0>

A STATE ADDRESS			OR	DER FOR SU	IPPLIES OR SERV	/ICES	_				OF PAGES
01/20/2010 3 ORDER NO A REQUISITION REFERENCE NO CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HIGHWAY COMMISSION 18 FIREF ADDRESS COMMISSION 18 STATE SERVICES A STATE	IMPORTANT.	Mark all p	ackages and papers with	contract and/or o	rder numbers.					1	19
SOBER NO SOBER NO SUSUMO OFFICE (Address correspondence to) SOBER NO SUSUMO OFFICE (Address correspondence to) CONSINER PERIODICT SAPETY COMMISSION DIV OF PRODUCT SAPETY COMMISSION CONSINER PERIODICT SAPETY COMMISSION DIV OF PRODUCT SAPETY COMMISSION TO JENNIFER NONTCOMERS TO JENNIFER NONTCOMERS INTERIM CFO SOME OFFICE AND SAPETY COMMISSION TO JENNIFER NONTCOMERS TO JENNIFER NONTCOMERS SOME OFFICE AND SAPETY COMMISSION SAPETY COMMISSION SAPETY COMMISSION SUPPLIES OR SERVICES SAPETY COMMISSION SAPETY COMMISSIO	1 DATE OF ORI	F ORDER 2 CONTRACT NO (If any)									
SIGNING OFFICE Adjustes springegrowing by CONSCINER PRODUCT SAFETY COMMISSION DIV OF PROCUCEDIENT SERVICES 43 D FACT MEST HIGHBAY ROOK 317 RETHES AND 40 2914 RETHES AND 40 2914 FURTHER PRODUCT SAFETY COMMISSION DIV OF PROCUCEDIENT SERVICES 43 D FACT MEST HIGHBAY ROOK 317 RETHES DA	01/20/20				-	a. NAME	OF C	ONSIGNEE			
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUMENTS SERVICES 4330 SAST WEST HAY ROOM 604-26 ROOM 517 BETHESDA MD 20814 7TO JENNIFER MONTGOMERY INTERIM CFO a NAME OF COMMARCHOR RANNER MEALTH WASHAKIE MED CTR B COMPAYMANE CATHEET ADDRESS 400 SOUTH 15TH PG BOX 700 MASHAKIE CTY B COMPAYMANE G CITY B SACCOUNTING AND APPROPRIATION DATA SOC SCHEMAL G CITY B SACCOUNTING AND APPROPRIATION CITIES ADDRESS G COMPAND A COUNTING AND APPROPRIATION (CITIES ADDRESS) G WASHAKIE AND G PORT ADDRESS G SCHEMAL G CITY G BERNELS CLASSIFICATION (CITIES ADDRESS) G WASHAKIE AND G PORT ADDRESS G SCHEMAL G CITY G BERNELS CLASSIFICATION (CITIES ADDRESS) G WASHAKIE AND G PORT ADDRESS G SCHEMAL G CITY G BERNELS CLASSIFICATION (CITIES ADDRESS) G WASHAKIE AND G PORT ADDRESS G SCHEMAL G WASHAKIE AND G PORT ADDRESS G SCHEMAL G WASHAKIE AND G PORT ADDRESS AND G PORT ADDRES	3 ORDER NO	<u> </u>		4. REQUISITION/	REFERENCE NO.	CONSUMER PRODUCT SAFETY COMMISSI					
BETHESDA MD 20814 BETHESDA BETHESDA BETHESDA BETHESDA COMPANDE REALITH RICHARDE 1 SHIP VIA 1 SH	CONSUMER DIV OF P 4330 EAS	PRODU ROCURE T WEST	CT SAFETY COMM: MENT SERVICES	ISSION		DIV 0	F H EAS	AZARD & INJU T WEST HIGHW		YS	
TO JENNIFER MONTGOMERY INTERIM CFO							ESDA		- 1		
BANKER HAZITH WASHAKIE MED CTR COMPANY NAME C STREET ADDRESS C	7 TO: JENN	IFER M	ONTGOMERY INTE	RIM CFO	-	f. SHIP V	ΊΑ	-			
E COMPANY NAME C STREET ADDRESS PRESE CENTER OF COUR REFERENCE YOUR RESEARCH ON THE IT SERVICE YOUR RESEARCH OF THIS OF STREET ADDRESS AND STREET ADDRESS C STREET ADDRESS CONSUMER PRODUCT SAFETY COMMISSION 12 FO B POINT 13 PLACE OF THE THAN SMALL SEE SCHEDULE 14 SOVERNMENT BLING 15 PLACE OF THE THAN SMALL SEE SERVICE SET STREET ADDRESS TO SUMMEN TO THE THAN SMALL SEE SERVICE SET STREET ADDRESS TO SUMMEN TO THE THAN SMALL SEE SERVICE SET STREET ADDRESS TO SUMMEN TO THE THAN SMALL SEE SERVICE SET STREET ADDRESS TO SUMMEN TO THE THAN SMALL SEE SERVICE SET STREET ADDRESS TO SUMMEN TO THAN SMALL SEE SERVICE SET				rr	_				TYPE OF ORDER	-	
Experience Secretaria Sec	b COMPANY NA	AME				X a. PU	JRCHA			b. DELIVER	Y
## Please Lumish the following on the terms and conditions specified on their sides of yol first form and profit of this order and nonlitions specified on their sides of this order and nonlitions specified on their sides of this order and nonlitions specified on their sides of this order and no the attached specified. ## Please Lumish the following on the terms and conditions specified on their sides of this order and not the attached specified. ## Please Cunstitution of the shower-number conditions of the above-number conditions of the above-number conditions of the above-number conditions of the above-number conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on their sides of the form and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the terms and conditions specified on the statched specified. ### Please Lumish the following on the following of the following specifi	400 SOUT	н 15тн								reverse, this deli	very order is
9 ACCOUNTING AND APPROPRIATION DATA See Schedule 11 BUSINESS CLASSIFICATION (Check appropriate box(es)) a SMALL	d. CITY					and conditions specified on both sides of this order and on the attached sheet, if				this side only of this form and is issued subject to the terms and conditions of the above-numbered	
