

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>		1. CONTRACT ID CODE	PAGE OF PAGES 1   3
2. AMENDMENT/MODIFICATION NO. 0002	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. REQ-4310-16-0087	5. PROJECT NO. (If applicable)
6. ISSUED BY CONSUMER PRODUCT SAFETY COMMISSION DIV OF PROCUREMENT SERVICES 4330 EAST WEST HWY ROOM 523 BETHESDA MD 20814	CODE FMPS	7. ADMINISTERED BY (If other than Item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) MOUNTAIN STATES HEALTH ALLIANCE ATTN JOHNSON CITY MEDICAL CENTER 400 N STATE OF FRANKLIN ROAD JOHNSON CITY TN 37604-6035		(x) 9A. AMENDMENT OF SOLICITATION NO.	9B. DATED (SEE ITEM 11)
CODE	FACILITY CODE	x 10A. MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-14-0081	10B. DATED (SEE ITEM 13) 06/10/2014

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers  is extended.  is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 9 and 15, and returning \_\_\_\_\_ copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. ACCOUNTING AND APPROPRIATION DATA (If required) Net Increase: \$18,265.00  
0100A16RSE 2016 1117900000 EXHR004310 252E0

13. THIS ITEM ONLY APPLIES TO MODIFICATION OF CONTRACTS/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.

CHECK ONE	A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.
	B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b).
	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:
X	D. OTHER (Specify type of modification and authority) Exercise Option - Unilateral Modification, FAR 52.217-9

E. IMPORTANT: Contractor  is not.  is required to sign this document and return \_\_\_\_\_ copies to the issuing office.

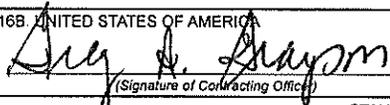
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)

DUNS Number: [REDACTED]  
HOSPITAL ID#: 9A532042  
COR: Zsuzanna Kocsis  
PHONE: (301) 504-6906  
EMAIL: zkocsis@cpsc.gov

Modification 0002 to contract CPSC-N-14-0081 is hereby issued to change the COR, provide additional funding for option period one, and exercise the second option period as follows:

THE COR IS CHANGED:  
FROM: Mark Edwards  
Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9 A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. NAME AND TITLE OF SIGNER (Type or print)	16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Greg A. Grayson
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED
(Signature of person authorized to sign)	16B. UNITED STATES OF AMERICA  (Signature of Contracting Officer)
	16C. DATE SIGNED 2/24/2016

NAME OF OFFEROR OR CONTRACTOR  
MOUNTAIN STATES HEALTH ALLIANCE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>TO: Zsuzanne Kocsis</p> <p>1. The quantity for line item 0002 is increased by 5,500 to a new total quantity of 13,500.</p> <p>2. As a result, funding for the first option period (July 1, 2015 through June 30, 2016) is increased by \$5,665.00 to a new total of \$13,905.00.</p> <p>3. In accordance with contract FAR Clause, Option to Extend the Term of the Contract, the Consumer Product Safety Commission hereby exercises the second option period (July 1, 2016 through June 30, 2017). Pricing is in accordance with line item 0003.</p> <p>4. The funded quantity for line item 0003 is increased from 0 to 12,000.</p> <p>5. As a result of the above, funding in the amount of \$12,600 is added for the second option period (July 1, 2016 through June 30, 2017). Additional funding will be provided via modification at a later date when funding becomes available.</p> <p>Change Item 0002 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 1 JULY 1, 2015 THROUGH JUNE 30, 2016</p>				
0002	<p>Not To Exceed: 13,500</p> <p>Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work.</p> <p>Change Item 0003 to read as follows (amount shown is the obligated amount):</p> <p>OPTION PERIOD 2 JULY 1, 2016 THROUGH JUNE 30, 2017</p>	5500	EA	1.03	5,665.00
0003	<p>Not To Exceed: 12,000</p> <p>Continued ...</p>	-1500	EA	1.05	12,600.00

**CONTINUATION SHEET**

REFERENCE NO. OF DOCUMENT BEING CONTINUED  
CPSC-N-14-0081/0002

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NAME OF OFFEROR OR CONTRACTOR  
MOUNTAIN STATES HEALTH ALLIANCE

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Access only to NEISS Surveillance Reports, Special Survey Reports, and Supplemental/Special Study Reports in accordance with the attached statement of work. Quantity: 12,000 @ \$1.50 = \$12,600.00</p> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.</p>				