

ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

BPA NO.

1. DATE OF ORDER APR 07 2008		2. CONTRACT NO. (if any) NRC-42-07-036		6. SHIP TO:	
3. ORDER NO. 0019		4. REQUISITION/REFERENCE NO. NRC-42-07-036(19) FFS: NRO08076		a. NAME OF CONSIGNEE U.S. Nuclear Regulatory Commission	
5. ISSUING OFFICE (Address correspondence to) U.S. Nuclear Regulatory Commission Div. of Contracts Attn: Kala Shankar 301-415-6310 Mail Stop T-7-I-2 Washington, DC 20555		7. TO:		b. STREET ADDRESS Attn: Jayne Halverson 415-6001 Mail Stop: T6-C34	
a. NAME OF CONTRACTOR INFORMATION SYSTEMS LABORATORIES, INC ISL		c. CITY Washington		d. STATE DC	e. ZIP CODE 20555
b. COMPANY NAME ATTN: DR. JAMES F. MEYER		f. SHIP VIA		8. TYPE OF ORDER	
c. STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 500		d. CITY ROCKVILLE		e. STATE MD	f. ZIP CODE 20852
9. ACCOUNTING AND APPROPRIATION DATA B&R: 825-15-171-103; JC: Q4160; BOC 252A; 31X0200 Obligate: \$79,902 Contractor DUNS: 107928806		10. REQUISITIONING OFFICE NRO		<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY REFERENCE YOUR Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated. Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.	
11. BUSINESS CLASSIFICATION (Check appropriate box(es))				12. F.O.B. POINT Destination	
<input type="checkbox"/> a. SMALL		<input checked="" type="checkbox"/> b. OTHER THAN SMALL		<input type="checkbox"/> c. DISADVANTAGED	
<input type="checkbox"/> d. WOMEN-OWNED		<input type="checkbox"/> e. HUBZone		<input type="checkbox"/> f. EMERGING SMALL BUSINESS	
<input type="checkbox"/> g. SERVICE-DISABLED VETERAN-OWNED		13. PLACE OF		14. GOVERNMENT B/L NO.	
a. INSPECTION		b. ACCEPTANCE		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	
16. DISCOUNT TERMS		17. SCHEDULE (See reverse for Rejections)			

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	Issuance of Task Order No.19 under Contract No. NRC-42-07-036 Title: "Westinghouse AP1000 Design Certification Amendment - Review ITAAC for Design Certification Review" Period of Performance: 04/07/2008 - 09/06/2008 Estimated Reimbursable Cost: \$75,892 Fixed Fee: \$4,010.00 Total Cost Plus Fixed Fee: \$79,902 SEE CONTINUATION PAGES Funding in the amount of \$79,902 is being provided See Continuation Pages					

18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.	
21. MAIL INVOICE TO:					
a. NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-7-I-2					
b. STREET ADDRESS (or P.O. Box) Attn: (NRC-42-07-036 Task Order No. 19)					
c. CITY Washington		d. STATE DC	e. ZIP CODE 20555		

17(h)
TOTAL
(Cont. pages)

17(i).
GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) <i>Kala Shankar</i>		23. NAME (Typed) Kala Shankar Contracting Officer TITLE: CONTRACTING/ORDERING OFFICER	
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Task Order No. 19 shall be in effect from April 7, 2008 through September 6, 2008, with a cost ceiling of \$79,902. The amount of \$75,892 represents the estimated reimbursable costs, and the amount of \$4,010 represents the fixed fee.

The amount obligated by the Government with respect to this task order is \$79,902, of which \$75,892 represents the estimated reimbursable costs, and the amount of \$4,010 represents the fixed fee.

The issuance of this task order does not amend any terms or conditions of the subject contract.

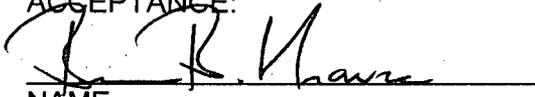
Your contacts during the course of this task order are:

Technical Matter: Jayne Halverson
Project Officer
301-415-6001

Contractual Matters: Kala Shankar
Contract Specialist
301-415-6310

Acceptance of Task Order No. 19 should be made by having an official, authorized to bind your organization, execute three copies of this document in the space provided and return two copies to the Contract Specialist at the address identified in Block No. 5 of the OF 347. You should retain the third copy for your records.

ACCEPTANCE:



NAME

V.P.

TITLE

4/7/08

DATE