AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE			PAGE OF PAGES	
2. AMENDMI	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REC	UISITION/PURCHASE REQ. NO.	5. PR	1 2 OJECT NO. (If applicable)	
0005 6. ISSUED B	Y CODE	See Block 16C	7, ADI	MINISTERED BY (If other than Item 5)			
National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511			7. ADMINISTERED BY (if other than Item 6) CODE ADM-OLAO/NITAAC National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511				
8. NAME ANI	D ADDRESS OF CONTRACTOR (No., street	county, State and ZIP Code)	(x) 9A	AMENDMENT OF SOLICITATION NO.			
E	CS Primes		x 10/	DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDE	ER NO.		
CODE		FACILITY CODE	1 1	3. DATED (SEE ITEM 11)			
a 50.5		11. THIS ITEM ONLY APPLIES TO A		1/27/2002			
virtue of this reference to	A. THIS CHANGE ORDER IS ISSUED PLORDER NO. IN ITEM 10A. FAR 52.243-1 Change I	already submitted, such change may be received prior to the opening hour and irred) IFICATION OF CONTRACTS/ORDERS. JRSUANT TO: (Specify authority) THE	e made b date spe	y telegram or letter, provided each telegracified. IFIES THE CONTRACT/ORDER NO. AS DESIGNED SET FORTH IN ITEM 14 ARE MADE	m or letter n	IN ITEM 14.	
	B. THE ABOVE NUMBERED CONTRACT appropriation date, etc.) SET FORTH C. THIS SUPPLEMENTAL AGREEMENT					•	
	D. OTHER (Specify type of modification a	nd authority)			-		
IMPORTAN'	T: Contractor X is not.	is required to sign this document and	f return _	copies to the issu	ng office.		
4. DESCRIPT	TION OF AMENDMENT/MODIFICATION (C	organized by UCF section headings, inc	duding so				
UNS Nur DB Doci	mber: ument#:						
IH cust 1, 2009		e 1% fee has been n	reduc				
	Auction process shal pose of this modifica		oetit	ive Request For Quot	e (RF	Q).	
ontinue	ed						
	rided herein, all terms and conditions of the or ND TITLE OF SIGNER (Type or print)	document referenced in Item 9A or 10A	7	tofore changed, remains unchanged and it AME AND TITLE OF CONTRACTING OF	***************************************		
	CTOR/OFFEROR (Signature of person authorized to sign)	15C. DATE SIGNED		STATES OF AMERICAL STREET	HING	16C. DATE SIGNED	
SN 7540-01-1		/	/	(Signague of Ognugicing Officer)		R FORM 30 (REV. 10-83)	
révious edition	n unusable			7	Prescribed		

CONTINUATION SHEET	REFERENCE NO OF POOLIMENT BEING CONTINUED			
CONTINUATION SHEET		2	2	

NAME OF OFFEROR OR CONTR.CTOR

C. fo or or	(B) elete: C.2.4 Processing Fee in Section C pecifications and replace with:	(C)	(D)	(E)	AMOUNT (F)
C. fo or or	pecifications and replace with:		$ \cdot $		† – – – –
C. fo or or	pecifications and replace with:		ı I		
C. fo or		1	1 1		
fo or or		1			
or or	2.4 Processing Fee Contractors shall collect		1 1		•
or	or NITAAC a 1% processing fee on all delivery		1		
	ders placed through the ECS III including				
fe	ders originating from the NIH. The collected				
	es shall be remitted to NITAAC monthly.				
De	elete: First sentence in G.6.1 NIH Processing				
	e Rules in section G-Contract Administration		1		
	ta and replace with:				
	6.1 NIH Processing Fee Rules A one (1) percent				
	ocessing fee for ECS III contracts will be	i .			
	sessed on the order amount for Customer				1
	encies including the NIH. scount Terms: PROMPT PAY	8			
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[Fa	yment: 2115 E Jefferson St				
j	MSC 8500 Suite 4B 432 Bethesda	1 .			ľ
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