

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT		1. CONTRACT ID CODE	PAGE OF PAGES
			1 12
2. AMENDMENT/MODIFICATION NO. 0008	3. EFFECTIVE DATE See Block 16C	4. REQUISITION/PURCHASE REQ. NO. 15EM001741	5. PROJECT NO. (If applicable)
6. ISSUED BY Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352	CODE 00601	7. ADMINISTERED BY (If other than Item 6)	CODE
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) PENSER NORTH AMERICA INC Attn: PHIL VALDENS 700 SLEATER KINNEY RD SE, SUITE B #170 LACEY WA 985138513		(x)	9A. AMENDMENT OF SOLICITATION NO.
CODE 129467614		FACILITY CODE	9B. DATED (SEE ITEM 11)
		x	10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0003383
			10B. DATED (SEE ITEM 13) 09/15/2014

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 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).
X	C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: FAR 43.103(a) Mutual Agreement of the Parties
	D. OTHER (Specify type of modification and authority)

E. IMPORTANT: Contractor is not. is required to sign this document and return 1 copies to the issuing office.

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

The United States Department of Energy, Richland Operations Office (DOE-RL) has a need for a Third Party Administrator (TPA) for the Workers' Compensation Program (WCP) at the Department of Energy Hanford Site, located in Richland Washington.

This contract is subject to contract clause 52.232-18 Availability of Funds (Apr 1984). In accordance with mutual agreement of the parties, the purpose of this modification is to increase the base period ceilings for CLINS 004 and 008 and decrease the base period ceiling for CLIN 001 within the total amount of the contract. This modification moves funds from CLIN 001 to CLINS 004 and 008 within funding on the contract. This is a net-zero dollar change.

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)	
		Linda K. Jarnagin	
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED
_____ (Signature of person authorized to sign)		Signature on File	05/28/2015
		_____ (Signature of Contracting Officer)	

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PENSER NORTH AMERICA INC

ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>See continuation page for more details.</p> <p>All other terms and conditions remain the same.</p> <p>LIST OF CHANGES: Total Amount for this Modification: \$0.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 1 Description changed from CLIN0001 - New Indemnity Claims Base Period - CLIN0001A AND CLIN0001B 10/01/2014 - 09/30/2016 Base Period Value \$451,441.60 Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017 Option Year 1 Value \$330,280.36 Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018 Option Year 2 Value \$346,795.10 Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019 Option Year 3 Value \$370,344.52 Total Value with Base and all Options \$1,498,861.58 to CLIN0001 - New Indemnity Claims Base Period - CLIN0001A AND CLIN0001B 10/01/2014 - 09/30/2016 Base Period Value \$425,741.60 Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017 Option Year 1 Value \$330,280.36 Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018 Option Year 2 Value \$346,795.10 Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019 Option Year 3 Value \$370,344.52 Total Value with Base and all Options \$1,473,161.58 Total Amount changed from \$1,498,861.58 to \$1,473,161.58 Obligated Amount for this modification: -\$25,700.00 Incremental Funded Amount changed from \$211,220.80 to \$185,520.80</p> <p>CHANGES FOR LINE ITEM NUMBER: 4 Description changed from CLIN0004 - Transferred Indemnity Claims Base Period - CLIN0004 10/01/2014 - 09/30/2016 Base Period Value \$36,000.00 Option Year 1 - CLIN0004 10/01/2016 - 09/30/2017 Option Year 1 Value \$18,000.00 Option Year 2 - CLIN0004 10/01/2017 - 09/30/2018 Option Year 2 Value \$18,000.00 Option Year 3 - CLIN0004 10/01/2018 - 09/30/2019 Option Year 3 Value \$18,000.00 Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	<p>Total Value with Base and all Options \$90,000.00 to CLIN0004 - Transferred Indemnity Claims Base Period - CLIN0004 10/01/2014 - 09/30/2016 Base Period Value \$60,000.00 Option Year 1 - CLIN0004 10/01/2016 - 09/30/2017 Option Year 1 Value \$18,000.00 Option Year 2 - CLIN0004 10/01/2017 - 09/30/2018 Option Year 2 Value \$18,000.00 Option Year 3 - CLIN0004 10/01/2018 - 09/30/2019 Option Year 3 Value \$18,000.00 Total Value with Base and all Options \$114,000.00 Total Amount changed from \$90,000.00 to \$114,000.00 Obligated Amount for this modification: \$24,000.00 Incremental Funded Amount changed from \$36,000.00 to \$60,000.00</p> <p>CHANGES FOR LINE ITEM NUMBER: 8 Description changed from CLIN0008 - Re-opened Legacy Medical Claims (closed prior to October 1, 2014). Base Period - CLIN0008 10/01/2014 - 09/30/2016 Base Period Value \$1700.00 Option Year 1 - CLIN0008 10/01/2016 - 09/30/2017 Option Year 1 Value \$850.00 Option Year 2 - CLIN0008 10/01/2017 - 09/30/2018 Option Year 2 Value \$850.00 Option Year 3 - CLIN0008 10/01/2018 - 09/30/2019 Option Year 3 Value \$850.00 Total Value with Base and all Options \$ 4,250.00 to CLIN0008 - Re-opened Legacy Medical Claims (closed prior to October 1, 2014). Base Period - CLIN0008 10/01/2014 - 09/30/2016 Base Period Value \$3,400.00 Option Year 1 - CLIN0008 10/01/2016 - 09/30/2017 Option Year 1 Value \$850.00 Option Year 2 - CLIN0008 10/01/2017 - 09/30/2018 Option Year 2 Value \$850.00 Option Year 3 - CLIN0008 10/01/2018 - 09/30/2019 Option Year 3 Value \$850.00 Total Value with Base and all Options \$5,950.00 Total Amount changed from \$4,250.00 to \$5,950.00 Obligated Amount for this modification: \$1,700.00 Incremental Funded Amount changed from \$1,700.00 to \$3,400.00 Delivery Location Code: 00601 Richland Operations Office U.S. Department of Energy Richland Operations Office Continued ...</p>				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00001	<p>P.O. Box 550, MSIN A7-80 Richland WA 99352</p> <p>FOB: Destination Period of Performance: 10/01/2014 to 09/30/2016</p> <p>Change Item 00001 to read as follows (amount shown is the total amount):</p> <p>CLIN0001 - New Indemnity Claims Base Period - CLIN0001A AND CLIN0001B 10/01/2014 - 09/30/2016 Base Period Value \$425,741.60 Option Year 1 - CLIN0001C 10/01/2016 - 09/30/2017 Option Year 1 Value \$330,280.36 Option Year 2 - CLIN0001D 10/01/2017 - 09/30/2018 Option Year 2 Value \$346,795.10 Option Year 3 - CLIN0001E 10/01/2018 - 09/30/2019 Option Year 3 Value \$370,344.52 Total Value with Base and all Options \$1,473,161.58 Line item value is: \$1,473,161.58 Incrementally Funded Amount: \$185,520.80</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111552 Project: 0001522 WFO: 0000000 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Continued ...</p>				1,473,161.58

