ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER        2. CONTRACT NO. (If any)  
03/06/2010                  CPSC-N-10-0113                  

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 

7. TO: FRANCES W CLARK ADMIN OFFICER 
a. NAME OF CONTRACTOR 
MADIGAN ARMY MEDICAL CENTER 

b. COMPANY NAME 

8. TYPE OF ORDER 
a. PURCHASE 
REFERENCE YOUR: 

b. DELIVERY 

Except for billing instructions on the 
reverse, this delivery order is 
subject to instructions contained on 
this side only of this form and is 
issued subject to the terms and 
conditions of the above-numbered 
contract. 

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 
□ g. SERVICE- 
DISABLED 
VETERAN- 
OWNED

12. F.O.B. POINT 
Destination 

13. PLACE OF 
Inspection 
Acceptance 

14. GOVERNMENT B/L NO. 

15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 
Multiple 

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 PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
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<tr>
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<td>DUNS Number:</td>
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<td>HOSPITAL ID# 6W061016</td>
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<td>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
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<tr>
<td></td>
<td>Period of Performance: 10/01/2009 to 09/30/2010</td>
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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 

17(h) TOTAL (Cont pages) 

17(i) GRAND TOTAL 

22. UNITED STATES OF 
AMERICA BY (Signature) 

OPTIONAL FORM 347 (Rev 4/2006) 
Preceded by GSA/FAR 48 CFR 15.213(a)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

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<tr>
<th>ITEM NO</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
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<td>The total amount of award: $12,384.00. The obligation for this award is shown in box 17(i).</td>
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**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H)) $6,192.00**