ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 01/20/2010
2. CONTRACT NO (if any): CFPC-N-10-D062

6. SHIP TO:
   a. NAME OF CONSIGNEE: CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS: DIV OF HAZARD & INJURY DATA SYS
   c. CITY: BETHESDA
   d. STATE: MD
   e. ZIP CODE: 20814

7. TO: MS LYNNE BARNES, VP OPERATIONS

8. TYPE OF ORDER:
   a. PURCHASE
   b. DELIVERY

9. ACCOUNTING AND APPROPRIATION DATA:
10. REQUISITION OFFICE:

11. BUSINESS CLASSIFICATION (Check appropriate box(es)):
   □ a. SMALL
   □ b. OTHER THAN SMALL
   □ c. DISADVANTAGED
   □ d. WOMEN-OWNED
   □ e. HUBZone
   □ f. EMERGING SMALL BUSINESS
   □ g. SERVICE-DISABLED VETERAN-OWNED

12. F O B. POINT: Destination
13. PLACE OF:
    a. INSPECTION
    b. ACCEPTANCE

14. GOVERNMENT BL NO: 15. DELIVER TO F O B POINT ON OR BEFORE (Date): 09/30/2010
16. DISCOUNT TERMS: Net 30

17. SCHEDULE (See reverse for Rejections):

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES OR SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: 8C203018</td>
<td></td>
<td></td>
<td></td>
<td>$8,611.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOSPITAL ID#: 6C203018</td>
<td></td>
<td></td>
<td></td>
<td>$8,611.66</td>
<td></td>
</tr>
<tr>
<td></td>
<td>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>This contract is being incrementally funded in the amount of $8,611.66 for the period Continued ...</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

18. SHIPPING POINT
19. GROSS SHIPPING WEIGHT
20. INVOICE NO: $8,611.66
21. MAIL INVOICE TO:
   a. NAME: CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS: DIVISION OF FINANCIAL SERVICES
   c. CITY: BETHESDA
   d. STATE: MD
   e. ZIP CODE: 20814

22. UNITED STATES OF AMERICA BY (Signature): Doris B. Kessler
23. NAME (Typed): Doris B. Kessler
   TITLE: CONTRACTING/ORDERING OFFICER

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2006)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 01/20/2010  
**CONTRACT NO.:** CPSC-N-10-0082  
**ORDER NO.:**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(a) (c) (d) (e)</td>
<td>(f) (g)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0001</td>
<td></td>
<td>October 1, 2009 through February 28, 2010. Additional funds will be provided, by modification, when funds become available. Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814</td>
<td>4167 EA</td>
<td>1.95</td>
<td>8,125.65</td>
</tr>
<tr>
<td>0002</td>
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</tr>
<tr>
<td>0002</td>
<td>ESTIMATED QUANTITY</td>
<td>917 EA</td>
<td>0.53</td>
<td>486.01</td>
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</tr>
<tr>
<td></td>
<td>SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<tr>
<td></td>
<td>MINIMUM QTY: 2,500</td>
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<td>MAXIMUM QTY: 12,500</td>
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<td>Period of Performance: 10/01/2009 to 09/30/2010</td>
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</tbody>
</table>

The total amount of award: $8,611.66. The obligation for this award is shown in box 17(i).