

**ORDER FOR SUPPLIES OR SERVICES**

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

BPA NO.

1. DATE OF ORDER <b>MAY 22 2008</b>	2. CONTRACT NO. (if any) NRC-42-07-036	6. SHIP TO:		
3. ORDER NO. 0038	MODIFICATION NO.	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		b. STREET ADDRESS Attn: Jayne Halverson 415-6001 Mail Stop: T6-C34		
7. TO:		c. CITY Washington	d. STATE DC	e. ZIP CODE 20555

a. NAME OF CONTRACTOR INFORMATION SYSTEMS LABORATORIES, INC ISL	f. SHIP VIA:			
b. COMPANY NAME ATTN: DR. JAMES F. MEYER	8. TYPE OF ORDER			
c. STREET ADDRESS 11140 ROCKVILLE PIKE, SUITE 500	<input type="checkbox"/> a. PURCHASE		<input checked="" type="checkbox"/> b. DELIVERY	
d. CITY ROCKVILLE	e. STATE MD	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.		
f. ZIP CODE 20852	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.			

9. ACCOUNTING AND APPROPRIATION DATA B&R:825-15-171-103; JC:Q4160; BOC 252A; 31X0200 Obligate: \$74,898 Contractor DUNS: 107928806	10. REQUISITIONING OFFICE NRO
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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"/> g. SERVICE-DISABLED VETERAN-OWNED
<input type="checkbox"/> d. WOMEN-OWNED	<input type="checkbox"/> f. EMERGING SMALL BUSINESS
<input type="checkbox"/> e. HUBZone	

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date)	16. DISCOUNT TERMS
a. INSPECTION	b. ACCEPTANCE			

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.38 under Contract No. NRC-42-07-036  Title:"AP1000 DC Amendment - Evaluation of AP1000 DCA Technical Specification Change"  Period of Performance: 05/21/2008 - 02/20/2009 Estimated Reimbursable Cost: \$70,298 Fixed Fee:\$4,600 Total Cost Plus Fixed Fee:\$74,898 SEE CONTINUATION PAGES Funding in the amount of \$74,898 is provided  See Continuation Pages					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:				
	a. NAME U.S. Nuclear Regulatory Commission Payment Team, Mail Stop T-7-I-2				17(i). GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) Attn: (NRC-42-07-036 Task Order No. 38)				
c. CITY Washington	d. STATE DC	e. ZIP CODE 20555	\$74,898		

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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In accordance with Section G.4, Task Order Procedures, of Contract No. NRC-42-07-036, this definitizes Task Order No. 38. The effort shall be performed in accordance with the attached Statement of Work.

Task Order No. 38 shall be in effect from May 21, 2008 through February 20, 2009 months, with a cost ceiling of \$74,898. The amount of \$70,298 represents the estimated reimbursable costs, and the amount of \$4,600 represents the fixed fee.

The amount obligated by the Government with respect to this task order is \$74,898, of which \$70,298 represents the estimated reimbursable costs, and the amount of \$4,600 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. 38 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

5/21/08  
\_\_\_\_\_

DATE