And the second s		NUCU JTH	lenso /
AMENDMENT OF SOLICITATION/MODIFIC	ATION OF CONTRACT	1. CONTRACT ID CODE	PAGE OF PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)
0005	See Block 16C		
6. ISSUED BY CODE	FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE
CONSUMER PRODUCT SAFETY COMM DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814	IISSION		
8. NAME AND ADDRESS OF CONTRACTOR (No., street	t, county, State and ZIP Code)	(x) 9A. AMENDMENT OF SOLICITATION NO.	
ATLANTIC CARE REGIONAL MEDIC: ATTN MARGARET BELFIELD ADMIN: 1925 PACIFIC AVENUE ATLANTIC CITY NJ 08401-6712		9B. DATED (SEE ITEM 11) X 10A. MODIFICATION OF CONTRACT/ORDER CPSC-N-10-0086 10B. DATED (SEE ITEM 13)	NO.
CODE	FACILITY CODE	01/19/2010	
the first of the f	11. THIS ITEM ONLY APPLIES	TO AMENDMENTS OF SOLICITATIONS	
virtue of this amendment you desire to change an offer reference to the solicitation and this amendment, and 12. ACCOUNTING AND APPROPRIATION DATA (<i>If req</i>	r already submitted, such change m is received prior to the opening hour ruired)		•
0100A11DPS 2011 1117900000 E			
C. THIS SUPPLEMENTAL AGREEMEN	I IN ITEM 14, PURSUANT TO THE		ss in paying offica,
D. OTHER (Specify type of modification	••	CONTRACT	
		L'ONTRACT	
X I.6., OPTION TO EXTE E. IMPORTANT: Contractor Sis not.		t and return 0 copies to the issui	ing office.
E. IMPORTANT: Contractor is not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID# 8N224018 The purpose of this modification	Is required to sign this documen (Organized by UCF section heading tion is to exercis	t and return <u>0</u> copies to the issui s, <i>including solicitation/contract subject matter where fea</i> e the option year, for the p	sible.)
E.IMPORTANT: Contractor Eisnot. 14.DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: Of this modification HOSPITAL ID# 8N224018 The purpose of this modification of October 1, 2010 through State Full Funding is hereby provide	is required to sign this documen (Organized by UCF section heading tion is to exercis eptember 30,2011.	s, including solicitation/contract subject matter where fea.	sibe.) erformance period
E. IMPORTANT: Contractor Eisnot. 14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: Of this modification HOSPITAL ID# 8N224018 The purpose of this modification of October 1, 2010 through State Full Funding is hereby provide funded in its entirety. As a result of the above, the \$11,900.00 from \$13,273.60 to	☐ is required to sign this documen (Organized by UCF section heading tion is to exercis eptember 30,2011. ded in the amount e total amount of	e the option year, for the p	sible.) erformance period act is now fully
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E IMPORTANT: Contractor ∑is not. 14. DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: 0 HOSPITAL ID# 8N224018 The purpose of this modification of October 1, 2010 through St Full Funding is hereby provide funded in its entirety. As a result of the above, the \$11,900.00 from \$13,273.60 to Continued Except as provided herein, all terms and conditions of the	☐ is required to sign this documen (Organized by UCF section heading tion is to exercis eptember 30,2011. ded in the amount e total amount of o \$25,173.60.	e the option year, for the po of \$11,900.00 and this control the contract is hereby incre- r 10A, as heretologe changed, remains unchanged and in 16A. MAME AND TITLE OF CONTRACTING OFF Ruch M. Johnson	sible.) erformance period act is now fully ased by full force and effect.

	REFERENCE NO. OF DOCUMENT BEING CONTINUED	PAGE	OF
CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED CPSC-N-10-0086/0005	2	2
NAME OF OFFEROR OR CONTRACT	TOR		

ATLANTIC CARE REGIONAL MEDICAL CENTER

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)		AMOUNT (F)
	Change Item 0002 to read as follows(amount shown is the obligated amount):				
0002	ESTIMATED QUANTITY ACCESS ONLY TO NEISS SURVEILLANCE REPORTS, SPECIAL SURVEY REPORTS AND SUPPLEMENTAL/SPECIAL STUDY REPORTS.	7000	EA	1.70	11,900.00
	MINIMUM QTY: 1,750 MAXIMUM QTY: 8,750				
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
NSN 7540-01-15	J 2-8067				OPTIONAL FORM 336 (4-86) Sponsored by GSA FAR (48 CFR) 53.110