AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAC	PAGE OF PAGES				
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	QUISITION/PURCHASE REQ. NO.	5. PROJEC	1 2 CT NO. (If applicable)				
0010	10/23/2009		0.		,				
6. ISSÚED BY CODE	FMPS	7. ADI	MINISTERED BY (If other than Item 6)	CODE		<del></del>			
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814		DIV 433 ROO	CODE FMPS  CONSUMER PRODUCT SAFETY COMMISSION  DIV OF PROCUREMENT SERVICES  4330 EAST WEST HWY  ROOM 517  BETHESDA MD 20814						
8. NAME AND ADDRESS OF CONTRACTOR (No stree	t, county. State and ZIP Code)	(x) 9A	. AMENDMENT OF SOLICITATION NO.						
PEREZ SUSAN									
CHICAGO IL 60629		9B	. DATED (SEE ITEM 11)						
			A. MODIFICATION OF CONTRACT/ORDI PSC-N-08-0029	ER NO.					
			B. DATED (SEE ITEM 13)						
CODE	FACILITY CODE	1	1/08/2007						
	11. THIS ITEM ONLY APPLIE	S TO AMENDA	MENTS OF SOLICITATIONS						
THE PLACE DESIGNATED FOR THE RECEIPT OF virtue of this amendment you desire to change an offereference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (If rec	r already submitted, such change is received prior to the opening ho	may be made l	by telegram or letter, provided each telegra ecified.		•				
09 PS EXFM 4310 11179 252E				<u> </u>					
13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/	ORDERS. IT M	ODIFIES THE CONTRACT/ORDER NO. AS	S DESCRIBED IN	I ITEM 14.				
ORDER NO. IN ITEM 10A.		·· 	GES SET FORTH IN ITEM 14 ARE MADE						
appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMEN	I IN ITEM 14, PURSUANT TO TH	IE AUTHORITY	OF FAR 43.103(b).						
D. OTHER /A									
D. OTHER (Specify type of modification	• •	<b>~</b> \							
X   UNILATERAL MODIFICAT			0						
E. IMPORTANT: Contractor X is not.	is required to sign this docum		O copies to the is						
14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number:	(Organized by UCF section headii	ngs, including s	solicitation/contract subject matter where f	easible.)					
HOSPITAL ID# 3C701034									
Modification No. 0010 adjust	s the quantity of	survve	illance reports for F	Y-2009 a:	s follows:				
ITEM #4 is changed as follow	s: (see page 2).								
For FY-2009 the total amount \$50,108.18.	of this contract	is inc	reased by \$699.38, fr	om \$49,40	08.80 to				
Continued	and a support software and in Horn OA	. o. 100 . oo b		in fall forces and a					
Except as provided herein, all terms and conditions of the 15A. NAME AND TITLE OF SIGNER (Type or print)	e accument referenced in item 9A		etotore changed, remains unchanged and NAME AND TITLE OF CONTRACTING O						
		Dor	is B. Kessler						
15B. CONTRACTOR/OFFEROR	15C. DATE SIGN	NED 16B. U	JNIFED STATES OF AMERICA	1.	16C. DATE SIGNED				
(Signature of person authorized to sign)			(Signature of Contracting Officer)		10/23/2009	9			

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 CONTINUATION SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

CPSC-N-08-0029/0010

PAGE 2 OF 2

NAME OF OFFEROR OR CONTRACTOR

PEREZ SUSAN

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #4: 12,187/ea				
	Change Item 0004 to read as follows(amount shown is the obligated amount):				
0004	OPTION PERIOD: 10/01/08 THRU 09/30/09	187	EΑ	3.74	699.38
	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.				
	MINIMUM QTY: 2,325 MAXIMUM QTY: 12,187				
	Period of Performance: 10/01/2008 to 09/30/2009 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				