AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT			1. CONTRACT ID CODE	PAGE OF PAGES		
		ATION OF CONTRACT			1 1	
2. AMENDME	ENT/MODIFICATION NO.	3. EFFECTIVE DATE	4.	REQUISITION/PURCHASE REQ. NO.	5. PROJECT NO. (If applicable)	
M0003		See Block 16C	ZI	EROREQ-OCHCO-17-0057		
6. ISSUED BY	Y CODE	NRCHQ	7	ADMINISTERED BY (If other than Item 6)	CODE	
MAIL ST	- HQ TION MANAGEMENT DIVIS COP TWFN-5E03 FTON DC 20555-0001	ION				
		county State and ZIP Code)		9A. AMENDMENT OF SOLICITATION NO.		
8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code) VANTAGE HUMAN RESOURCE SERVICES INC ATTN BUTCH WARDLAW 1050 17TH ST NW STE 600				(x) 98. AMENDMENT OF SOLICITATION NO. 98. DATED (SEE ITEM 11)		
VASHING	ION DC 20036-4424				D NO	
			x	10A. MODIFICATION OF CONTRACT/ORDE	K NU.	
				NRC-HQ-84-16-T-0001		
				10B. DATED (SEE ITEM 13)		
CODE 07	72654999	FACILITY CODE		09/01/2016		
		11. THIS ITEM ONLY APPLIES	TO AME	NDMENTS OF SOLICITATIONS		
See Sch	13. THIS ITEM ONLY APPLIES TO M	ODIFICATION OF CONTRACTS/OF		IT MODIFIES THE CONTRACT/ORDER NO. AS		
CHECK ONE	A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	PURSUANT TO: (Specify authority)	IO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT			
Х	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).					
	C. THIS SUPPLEMENTAL AGREEMEN	T IS ENTERED INTO PURSUANT	TO AUTH	IORITY OF:		
	D. OTHER (Specify type of modification	and authority)				
E. IMPORTAN	IT: Contractor I is not.	is required to sign this docume	nt and re	turn copies to the iss	suing office.	
14. DESCRIF	TION OF AMENDMENT/MODIFICATION	Organized by UCF section heading	gs, includ	ing solicitation/contract subject matter where fea	asible.)	
The pur	pose of this administ	rative modificatio	on is	to reflect a change to	the	
Buyer/C	ontracting Specialist	designation from	M'Li	ta Carr to Fatima Shule:	r. Ms. Shuler's	
contact	information is:	-				
C mo - 1	Totimo Obulture					
	Fatima.Shuler@nrc.go	V				
Phone n	umber: 301-415-7044					
All ot.h	er items and conditio	ns remained unchar	nged.			
	of Performance: 09/01		-			
LCLTOU	or refrormance, 09/01	,2010 00 00/01/201	L /			

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)

		FATIMA SHULER		
15B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	16B. UNITED STATES OF AMERICA	16C. DATE SIGNED	
(Signature of person authorized to sign)		(Signature of Contracting Officer)	06/29/2017	
(Signature of person authorized to sign)		(Signature of Contracting Onicer)		
NSN 7540-01-152-8070		STANDARD FORM 30 (REV. 10-83)		

STANDARD FORM 30 (REV. 10-83 Prescribed by GSA FAR (48 CFR) 53.243