ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 01/25/2010
2. CONTRACT NO. (if any): CPSC-N-10-0094

3. ORDER NO.
4. REQUISITION/REFERENCE NO.

5. ISSUING OFFICE: CONSUMER PRODUCT SAFETY COMMISSION
DIV OF PROCUREMENT SERVICES
4330 EAST WEST HWY
ROOM 517
BETHESDA MD 20814

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: EMERGENCY ROOM
   a. NAME OF CONTRACTOR: CHILDREN'S MEDICAL CENTER OAKLAND
   b. COMPANY NAME:
   c. STREET ADDRESS: 747 52ND STREET

8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY

9. ACCOUNTING AND APPROPRIATION DATA
   10 ps EXFM 4310 11179 252E CONSUMER PRODUCT SAFETY COMMISSION

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: Destination
   b. ACCEPTANCE: Destination

14. GOVERNMENT BILL NO.

15. DELIVER TO F.O.B POINT: Multiple
   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

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>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This contract is being incrementally funded in the amount of $2,750.00 for the period October 1, 2009 through March 28, 2010. Continued...

18. SHIPPING POINT
   a. NAME:
   b. STREET ADDRESS:
   c. CITY: BETHESDA

19. GROSS SHIPPING WEIGHT
   a. NAME:
   b. STREET ADDRESS:
   c. CITY:

20. INVOICE NO

21. MAIL INVOICE TO:
   a. NAME:
   b. STREET ADDRESS:
   c. CITY:

22. UNITED STATES OF AMERICA BY (Signature)

23. NAME (Typed)

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2006)
Presented by OSAFAR 48 CFR 53.215a
## ORDER FOR SUPPLIES OR SERVICES

### SCHEDULE - CONTINUATION

**DATE OF ORDER**: 01/25/2010  
**CONTRACT NO**: CPSC-N-10-0094  
**ORDER NO**: 

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>SUPPLIES/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>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>2500 EA</td>
<td>1.10</td>
<td>2,750.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Access only to NEISS Surveillance Reports, Special Survey Reports and Supplemental/Special Study Reports in accordance with the attached statement of work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minimum QTY:</td>
<td>1,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum QTY:</td>
<td>7,500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Period of Performance: 10/01/2009 to 09/30/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 0002    | OPTION PERIOD: 10/01/10 THRU 09/30/11 | 6000 EA          | 1.10 | 0.00       |        |                   |
|         | ESTIMATED QUANTITY |                   |      |            |        |                   |
|         | Access only to NEISS Surveillance Reports, Special Survey Reports and Supplemental/Special Study Reports. |                   |      |            |        |                   |
|         | Minimum QTY:       | 1,500            |      |            |        |                   |
|         | Maximum QTY:       | 7,500            |      |            |        |                   |
|         | Amount: $6,600.00 (Option Line Item) |                   |      |            |        |                   |
|         | 10/01/2010         |                   |      |            |        |                   |
|         | Accounting Info:   |                   |      |            |        |                   |
|         | 11-PS-EXFM-4310-11179-252E |                   |      |            |        |                   |
|         | Continued ...      |                   |      |            |        |                   |

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**: $2,750.00

---

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

**Admin Office**:  
CONSUMER PRODUCT SAFETY COMMISSION  
DIV OF PROCUREMENT SERVICES  
4330 EAST WEST HWY  
ROOM 517  
BETHESDA MD 20814

**Additional funding will be provided, by modification, when funds become available.**

ITEM #1 is changed as follows: (see page 2).

**TOTAL QTY FOR ITEM #1**: 2,500/ea
**IMPORTANT:** Mark all packages and papers with contract and/or order numbers.

<table>
<thead>
<tr>
<th>DATE OF ORDER</th>
<th>CONTRACT NO.</th>
<th>ORDER NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/25/2010</td>
<td>CPSC-N-10-0094</td>
<td></td>
</tr>
</tbody>
</table>

**ITEM NO.**  | **SUPPLIES/SERVICES**  | **QUANTITY ORDERED** | **UNIT** | **UNIT PRICE** | **AMOUNT** | **QUANTITY ACCEPTED** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
<td>(e)</td>
<td>(f)</td>
<td>(g)</td>
</tr>
</tbody>
</table>

$6,600.00 (Subject to Availability of Funds)

Period of Performance: 10/01/2010 to 09/30/2011

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

The total amount of award: $9,350.00. The obligation for this award is shown in box 17(i).