**ORDER FOR SUPPLIES OR SERVICES**

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

1. DATE OF ORDER 2. CONTRACT NO. (if any)
   02/23/2010 CPSC-N-10-0105

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

5. ISSUING OFFICE (Address correspondence to)
   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
   4330 EAST WEST HIGHWAY
   ROOM 604-26
   c. CITY
   BETHESDA
   d. STATE
   MD
   e. ZIP CODE
   20814

7. TO DR ROBERT MCCURREN
   a. NAME OF CONTRACTOR
   EMERGENCY PHYSICIANS MEDICAL GROUP
   b. COMPANY NAME
   c. STREET ADDRESS
   2000 GREEN ROAD
   SUITE 300
   d. CITY
   ANN ARBOR
   e. STATE
   MI
   f. ZIP CODE
   48105

8. TYPE OF ORDER
   a. PURCHASE
   b. DELIVERY

9. ACCOUNTING AND APPROPRIATION DATA
   See Schedule

10. REQUISITIONING OFFICE
    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
    DESTINATION

14. GOVERNMENT B/L NO.

15. DELIVER TO F.O.B. POINT
    ON OR BEFORE (Date)
    a. INSPECTION
    b. ACCEPTANCE
    Destination
    Destination

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>
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</tbody>
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Continued ...

18. SHIPPING POINT

19. GROSS SHIPPING WEIGHT

20. INVOICE NO

21. MAIL INVOICE TO
   a. NAME
   CONSUMER PRODUCT SAFETY COMMISSION
   b. STREET ADDRESS
   DIVISION OF FINANCIAL SERVICES
   4330 EAST WEST HWY
   ROOM 522
   c. CITY
   BETHESDA
   d. STATE
   MD
   e. ZIP CODE
   20814

22. UNITED STATES OF AMERICA BY
   (Signature)
   Doris B. Kessler
   TITLE
   CONTRACTING/ORDERING OFFICER

**OPTIONAL FORM 347 (Rev 4/2006)**

AUTHORIZED FOR LOCAL REPRODUCTION
PREVIOUS EDITION NOT USABLE
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

---

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

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<thead>
<tr>
<th>DATE OF ORDER</th>
<th>CONTRACT NO.</th>
<th>ORDER NO.</th>
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<tbody>
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<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<td>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
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<td>10/01/10 THRU 09/30/11</td>
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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**

$87,987.00

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**PREVIOUS EDITION NOT USABLE**

**OPTIONAL FORM 34B (Rev. 4/2006)**

**Prescribed by GSA FAR (48 CFR) 53.2130**
ORDER FOR SUPPLIES OR SERVICES  
SCHEDULE - CONTINUATION

DATE OF ORDER: 02/23/2010

<table>
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<tr>
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<th>UNIT PRICE</th>
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<td>0004</td>
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Accounting Info:  
11-PS-EXFM-4310-11179-2523  
Funded: $0.00  
$84,890.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
Period of Performance: 10/01/2010 to 09/30/2011

MINIMUM QTY: 190  
MAXIMUM QTY: 1,900  
Amount: $3,097.00 (Option Line Item)  
10/01/2010

Accounting Info:  
11-PS-EXFM-4310-11179-252E  
Funded: $0.00  
$3,097.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
Period of Performance: 10/01/2010 to 09/30/2011

The total amount of award: $175,974.00. The obligation for this award is shown in box 17(i).