ORDER FOR SUPPLIES OR SERVICES

DATE OF ORDER: 02/16/2010

CONSUMER PRODUCT SAFETY COMMISSION
DIV OF HAZARD & INJURY DATA SYSTEM
4330 EAST WEST HWY
ROOM 604-26
BETHESDA, MD 20814

TO: KAY WALDEN

1. NAME OF CONTRACTOR: KAY WALDEN
2. COMPANY NAME: KAY WALDEN
3. CITY: NASHVILLE
4. STATE: AR
5. ZIP CODE: 71852

7. NAME OF CONSIGNEE: KAY WALDEN
8. STREET ADDRESS: KAY WALDEN

9. ACCOUNTING AND APPROPRIATION DATA
   a. NAME OF CONTRACTOR: KAY WALDEN
   b. COMPANY NAME: KAY WALDEN
   c. CITY: NASHVILLE
   d. STATE: AR
   e. ZIP CODE: 71852

10. ISSUING OFFICE (Address correspondence to)
    CONSUMER PRODUCT SAFETY COMMISSION
    DIV OF PROCUREMENT SERVICES
    4330 EAST WEST HWY
    ROOM 517
    BETHESDA, MD 20814

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. FOB POINT: DESTINATION

13. PLACE OF DESTINATION

14. GOVERNMENT BL NO.

15. DELIVER TO FOB POINT: NET 30

16. DISCOUNT TERMS: ON OR BEFORE (Date)

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a) SUPPLIES OR SERVICES (b)

DUNS Number: 31266055
HOSPITAL ID# 31266055
BASIC CONTRACT: 02/05/10 THRU 09/30/10

This contract is being incrementally funded in the amount of $1,755.25 for the period
Continued...

18. SHIPING 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)

23. NAME (Typed): Doris B. Kessler
   TITLE: CONTRACTING/ORDERING OFFICER

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PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 347 (Rev. 4/2000)
Prepared by CSAPAR 48 CFM 32 21/34
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER:** 02/18/2010  
**CONTRACT NO.:** CPSC-N-10-0106  
**ORDER NO.:**  

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

<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>NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>500 EA</td>
<td>2.26</td>
<td>1,130.00</td>
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<tr>
<td>0002</td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>125 EA</td>
<td>0.65</td>
<td>81.25</td>
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<tr>
<td>0003</td>
<td>REIMBURSEMENT FOR TRAINING COSTS.</td>
<td>1 LT</td>
<td>544.00</td>
<td>544.00</td>
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<tr>
<td>0004</td>
<td>OPTION PERIOD: 10/01/10 THRU 09/30/11</td>
<td>2000 EA</td>
<td>2.26</td>
<td>0.00</td>
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<td></td>
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</table>

February 5, 2010 through April 30, 2010. Additional funding will be provided, by modification, when funds become available.

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

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**

$1,755.25

**PREVIOUS EDITION NOT USABLE**

Prepared by GSA FAR (48 CFR) 15.313(b)
0005 0.00

PAGE NO

ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

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

DATE OF ORDER  CONTRACT NO.  ORDER NO.
02/18/2010  CPSC-N-10-0106

<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>
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<tbody>
<tr>
<td>(a)</td>
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<tr>
<td>0005</td>
<td>ESTIMATED QUANTITY</td>
<td>500 EA</td>
<td>0.65</td>
<td>0.00</td>
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<tr>
<td></td>
<td>SUPPLEMENTAL/SPECIAL STUDY REPORTS.</td>
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<td></td>
<td>MINIMUM QTY: 50</td>
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<td>MAXIMUM QTY: 500</td>
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<td>Amount: $325.00</td>
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<td>10/01/2010</td>
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<td>Period of Performance: 10/01/2010 to 09/30/2011</td>
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</table>

The total amount of award: $6,600.25. The obligation for this award is shown in box 17(i).