AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT		1. CONTRACT ID CODE	1	PAGE OF PAGES	
2 AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4.6	REQUISITION/PURCHASE REQ. NO.	5 PR	1 2 DJECT NO. (if applicable)	
0004	08/30/2012					
S ISSUED BY CODE	FMPS	7.	ADMINISTERED BY (If other than Item 5)	CODE		
CONSUMER PRODUCT SAFETY COMM	ISSION	1				
DIV OF PROCUREMENT SERVICES						
4330 EAST WEST HWY						
ROOM 517						
BETHESDA MD 20814						
8 NAME AND ADDRESS OF CONTRACTOR (No. atreet	county, State and ZIP Code)	(x)	SA. AMENDMENT OF SOLICITATION NO.	÷1000000000000000000000000000000000000	an and the second se	
SWOR DADIA		1				
WEST DARLA			9B. DATED (SEE ITEM 11)			
ILLERSVIEW TX 76862						
		_	100 HODELOATION OF CONTRACTORDED	TIOPDED NO		
		×	10A MODIFICATION OF CONTRACT/ORDER CPSC-N-12-0016	NO.		
		-	108. DATED (SEE ITEM 13)			
CODE	FACILITY CODE	7	11/09/2011			
	11. THIS ITEM ONLY APPLIES TO	AME	NOMENTS OF SOLICITATIONS			
CHECK ONE A. THIS CHANGE ORDER IS ISSUED PORDER NO. IN ITEM 10A.	ODIFICATION OF CONTRACTSIORDER PURSUANT TO: (Specify authority) THI	E CH	T MODIFIES THE CONTRACT/ORDER NO. AS I ANGES SET FORTH IN ITEM 14 ARE MADE IN ADMINISTRATIVE CHANGES (such as change RITY OF FAR 43 103(b)	THE CO	NTRACT	
C. THIS SUPPLEMENTAL AGREEMEN				······		
D. CTHER (Specify type of modification	and authority)		· · · · · · · · · · · · · · · · · · ·		99999999999999999999999999999999999999	
X Unilateral Modificat	ion, FAR 43.103(a)					
E. IMPORTANT: Contractor E is not,	is required to sign this document en	nd net	um Copies to the issu	ina office	CONTROL OF THE CONTRO	
14. DESCRIPTION OF AMENDMENT/MODIFICATION	_			-		
DUNS Number:	• • • • • • • • • • • • • • • • • • • •			,		
Hospital ID: 8T251018						
Shannon Medical Center						
Contracting Officer Represent	tative:					
fark Edwards						
(301) 504-7510						
medwards@cpsc.gov						
Modification # 0004 to controlled funding for the period of Jan 66,702.00. As a result:	nuary 1, 2013 throug	jh 1	April 30, 2013 in the am	ount	of	
Except as provided herein, all terms and conditions of the	e document referenced in Item 9A or 10	A, as	haretofore changed, remains unchanged and in	full force	and effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)		16	BA. NAME AND TITLE OF CONTRACTING OF	ICER (T)	rpe or print)	
		D	oris B. Kessler			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED		SB. UNITED STATES OF AMERICA.	~~·	116C, DATE SIGNED	
	- man - mar - m - m - m - m - m - m - m - m - m -	1,5			IND. DATE STUNED	
(Signature of person sufficient to sign)		4	(Signature of Congacting Officer)	<u>~</u>	08/30/2012	
NSN 7540-01-152-8070			······································	STANDA	RD FORM 30 (REV. 10-83)	
Previous edition unusable				Prescribe	t by GSA CFR) 53.243	

			<del></del>
CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF.
	CPSC-N-12-0016/0004	2	2

NAME OF OFFEROR OR CONTRACTOR WEST DARLA

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY UNI	1 1	AMOUNT (F)
	1- The quantity for Line item 0003 is increased by 3,000, from 6,450 to 9,450.			
	2- The quantity for Line item 0004 is increased by 600, from 1,470 to 2,070,			
	As a result of the above, funding for option period one is increased by \$6,702.00 to a total of \$21,213.90.			
	Change Item 0003 to read as follows(amount shown is the obligated amount):			
	FIRST OPTION PERIOD JULY 1, 2012 THROUGH JUNE 30, 2013			
0003	NOT TO EXCEED NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK. QTY 3,000 @ \$2.12 = \$6,360.00 Fully Funded Obligation Amount\$26,044.20	12205 EA	2.12	6,360.00
	Change Item 0004 to read as follows(amount shown is the obligated amount):			
0004	NOT TO EXCEED SUPPLEMENTAL/SPECIAL STUDY REPORTS IN ACCORDANCE WITH THE ATTACHED STATEMENT OF WORK.  QTY 600 @ \$0.57 = \$342.00  Fully Funded Obligation Amount\$1,556.10	2730 EA	0.57	342.00
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.			
		C.C. L.		
VSN 7540-01-18		<u> </u>	<u> </u>	OPTIONAL FORM 336 (4-86)