-		CATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMEN	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	1 2 5. PROJECT NO. (If applicable)
0005 _		01/19/2011		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. ISSUEE BY	CODE		7. ADMINISTERED BY (if other than Item 6)	CODE
DIV OF E 4330 EAS ROOM 517	R PRODUCT SAFETY COM PROCUREMENT SERVICES ST WEST HWY 7 A MD 20814	MISSION		
8. NAME AND	ADDRESS OF CONTRACTOR (No., street	et, county. State and ZIP Code)	9A AMENDMENT OF SOLICITATION NO.	
	, ,		(x) SA. AMENDMENT OF SOCIOTATION NO.	
	CARE REGIONAL MEDIC GARET BELFIELD ADMIN		9B. DATED (SEE ITEM 11)	
	IFIC AVENUE	120 241144 Q41		
	CITY NJ 08401-6712		10A. MODIFICATION OF CONTRACT/ORDER	NO
			CPSC-N-10-0085	
			AND DATED (OFF ITTILION	
CODE		FACILITY CODE	10B. DATED (SEE ITEM 13)	
	A second of		01/19/2010 AMENDMENTS OF SOLICITATIONS	
The above	numbered solicitation is amended as set f			ended, Tis not extended.
			RS. IT MODIFIES THE CONTRACT/ORDER NO. AS D	
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority) TH	E CHANGES SET FORTH IN ITEM 14 ARE MADE IN	THE CONTRACT
			E CHANGES SET FORTH IN ITEM 14 ARE MADE IN I THE ADMINISTRATIVE CHANGES (such as change THORITY OF FAR 43.103(b).	
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NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
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	1	1	(D)		
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