AMENDMENT OF SOLICITATION/ MODIFICATION OF CONTRACT

2. AMENDMENT/ MODIFICATION NO. 0003
3. EFFECTIVE DATE 09/30/2010
4. REQUISITION/PURCHASE REQ. NO.
5. PROJECT NO. (if applicable)

6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION
   CODE FMPS
   DIV OF PROCUREMENT SERVICES
   4330 EAST WEST HWY
   ROOM 517
   BETHESDA MD 20814
7. ADMINISTERED BY (if other than Item 6) CONSUMER PRODUCT SAFETY COMMISSION
   CODE FMPS
   DIV OF PROCUREMENT SERVICES
   4330 EAST WEST HWY
   ROOM 517
   BETHESDA MD 20814

8. NAME AND ADDRESS OF CONTRACTOR
   ATLANTIC CARE REGIONAL MEDICAL CENTER
   ATTN MARGARET BELFIELD ADMINISTRATOR
   1925 PACIFIC AVENUE
   ATLANTIC CITY NJ 08401-6712

9A. AMENDMENT OF SOLICITATION NO.
   9B. DATED (SEE ITEM 11)
10A. MODIFICATION OF CONTRACT/ORDER NO.
    CPSC-N-10-0085
    10B. DATED (SEE ITEM 13)
        01/19/2010

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 8 and 15, 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)

See Schedule

Net Increase: $477.00

13. THIS ITEM ONLY APPLIES TO MODIFICATIONS OF CONTRACTS/OFFERS. IT MODIFIES THE CONTRACT/OFFER NO. AS DESCRIBED IN ITEM 14.

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/OFFER 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:
   X UNILATERAL MODIFICATION, FAR 43.103(b)

D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, ☐ is required to sign this document and return _________ copies to the issuing office.

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

DUNS Number: ___________
HOSPITAL ID# 6N553042

Modification 0003 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 $477.00, from $29,892.00 to $30,369.00.

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as hereinafter changed, remain 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 09/30/2010

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

16B. UNITED STATES OF AMERICA

16C. DATE SIGNED
<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>
</table>

TOTAL QTY FOR ITEM #1: 19,100/EA
Discount Terms:
Net 30

Payment:
CONSUMER PRODUCT SAFETY COMMISSION
DIVISION OF FINANCIAL SERVICES
4330 EAST WEST HWY
ROOM 522
BETHESDA MD 20814

Change Item 0001 to read as follows (amount shown is the obligated amount):

<table>
<thead>
<tr>
<th>ESTIMATED QUANTITY</th>
<th>300 EA</th>
<th>1.59</th>
<th>477.00</th>
</tr>
</thead>
</table>

Access only to NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 3,600
MAXIMUM QTY: 19,100

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

Accounting Info:
0100A10DPS-2010-1117900000-EXFM004310-252E0
Funded: $477.00

Period of Performance: 10/01/2009 to 09/30/2010
ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.