ORDER FOR SUPPLIES OR SERVICES

1. DATE OF ORDER: 03/19/2010
2. CONTRACT NO. (if any): CPSC-N-10-0131

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: JESSICA CLUFF
   a. NAME OF CONTRACTOR: OREM COMMUNITY HOSPITAL
   b. COMPANY NAME:
   c. STREET ADDRESS: 331 NORTH 400 WEST
   d. CITY: OREM
   e. STATE: UT
   f. ZIP CODE: 84057-1999

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 boxes)
    a. SMALL
    b. OTHER THAN SMALL
    c. DISADVANTAGED
    d. WOMEN-OWNED
    e. HUBZone
    f. EMERGING SMALL BUSINESS

12. F.O.B. POINT
    Destination

13. PLACE OF
    a. INSPECTION
    b. ACCEPTANCE

14. GOVERNMENT BILL NO
    Multiple

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

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DUNS Number: [BLANK]</td>
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<td></td>
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<tr>
<td></td>
<td>BASIC CONTRACT: 10/01/09 THRU 09/30/10</td>
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<tr>
<td></td>
<td>HOSPITAL ID# 5D411112</td>
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<tr>
<td></td>
<td>Continued ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
   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. 4/2006)
Prepared by GSA/FAR 48 CFR 53 213(e)
**ORDER FOR SUPPLIES OR SERVICES**

**SCHEDULE - CONTINUATION**

**DATE OF ORDER**: 03/19/2010  
**CONTRACT NO.**: CPSC-N-10-0131  
**ORDER NO.**: 

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

Period of Performance: 10/01/2009 to 09/30/2010

<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 NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.</td>
<td>6200 EA</td>
<td>3.17</td>
<td>19,654.00</td>
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<tr>
<td>MINIMUM QTY:</td>
<td>1,550</td>
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<tr>
<td>MAXIMUM QTY:</td>
<td>7,750</td>
<td></td>
<td></td>
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<tr>
<td>Accounting Info:</td>
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<tr>
<td>0100A10DPS-2010-1117900000-EXFW004310-252E0</td>
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</tr>
<tr>
<td>Funded:</td>
<td>$19,654.00</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| 0002 | ESTIMATED QUANTITY SUPPLEMENTAL//SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. | 3200 EA | 0.79 | 2,528.00 | |
| MINIMUM QTY: | 320 | |
| MAXIMUM QTY: | 3,200 | |
| Accounting Info: | | |
| 0100A10DPS-2010-1117900000-EXFW004310-252E0 | | |
| Funded: | $2,528.00 | |

| 0003 | OPTION PERIOD: 10/01/10 THRU 09/30/11 | 6200 EA | 3.17 | 0.00 | |
| ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS. | |
| MINIMUM QTY: | 1,550 | |
| MAXIMUM QTY: | 7,750 | |
| Continued ... | |

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(M))** $22,182.00
## ORDER FOR SUPPLIES OR SERVICES

### SCHEDULE - CONTINUATION

**DATE OF ORDER:** 03/19/2010  
**CONTRACT NO:** CPSC-N-10-0131  
**ORDER NO:**

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY ORDERED</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
<th>QUANTITY ACCEPTED</th>
</tr>
</thead>
</table>

**Amount:** $19,654.00 (Option Line Item)  
10/01/2010

**Accounting Info:**  
0100A11DPS-2010-1117900000-EXFM004310-252E0  
**Funded:** $0.00  
$19,654.00 (Subject to Availability of Funds)  
$0.00 (Subject to Availability of Funds)  
**Period of Performance:** 10/01/2010 to 09/30/2011

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>ESTIMATED QUANTITY</th>
<th>3200 EA</th>
<th>0.79</th>
<th>0.00</th>
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</thead>
</table>

**SUPPLEMENTAL/SPECIAL STUDY REPORTS.**

**Minimum QTY:** 320  
**Maximum QTY:** 3,200  
**Amount:** $2,528.00 (Option Line Item)  
10/01/2010

**Accounting Info:**  
0100A11DPS-2011-1117900000-EXFM004310-252E0  
**Funded:** $0.00  
$1,145.50 (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:** $44,364.00. The obligation for this award is shown in box 17(i).

**TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))**: $0.00