	ENT OF SOLICITATION/MODIFIC	1. CONTRACT ID CODE	PAGE OF PAGES									
						1	5					
2. AMENDME	INT/MODIFICATION NO.	3. EFFECTIVE DATE		EQUISITION/PURCHASE REQ. NO.	5. PI	ROJECT NO.	(If applicable)					
0004		See Block 16C		EM002740		_ 1						
6. ISSUED BY	Y CODE	00601	7. A	DMINISTERED BY (If other than Item 6)	COD	e 00601						
U.S. De	nd Operations Office epartment of Energy and Operations Office		U.	chland Operations Offic S. Department of Energy chland Operations Offic	7							
P.O. Bc	x 550, MSIN A7-80		Ρ.	O. Box 550, MSIN A7-80								
Richlan	d WA 99352		Ri	chland WA 99352								
8. NAME AND	ADDRESS OF CONTRACTOR (No., stree	t, county, State and ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.								
HPM CORI	PORATION											
Attn: E:	rica Ramos		9	9B. DATED (SEE ITEM 11)								
4304 W.	24TH AVE.											
SUITE 10	0 0			10A. MODIFICATION OF CONTRACT/ORDER	R NO.							
KENNEWI	CK WA 993382320		X	x 10A. MODIFICATION OF CONTRACT/ORDER NO. DE-EM0002043								
				DE-DT0012690								
				10B. DATED <i>(SEE ITEM 13)</i>								
CODE 01	12911892	FACILITY CODE		01/05/2017								
		11. THIS ITEM ONLY APPLIE	S TO AMEN	DMENTS OF SOLICITATIONS								
reference to	o the solicitation and this amendment, and TING AND APPROPRIATION DATA (If requested using the solicitation of the solicitatio of the solicitation of the solicitation of the solicit	is received prior to the opening ho uired) DODIFICATION OF CONTRACTS/O PURSUANT TO: (Specify authority CT/ORDER IS MODIFIED TO REF H IN ITEM 14, PURSUANT TO THI IT IS ENTERED INTO PURSUANT) THE CHA	MODIFIES THE CONTRACT/ORDER NO. AS NGES SET FORTH IN ITEM 14 ARE MADE II ADMINISTRATIVE CHANGES (such as chang TY OF FAR 43.103(b).	-\$125	5,000.00 BED IN ITEM 1 DNTRACT						
E. IMPORTAN	IT: Contractor I is not.	is required to sign this docum	ent and retu	rn copies to the iss	uing office	ə.						
				g solicitation/contract subject matter where fea	-							
Tax ID	Number: 91-2131802											
DUNS Nu	mber: 012911892											
This Ta	sk Order is subject t	o base Contract D	E-EM00	02043 Clause I.70 FAR S	52.23	2-18						
Availab	ility of Funds and Ta	sk Order Clause F	AR 52.	232-7 Payments Under T:	lme-a	nd-Mate	rials					
and Lab	or-Hour Contracts. In	accordance with	base C	Contract Clause I.139 FA	AR 52	.216-18						
Orderin	g, all Terms and Cond	itions of Contrac	t DE-E	M0002043 are incorporat	ed b	y refer	ence.					
The pur	pose of this modifica	tion, combined wi	th Mod	ification 003, is to ch	nange							
Appropr	iation Year 2017 Proj	ect code from 000	1525 t	o 0004626 and Program o	code	from 11	11556					
	668, as directed by t			-								
Modific Continu		125,000 under Pro	ject c	ode 0004626 and Program	n cod	e 11116	68,					
		a document referenced in Item 0.4	A or 10 A co	heretofore changed remains unshanged and	in full for	e and offect						
-	ND TITLE OF SIGNER (Type or print)	re document referenced in item 97		heretofore changed, remains unchanged and A. NAME_AND TITLE OF CONTRACTING OF								

			pinity		
		Linda K. Jarnagin			
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED		
		Signature on File	09/13/2017		
(Signature of person authorized to sign)		(Signature of Contracting Officer)			
NSN 7540-01-152-8070		STANDARD FORM 30 (REV. 10-83)			