See Schedule CONSUMER PRODUCT SAFETY COMMISSION	_			WY	82401-0700			<u> </u>			
11 BUSINESS CLASSIFICATION (Check appropriate box(es)) a SMALL			ROPRIATION DATA						TMM COMMI	SSION	
a SMALL d WOMEN-OWNED a HUBZone 13. PLACE OF 13. PLACE OF 14. GOVERNMENT BL. NO. 15. DELIVER TO FO. B. POINT ON REFORE (Cate) Net 17. SCHEDULE (See reverse for Rejections) 17. SCHEDULE (See reverse for Rejections) 18. DUNS Number: BASIC CONTRACT: 10/01/09 THRU 09/30/10 COntinued 19. GROSS SHIPPING WEIGHT 21. MAIL INVOICE TO a NAME CONSUMER PRODUCT SAFETY COMMISSION STREET ADDRESS ON REVERSE (or P.O. Box) 4. 330 EAST WEST HWY ROOM 522 C. CITY BETHESDA Destination ONED 15. DELIVER TO FO. B. POINT (Multiple) Net 17. SCHEDULE (See reverse for Rejections) UNIT PRICE (Cate) (c) (d) (e) (d) (e) (e) Continued 20. INVOICE NO \$1,750.00			TION (Check appropriate be			001100		TRODUCT CAL			
a. INSPECTION 10 PS EXFM 4310	d WOMEN-OWNED e. HUBZone f. EMERGING SMA				DISABLED DESCINACION VETERAN-						
a INSPECTION 10 PS EXFM 4310 EXPM 10 PS EXFM 10			13. PLACE OF		14. GOVERNMENT B/L N	10.				16. DISCOL	INT TERMS
JIEM NO (a) SUPPLIES OR SERVICES (b) DUNS Number: BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID# 3D343055 Continued 18 SHIPPING POINT 19 GROSS SHIPPING WEIGHT 20 INVOICE NO. \$1,750.00 \$1,750.00 SIPPLIES OR SERVICES (c) UNIT PRICE (e) AMOUNT (f) ACCE (c) (d) UNIT PRICE (e) AMOUNT (f) ACCE (d) ACCE (d) ACCE (d) AMOUNT (f) ACCE (d) ACC (d) ACCE					Multiple					Net 30	
Supplies or Services ORDERED UNIT PRICE AMOUNT ACCE					17. SCHEDULE (Se	e reverse for	r Rejec	tions)			
BASIC CONTRACT: 10/01/09 THRU 09/30/10 HOSPITAL ID# 3D343055 Continued 18 SHIPPING POINT 19 GROSS SHIPPING WEIGHT 20 INVOICE NO. 21 MAIL INVOICE TO. a NAME CONSUMER PRODUCT SAFETY COMMISSION \$1,750.00 \$1,750.00 \$1,750.00 COITY RETHESDA A STATE BETHESDA A STATE CORRESS \$1,750.00 \$1,750.00						ORDERED	דואט	PRICE		QUANTITY ACCEPTED (9)	
18 SHIPPING POINT 19 GROSS SHIPPING WEIGHT 20 INVOICE NO. 21 MAIL INVOICE TO. a NAME CONSUMER PRODUCT SAFETY COMMISSION 51,750.00 STREET ADDRESS (or P.O Box) DIVISION OF FINANCIAL SERVICES (or P.O Box) 4330 EAST WEST HWY ROOM 522 C. CITY BETHESDA d STATE e. ZIP CODE 20814	E	BASIC (CONTRACT: 10/01	/09 THRU	09/30/10						
21 MAIL INVOICE TO. a NAME CONSUMER PRODUCT SAFETY COMMISSION \$1,750.00 SEE BILLING INSTRUCTIONS ON REVERSE (or P.O Box) 4330 EAST WEST HWY ROOM 522 c. CITY BETHESDA d STATE e. ZIP CODE MD 20814		Continu	ned								
SEE BILLING INSTRUCTIONS ON REVERSE c. CITY BETHESDA DIVISION OF FINANCIAL SERVICES (or P.O Box) A STATE MD A STATE A SIP CODE MD \$1,750.00 \$1,750.00 \$1,750.00		18 SHIPPI	NG POINT		19. GROSS SHIPPING	WEIGHT		20. INVOICE NO.		-	17(h) TOTAL (Cont pages)
SEE BILLING INSTRUCTIONS ON REVERSE OF P.O Box) DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 C. CITY BETHESDA DIVISION OF FINANCIAL SERVICES 4330 EAST WEST HWY ROOM 522 \$1,750.00				2	1. MAIL INVOICE TO.						pages)
ON REVERSE (or P.O Box) 4330 EAST WEST HWY ROOM 522 c. CITY BETHESDA d STATE MD 20814 \$1,750.00				SUMER PROD	PRODUCT SAFETY COMMISSI		SSION		\$1,75	\$1,750.00	
BETHESDA MD 20814		(or P.O Box) 4330 EAST WEST HWY				ICES					17(i) GRANI TOTAL
		c CITY				d STATE e. ZIP CODE			\$1,75	-\$1,750.00	
COLUMNIED CONTROLOG						MI					
22 UNITED STATES OF 23 NAME (Typed)	22 UNITED S	TATES OF		$\overline{\gamma}$	1	-		23 NAME (Typed)	•		
AMERICA BY (Signature) Doris B. Kessler TITLE CONTRACTING/ORDERING OFFICER	AMERICA	BY (Signat	ure)	agin 1	8 Km	/		_			
AUTHORIZED FOR LOCAL REPRODUCTION OPTIONAL FORM 347 (Rev	AUT IODIZED = -	21.0041.55		TUKI /E	· · / Les	ur		TITLE. CONTRACTIN	IG/ORDERING OF		

