNIT (D)</th>
<th>UNIT PRICE (E)</th>
<th>AMOUNT (F)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>924 EA</td>
<td></td>
<td>1.95</td>
<td>1,801.80</td>
</tr>
</tbody>
</table>

MINIMUM QTY: 2,500
MAXIMUM QTY: 12,500

Accounting Info: 10-PS-EXFM-4310
Funded: $0.00

Accounting Info: 0100A100PS-2010-1117900000-EXFM004310-252E0
Funded: $1,801.80
Period of Performance: 10/01/2009 to 09/30/2010

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