ÁMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT				1. CONTRACT ID CODE		PAGE OF PAGES		
2 AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE DATE	4. RE0	QUISITION/PURCHASE REQ. NO.	5. PR	0JECT NO	. (If applic	2 able)
0005		06/22/2009						•
6 ISSUED BY	CODE		7. AD	MINISTERED BY (If other than Item 6)	CODE	FMPS		
CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			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	et, county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.				
ATTN MS 5000 HEN	Y OF THE LAKE HOSPITA DEBBIE FORD SENIOR V NNESSY BOULEVARD DUGE LA 70808-4375		x 10 C	A. MODIFICATION OF CONTRACT/ORDER N PSC-N-08-0130 B. DATED (SEE ITEM 13)	NO.	-		
CODE		FACILITY CODE	7 10	02/07/2008				
7/990		11. THIS ITEM ONLY APPLIES TO						
Items 8 and separate let THE PLACI virtue of this	115, and returning co tter or telegram which includes a referenc E DESIGNATED FOR THE RECEIPT OF	pies of the amendment; (b) By acknowle e to the solicitation and amendment num OFFERS PRIOR TO THE HOUR AND I er already submitted, such change may b	edging re bers. FA DATE SP be made	ion or as amended, by one of the following met ceipt of this amendment on each copy of the of NLURE OF YOUR ACKNOWLEDGEMENT TO ECIFIED MAY RESULT IN REJECTION OF YO by telegram or letter, provided each telegram or ecified.	fer subm BE RECOUR OF	nitted; or (c) CEIVED AT FER. If by	Ву	
	TING AND APPROPRIATION DATA (If re	quired) Ne	t. Dec	crease: -:	\$15,0	610.40		
09 PS E	XFM 4310 11179 252E			ODIFIES THE CONTRACT/ORDER NO. AS DE	-			
CHECK ONE	ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONTRA appropriation date, etc.) SET FORT		THE AUTHORIT					
	D. OTHER (Specify type of modification	and authority)						
Х	UNILATERAL MODIFICA							
E. IMPORTAN	<u> </u>	is required to sign this document ar	nd return	Copies to the issuin	g office.			
DUNS Nur HOSPITA: BASIC CO	mber:	tu 09/30/08		solicitation/contract subject matter where feasing the solicitation of the solicitatio		e fol	l oug t	
	is changed as follow		. ve11	Tance reports for it 20	,05 a	.5 101.	.Ows.	
	2009 the total amount 702.40.		s dec	reased by \$15,610.40, f	rom	\$31,33	12.80	
		he document referenced in Item 9A or 10	DA, as he	retofore changed, remains unchanged and in f	ull force	and effect.		
	NIGHT TITLE OF SIGNER (Type or print)		16 A .	NAME AND TITLE OF CONTRACTING OFFI			-	
15B. CONTRA	ACTOR/OFFEROR	15C. DATE SIGNED	16B.	UNITED STATES OF AMERICA		1.	6/22/	
	(Signature of person authorized to sign)		- AL	(Signature of Contracting Officer)		<u> </u>		
NSN 7540.01	152 9070			/ 9	STANDA	RD FORM	30 (REV.	10-83)

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

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	CONTINUATION	SHEET

REFERENCE NO. OF DOCUMENT BEING CONTINUED

CPSC-N-08-0130/0005

PAGE 2

OF 2

NAME OF OFFEROR OR CONTRACTOR

OUR LADY OF THE LAKE HOSPITAL INC

ITEM NO.	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	TOTAL QTY FOR ITEM #3: 4,088/ea Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	OPTION PERIOD: 10/01/08 THRU 09/30/09	-4108	EΑ	3.80	-15,610.40
	ESTIMATED QUANTITY NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.				
	MINIMUM QTY: 2,049 MAXIMUM QTY: 10,245				
	Period of Performance: 10/01/2008 to 09/30/2009 ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
		·			
				·	