REFERENCE NO. OF DOCUMENT BEING CONTINUED

DE-EM0002043/DE-DT0012690/0004

NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

.)			UNIT	UNIT PRICE	AMOUN
'	(B)	(C)	(D)	(E)	(F)
and	increases the Line Item 2 Total Amount and				
the	Task Order Total Amount by \$10,000.00.				
	2 · ·				
Modi	fication 004 deobligates \$125,000 under				
	ect code 0001525 and Program code 1111556,				
-	decreases the Line Item 2 Total Amount and				
LIIE	Task Order Total Amount by \$10,000.00.				
Thes	e two modifications combined result in a net				
	change.				
Zeio	change.				
LIST	OF CHANGES:				
Reas	on for Modification : Other Administrative				
Acti	on				
	1 Amount for this Modification: -\$10,000.00				
	Total Amount for this Version: \$387,649.98				
	Total Amount for this Award: \$387,649.98				
	gated Amount for this Modification:				
	5,000.00				
	Total Obligated Amount for this Award:				
\$200	,000.00				
Incr	emental Funded Amount changed: from				
\$325	,000.00 to \$200,000.00				
OUDN					
	GES FOR LINE ITEM NUMBER: 1				
	gated Amount for this modification:				
	5,000.00				
	emental Funded Amount changed from				
\$305	,000.00 to \$190,000.00				
NEW	ACCOUNTING CODE ADDED:				
	unt code:				
	01250				
	Year 2017				
	ttee 34				
	rting Entity 421601				
Obje	ct Class 25610				
Prog	ram 1111556				
Proj	ect 0001525				
WFO	000000				
	l Use 0000000				
	nt: -\$115,000.00				
	ent: -30.72152				
Jang	ect To Funding: N				
CHAN	GES FOR LINE ITEM NUMBER: 2				
Tota	l Amount changed				
	inued				

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OF

REFERENCE NO. OF DOCUMENT BEING CONTINUED

DE-EM0002043/DE-DT0012690/0004

NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

ITEM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	from \$23,319.50 to \$13,319.50				
	Obligated Amount for this modification:				
	-\$10,000.00				
	Incremental Funded Amount changed from \$20,000.00				
	to \$10,000.00				
	CHANGES FOR DELIVERY LOCATION: 00601				
	Amount changed from \$23,319.50 to \$13,319.50				
	NEW ACCOUNTING CODE ADDED:				
	Account code:				
	Fund 01250				
	Appr Year 2017				
	Allottee 34				
	Reporting Entity 421601				
	Object Class 25610				
	Program 1111556				
	Project 0001525				
	WFO 0000000 Local Use 0000000				
	Amount: -\$10,000.00				
	Percent: -75.07789				
	Subject To Funding: N				
	Delivery Location Code: 00601				
	Richland Operations Office				
	U.S. Department of Energy				
	Richland Operations Office				
	P.O. Box 550, MSIN A7-80				
	Richland WA 99352 US				
	Payment:				
	OR for Richland				
	U.S. Department of Energy				
	Oak Ridge Financial Service Center				
	P.O. Box 4307				
	Oak Ridge TN 37831				
	FOB: Destination				
	Period of Performance: 01/05/2017 to 09/30/2017				
	Change Item 00001 to read as follows(amount shown				
	is the total amount):				
001	DE-EM0002043 CLIN 0013 OCCMED Hanford - Option				374,330
	Period 3 (Year Five) IDIQ				
	Labor with the ceiling of \$374,330.48 which the				
	Contractor exceeds at its own risk.				
	Continued				
		1			

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OF

REFERENCE NO. OF DOCUMENT BEING CONTINUED

DE-EM0002043/DE-DT0012690/0004

NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	New labor categories with fully burdened fixed				
	hourly rates (direct and subcontracted) as				
	proposed.				
	Labor categories with fully burdened fixed hourly				
	rates in accordance with base Contract Section				
	B.14 as proposed.				
	Line item value is:: \$374,330.48				
	Incrementally Funded Amount: \$190,000.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111668 Project: 0004626 WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info: Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	0000000				
	Funded: -\$115,000.00				
	Funded: -\$115,000.00				
	Change Item 00002 to read as follows (amount shown				
	is the total amount):				
0002	DE-EM0002043 CLIN 0013 OCCMED Hanford - Option				13,319.
	Period 3 (Year Five) IDIQ				
	Other Direct Costs/Cost Reimbursables as proposed				
	with a ceiling of \$13,319.50 which the Contractor				
	exceeds at its own risk.				
	Line item value is:: \$13,319.50				
	Incrementally Funded Amount: \$10,000.00				
	Continued				

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REFERENCE NO. OF DOCUMENT BEING CONTINUED

DE-EM0002043/DE-DT0012690/0004

NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

ITEM NO.	SUPPLIES/SERVICES		UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111668 Project: 0004626 WFO: 0000000 Local Use:				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 01250 Appr Year: 2017 Allottee: 34 Report				
	Entity: 421601 Object Class: 25610 Program:				
	1111556 Project: 0001525 WFO: 0000000 Local Use:				
	000000				
	Funded: -\$10,000.00				

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