AMENDMENT OF SOLICITATION/MODIF	FICATION OF CO	NTRACT		1. CONTRACT ID CODE	P	AGE OF	PAGES
2. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE D	ATE	4.1	REQUISITION/PURCHASE REQ. NO.	5. PRO	JECT NO.	(If applicable)
0006	09/16/20:	11					
S. ISSUE O BY COL			7.	ADMINISTERED BY (If other than Item 6)	CODE		
CONSUMER PRODUCT SAFETY CO DIV OF PROCUREMENT SERVICE 4330 EAST WEST HWY ROOM 517 BETHESDA MD 20814			,				
8. NAME AND ADDRESS OF CONTRACTOR (No., a	treet, county, State and Z	IP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.			·
ANNETTE VELA-SOLIZ							
				9B. DATED (SEE ITEM 11)			
CORPUS CHRISTI TX 78414							
			×	10A. MODIFICATION OF CONTRACT/ORDER CPSC-N-10-0098	NO.		
				108. DATED (SEE ITEM 13)			***
CODE 1/185-1-16	FACILITY CODE	· · · · · · · · · · · · · · · · · · ·		01/26/2010			
	11. THIS ITEM	ONLY APPLIES TO A	ME	L NOMENTS OF SOLICITATIONS	······································		
CHECK ONE A. THIS CHANGE ORDER IS ISSUE ORDER NO. IN ITEM 10A. B. THE ABOVE NUMBERED CONT appropriation date, etc.) SET FO C. THIS SUPPLEMENTAL AGREEM	EXFMO 0 4 3 1 0 O MODIFICATION OF ED PURSUANT TO: (S RACT/ORDER IS MO RTH IN ITEM 14, PUR MENT IS ENTERED IN	252E0 CONTRACTS/ORDER Specify authority) THE DIFFIED TO REFLECT SUANT TO THE AUT	CH.	T MODIFIES THE CONTRACTION DER NO. AS D ANGES SET FORTH IN ITEM 14 ARE MADE IN ADMINISTRATIVE CHANGES (such as change RITY OF FAR 43.103(b).	THE CON	TRACT	14.
D. OTHER (Specify type of modifice.	tion and authority)						
X UNILATERAL MODIFIC	ATION, FAR	43.103 (b)					
E. IMPORTANT: Contractor X is not	t. 🔲 is required to	sign this document an	d ret	umO copies to the issu	ing office.		
14 DESCRIPTION OF AMENDMENT/MODIFICATION DUNS Number: HOSPITAL ID# 7T081042 Modification 0006 adjusts		-					
TTEM #3 is changed as follo	ows: (see p	age 2).					
For FY-2011 the total amounts 11,024.50.	nt of this	contract is	í	ncreased by \$1,267.50, f	rom \$9	9,757	.00 to
Continued							
CONCINUED Except as provided herein, all terms and conditions	of the document refere	inced in item 9A or 10	A, 81	heretofore changed, remains unchanged and in	full force s	ınd effect.	
15A. NAME AND TITLE OF SIGNER (Type or print)				6A. NAME AND TITLE OF CONTRACTING OF)
			ľ	Ooris B. Kessler			
15B. CONTRACTOR/OFFEROR	[1	SC. DATE SIGNED		6B. UNITED STATES OF AMERICA	<i>*</i>	160	C. DATE SIGNED
	A consideration of the Assessment Co.			Loris B. Kesel	رر	10	9/16/2011
(Signature of person authorized to sign)				(Signature of Cyfitracting Officer)	STANDAD	D EOPM	30 (REV 10.83)
NSN 7540-01-152-8070 Previous edition unusable					STANDAR Prescribed FAR (48 C	by GSA	30 (REV. 10-83) 3

CONTINUATION SHEET	REFERENCE NO. OF DOCUMENT BEING CONTINUED			
	CPSC-N-10-0098/0006	2]:	2

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	TOTAL QTY FOR ITEM #3: 6,450/EA				
	Change Item 0003 to read as follows(amount shown is the obligated amount):				
0003	NEISS SURVEILLANCE REPORTS AND SPECIAL SURVEY REPORTS.	750	EA	1.69	1,267.
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				
		Ì			

NSN 7540-01-152-5087