### AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

<table>
<thead>
<tr>
<th>1. CONTRACT ID CODE</th>
<th>2. AMENDMENT/MODIFICATION NO.</th>
<th>3. EFFECTIVE DATE</th>
<th>4. REQUISITION/PURCHASE REQ. NO.</th>
<th>5. PROJECT NO. (if applicable)</th>
<th>6. ISSUED BY CODE</th>
<th>7. ADMINISTERED BY (if other than item 6) CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0003</td>
<td>03/03/2011</td>
<td></td>
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</table>

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

**9. NAME AND ADDRESS OF CONTRACTOR** (No., street, county, State and ZIP Code)

JOHNSON CITY MEDICAL CENTER HOSPITAL  
ATTN REGINA BARKLEY ER MANAGER  
400 N STATE OF FRANKLIN ROAD  
JOHNSON CITY TN 37604-4603

**10. NAME AND ADDRESS OF OFFEROR** (No., street, county, State and ZIP Code)

JOHNSON CITY MEDICAL CENTER HOSPITAL  
ATTN REGINA BARKLEY ER MANAGER  
400 N STATE OF FRANKLIN ROAD  
JOHNSON CITY TN 37604-4603

**11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS**

- The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offers ☐ is extended. ☐ is not extended.
- Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Item 9 and 10, and returning copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter; provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

**12. ACCOUNTING AND APPROPRIATION DATA (if required)**

0100A10OPS 2010 1117900000 EXPMD04310 252E0  
Net Increase: $2,409.25

**13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.**

**E. IMPORTANT:** Contractor ☐ is not. ☑ is required to sign this document and return 0 copies to the issuing office.

**14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)**

DUNS Number: 9A552042  
HOSPITAL ID# J9A552042

The purpose of this modification is to adjust the quantity of surveillance reports for FY-2010. For FY-2010 the total amount of this contract is increased by $2,409.25, from $11,730.00 to $14,139.25.

Continued...

Except as provided herein, all terms and conditions of the document referenced in Item 1A or 10A, as hereinafter changed, remains unchanged and in full force and effect.

**15A. NAME AND TITLE OF SIGNER** (Type or print)

Doris B. Kessler

**15B. CONTRACTOR/OFFEROR**

16C. DATE SIGNED 03/03/2011

**16A. NAME AND TITLE OF CONTRACTING OFFICER** (Type or print)

Doris B. Kessler

**16B. UNITED STATES OF AMERICA**
TOTAL QTY FOR ITEM #1: 12,295/EA

Change Item 0001 to read as follows (amount shown is the obligated amount):

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>SUPPLIES/SERVICES</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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<tr>
<td>0001</td>
<td>ESTIMATED QUANTITY</td>
<td>2095 EA</td>
<td>1.15</td>
<td></td>
<td>2,409.25</td>
</tr>
</tbody>
</table>

ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.

MINIMUM QTY: 3,000
MAXIMUM QTY: 15,000

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.
Memorandum

Date: March 3, 2011

TO: N.J. SCHEERS, DIRECTOR
DIVISION OF PLANNING, BUDGET AND EVALUATION

THRU: DAVID SHOPE, BUDGET ANALYST

FROM: DODIE KESSLER, CONTRACT SPECIALIST

SUBJECT: CERTIFICATION OF PRIOR YEAR FUNDS

MON: N/10/4310/001  REQ: 4310-09-0018

CONTRACTOR/SOURCE: SEE LIST BELOW

PRODUCT/SERVICES: NEISS SURVEILLANCE REPORTS, FY 2010

ACCOUNTING AND APPROPRIATION DATA

0100A10DPS 2010 1117900000 EXFM004310 252E0

Prior year funds in the amount of **$2,409.25** are certified available.

CPSC-N-10-0142  Johnson City Medical Center Hospital  $2,409.25

This increase is necessary inasmuch as the hospital listed above reported more surveillance reports than originally estimated for this contract.

3/4/11  
Date  
Signature

IF YOU HAVE ANY QUESTIONS, CALL DODIE ON EXT. 7037