ORDER FOR SUPPLIES OR SERVICES **SCHEDULE - CONTINUATION**

PAGE NO

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER CONTRACT NO

01/20/2010 CPSC-N-10-0090

ORDER NO.

ITEM NO.	SUPPLIES/SERVICES	QUANTITY ORDERED		UNIT PRICE	AMOUNT	QUANTITY ACCEPTED
(a)	(b)	(c)	(d)	(e)	(f)	(g)
	Admin Office: CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814					
001	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.	1400	EA	1.25	1,750.00	
	MINIMUM QTY: 350 MAXIMUM QTY: 1,750					
	Accounting Info: 10-PS-EXFM-4310-11179-252E Funded: \$1,750.00 Period of Performance: 10/01/2009 to 09/30/2010					
002	OPTION PERIOD: 10/01/10 THRU 09/30/11	1400	EΑ	1.25	0.00	
	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS. INIMUM QTY: 350 MAXIMUM QTY: 1,750 Amount: \$1,750.00 (Option Line Item) 10/01/2010					
	Accounting Info: 11-PS-EXFM-4310-11179-252E Funded: \$0.00 \$1,750.00 (Subject to Availability of Funds) \$0.00 (Subject to Availability of Funds) Period of Performance: 10/01/2010 to 09/30/2011 Continued					

ORDER FOR SUPPLIES OR SERVICES SCHEDULE - CONTINUATION

PAGE NO

3 IMPORTANT: Mark all packages and papers with contract and/or order numbers. DATE OF ORDER CONTRACT NO. ORDER NO. 01/20/2010 CPSC-N-10-0090

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT	AMOUNT	QUANTITY
(a)	(b)	ORDERED (c)	(d)	PRICE (e)	(f)	ACCEPTED (g)
(a)	SUPPLIES/SERVICES (b) The total amount of award: \$3,500.00. The obligation for this award is shown in box 17(i).	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))				\$0.00	