	DIFICATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES	
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0001 B. ISSUEO BY C	03/01/2011 CODE FMPS	7. ADMINISTERED BY (If other than item 6)	CODE	
CONSUMER PRODUCT SAFETY CODIV OF PROCUREMENT SERVIC 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	COMMISSION			
B. NAME AND ADDRESS OF CONTRACTOR (No.	., street, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION N	0.	
STEWART MEMORIAL COMMUNITY ATTN KRIS BAUMGART CEOADM 1301 WEST MAIN STREET LAKE CITY IA 51449-1585		98. DATED (SEE ITEM 11) × 10A. MODIFICATION OF CONTRACT/OI CPSC-N-10-0120	RDER NO.	
And an artist of the second of the second		108. DATED (SEE ITEM 13)		
200	FACILITY CODE	03/02/2010		
	11. THIS ITEM ONLY APPLIES	TO AMENDMENTS OF SOLICITATIONS		
items 8 and 15, and returning separate latter or telegram which includes a refe THE PLACE DESIGNATED FOR THE RECEIP	copies of the amendment; (b) By acknown concepts to the solicitation and amendment of TOF OFFERS PRIOR TO THE HOUR All an offer already submitted, such change m	n the solicitation or as amended, by one of the follow owledging receipt of this amendment on each copy- numbers. FAILURE OF YOUR ACKNOWLEDGEMI ND DATE SPECIFIED MAY RESULT IN REJECTIO hay be made by telegram or letter, provided each tel- r and date specified.	of the offer submitted; or (c) By ENT TO BE RECEIVED AT N OF YOUR OFFER. If by	
12. ACCOUNTING AND APPROPRIATION DATA	(If required)	Net Increase:	\$11,396.40	
		RDERS. IT MODIFIES THE CONTRACT/ORDER NO), AS DESCRIBED IN ITEM 14.	
B. THE ABOVE NUMBERED CON appropriation date, etc.) SET F		THE CHANGES SET FORTH IN ITEM 14 ARE MA ECT THE ADMINISTRATIVE CHANGES (such as a AUTHORITY OF FAR 43,103(b). TO AUTHORITY OF:		
D. OTHER (Specify type of modific	ication and authority)			
		RM OF THE CONTRACT		
X SECTION 1.6., OPT	TION TO EXTEND THE TER			
E. IMPORTANT: Contractor Zis	not, Is required to sign this documen	nt and return 0 copies to th	ie issuing office.	
E. IMPORTANT: Contractor Elia 14 DESCRIPTION OF AMENDMENT/MODIFICA DUNS Number: HOSPITAL ID# 3K212055 The purpose of this modif	not. Is required to sign this documentation (Organized by UCF section heading		ore feasible.)	
E IMPORTANT: Contractor Elac 14 DESCRIPTION OF AMENDMENT/MODIFICA DUNS Number: 0.755 HOSPITAL ID# 3K212055 The purpose of this modif 1, 2010 through September Continued	not. Dis required to sign this document and the document referenced in Item 9A of the document referenced in	ni and return 0 copies to the ps. including solicitation/contract subject matter when the option year for the option year for the option or 10A, as heretofore changed, remains unchanged 16A NAME AND TITLE OF CONTRACTIN	ere feasible.) period of October and in full force and effect.	
E. IMPORTANT: Contractor Elia (14. DESCRIPTION OF AMENDMENT/MODIFICADUN'S Number: 0.555 HOSPITAL ID# 3K212055 The purpose of this modification of the purpose of the modification of the	not. Dis required to sign this document and the document referenced in Item 9A of the document referenced in	or 10A es heretofore changed, remains unchanged 16A NAME AND TITLE OF CONTRACTING DOTIS B. Kessler 16B UNITED STATES OF AMERICA	ere feasible.) period of October and in full force and effect.	
E. IMPORTANT: Contractor Elia (14. DESCRIPTION OF AMENDMENT/MODIFICADUNS Number: 0.755 HOSPITAL ID# 3K212055 The purpose of this modification of the purpose of the purpose of the modification of the purpose of the modification of the purpose of the purpose of the purpose of the modification of the purpose of the purpo	not. Dis required to sign this document at ION (Organized by UCF section heading incation is to exercise 30, 2011.	or 10A as heretofore changed, remains unchanged 16A NAME AND TITLE OF CONTRACTING	and in full force and effect. IG OFFICER (Type or print) 16C. DATE SIGNED 05/01/2011	

Prescribed by GSA FAR (48 CFR) 53.243

 CONTINUATION SHEET
 REFERENCE NO. OF DOCUMENT BEING CONTINUED
 PAGE CPSC-N-10-0120/0001
 OF 2
 2

NAME OF OFFEROR OR CONTRACTOR

STEWART MEMORIAL COMMUNITY HOSPITAL

ITEM NO.	SUPPLIES/SERVICES		TINU	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Change Item 0003 to read as follows(amount shown				
	is the obligated amount):				
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	700	EA	15.56	10,892.00
	MINIMUM QTY: 175 MAXIMUM QTY: 875				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	SUPPLEMENTAL/SPECIAL STUDY REPORTS.	130	EA	3.88	504.40
	MINIMUM QTY: 13 MAXIMUM QTY: 130				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				