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Fund: 00922 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 00922 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 00922 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421301 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421301 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: -\$25,700.00 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
00004	<p>Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831</p> <p>Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831</p> <p>Change Item 00004 to read as follows (amount shown is the total amount):</p> <p>CLIN0004 - Transferred Indemnity Claims Base Period - CLIN0004 10/01/2014 - 09/30/2016 Base Period Value \$60,000.00 Option Year 1 - CLIN0004 10/01/2016 - 09/30/2017 Option Year 1 Value \$18,000.00 Option Year 2 - CLIN0004 10/01/2017 - 09/30/2018 Option Year 2 Value \$18,000.00 Option Year 3 - CLIN0004 10/01/2018 - 09/30/2019 Option Year 3 Value \$18,000.00 Total Value with Base and all Options \$114,000.00 Line item value is:\$114,000.00 Incrementally Funded Amount: \$60,000.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: \$0.00</p> <p>Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Continued ...</p>				114,000.00

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Entity: 421601 Object Class: 25299 Program: 1111552 Project: 0001522 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111557 Project: 0001526 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 00922 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 00922 Appr Year: 2015 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1721310 Project: 0000000 WFO: 0425299 Local Use: 0000000 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421301 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421301 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: \$24,000.00 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Change Item 00008 to read as follows (amount shown is the total amount):				
00008	CLIN0008 - Re-opened Legacy Medical Claims (closed prior to October 1, 2014). Base Period - CLIN0008 10/01/2014 - 09/30/2016 Continued ...				5,950.00

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Base Period Value \$3,400.00 Option Year 1 - CLIN0008 10/01/2016 - 09/30/2017 Option Year 1 Value \$850.00 Option Year 2 - CLIN0008 10/01/2017 - 09/30/2018 Option Year 2 Value \$850.00 Option Year 3 - CLIN0008 10/01/2018 - 09/30/2019 Option Year 3 Value \$850.00 Total Value with Base and all Options \$ 5,950.00 Line item value is:\$5,950.00 Incrementally Funded Amount: \$3,400.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01759 Appr Year: 2014 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1720578 Project: 0000000 WFO: 0421567 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2013 Allottee: 34 Report Entity: 421601 Object Class: 25299 Program: 1111556 Project: 0001525 WFO: 0000000 Local Use: 0421395 Funded: \$0.00 Accounting Info: Fund: 01250 Appr Year: 2015 Allottee: 34 Report Entity: 421301 Object Class: 25299 Program: 1110909 Project: 0001481 WFO: 0000000 Local Use: 0421395 Funded: \$1,700.00 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 6017 Oak Ridge TN 37831 Continued ...				

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ITEM NO. (A)	SUPPLIES/SERVICES (B)	QUANTITY (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831 Payment: OR for Richland U.S. Department of Energy Oak Ridge Financial Service Center P.O. Box 4307 Oak Ridge TN 37831				

SF30 BLOCK 14 CONTINUATION:

Modification 008 is a supplemental agreement which revises the following sections of the contract as follows:

1. This modification revises the ceilings of the base period values and the total amounts for the following CLINS within the total amount on the contract:
 - CLIN0001 - New Indemnity Claims (base period value changed from \$451,441.60 to \$425,741.60 total amount change from \$1,498,861.58 to \$1,473,161.58).
 - CLIN0004 - Transferred Indemnity Claims (base period value changed from \$36,000.00 to \$60,000.00 total amount change from \$90,000.00 to \$114,000.00).
 - CLIN0008 - Re-opened Legacy Medical Claims (closed prior to October 1, 2014) (base period value changed from \$1,700.00 to \$3,400.00 total amount change from \$4,250.00 to \$5,950.00)

All other terms and conditions remain unchanged. End of Modification No. 008