

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. CONTRACT ID CODE _____ PAGE OF PAGES
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2. AMENDMENT/MODIFICATION NO. 0001
 3. EFFECTIVE DATE 06/23/2011
 4. REQUISITION/PURCHASE REQ. NO. _____
 5. PROJECT NO. (If applicable) _____

6. ISSUED BY CODE FMPS
 CONSUMER PRODUCT SAFETY COMMISSION
 DIV OF PROCUREMENT SERVICES
 4330 EAST WEST HWY
 ROOM 517
 BETHESDA MD 20814

7. ADMINISTERED BY (If other than Item 6) CODE _____

8 NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)
 REGIONAL WEST MEDICAL CENTER
 ATTN MARTHA STRICKER
 4021 AVENUE B
 SCOTTSBLUFF NE 69361-4602

9A AMENDMENT OF SOLICITATION NO. _____
 9B. DATED (SEE ITEM 11) _____

10A MODIFICATION OF CONTRACT/ORDER NO. CPSC-N-11-0014
 10B. DATED (SEE ITEM 13) 06/06/2011

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 8 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)
 See Schedule

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) UNILATERAL MODIFICATION, FAR 43.103(b)

E. IMPORTANT: Contractor is not is required to sign this document and return _____ 0 _____ copies to the issuing office.

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

DUNS Number: _____
 HOSPITAL ID# 6W581042
 PERIOD OF PERFORMANCE: 06/01/11 THRU 09/30/11
 PROJECT OFFICER: Joel Friedman
 PHONE: (301) 504-7500
 EMAIL: jfriedman@cpsc.gov

Modification No. 0001 changes the CPSC Project Officer:
 FROM: Mark Edwards
 TO: Joel Friedman

Continued ...

Except as provided herein, all terms and conditions of the document referenced in Item 9A 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)
 Doris B. Kessler

15B. CONTRACTOR/OFFEROR _____
 15C. DATE SIGNED _____
 16B. UNITED STATES OF AMERICA
 (Signature of person authorized to sign) _____
 (Signature of Contracting Officer) *Doris B. Kessler*

16C. DATE SIGNED 06/23/2011

NAME OF OFFEROR OR CONTRACTOR
REGIONAL WEST MEDICAL CENTER

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT.				