### Amendment of Solicitation/Modification of Contract

<table>
<thead>
<tr>
<th>Contract ID Code</th>
<th>Page of Pages</th>
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<tr>
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</tr>
<tr>
<td>2</td>
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</table>

**Amendment/Modification No.**
- 0004

**Effective Date**
- 11/05/2010

**Requisition/Purchase Req. No.**
- [Applicable]

**Project No.**
- [If applicable]

**Issued By**
- CONSUMER PRODUCT SAFETY COMMISSION
- DIV OF PROCUREMENT SERVICES
- 4330 EAST WEST HWY
- ROOM 517
- BETHESDA MD 20814

**Amendment/Modification No.**
- 0004

**Effective Date**
- 11/05/2010

**Administered By**
- FMPS

**Name and Address of Contractor**
- ATLANTIC CARE REGIONAL MEDICAL CENTER
- ATTN MARGARET BELFIELD ADMINISTRATOR
- 1925 PACIFIC AVENUE
- ATLANTIC CITY NJ 08401-6712

**AMENDMENT OF SOLICITATION NO.**
- 0004

**MODIFICATION OF CONTRACT/ORDER NO.**
- CPSC-N-10-0086

**Effective Date**
- 01/19/2010

**Issued by**
- FMPS

**Code**
- 0000000000

**Facility Code**
- 0000000000

**Accounting and Appropriation Data (if required)**

<table>
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<tr>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>DUN'S Number: 0000000000</td>
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<td>2</td>
<td>Hospital ID* 8224018</td>
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**Modification 0004 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 $421.60, from $12,852.00 to $13,273.60.

**Continued...**

Except as provided herein, all terms and conditions of the document referenced in Items 5A or 10A, as heretofore changed, remains unchanged and in full force and effect.

**15A. Name and Title of Signer**
- Doris B. Kessler

**18B. Contractor/Offeror**
- [Signature of person authorized to sign]

**18C. Date Signed**
- 11/05/2010
<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>
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<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>248 EA</td>
<td>1.70</td>
<td>421.60</td>
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TOTAL QTY FOR ITEM #1: 7,808/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):

MINIMUM QTY: 1,750
MAXIMUM QTY: 8,808

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

Accounting Info:
0100AIDPS-2010-1117900000-EXFM004310-252E0
Funded: $421.60
Period of Performance: 10/01/2009 to 09/30/2010

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

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FAR (48 CFR) 83.110