AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT					1. CONTRACT ID CODE		PAGE OF PAGES			
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE D	ATE	4. RE(UISITION/PURCHASE REQ. NO.	5. PR	 OJECT NO. (If a	2 applicable)		
0009		See Block				0.110	002011101(#1			
6. ISSUED BY	CODE	-		7 AD	MINISTERED BY (If other than Item 6)	CODE				
6. ISSUED BY CODE <u>IO-OLAO/NITAAC</u> National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511				7. ADMINISTERED BY (<i>If other than Item 6</i>) CODE <u>ADM-OLAO/NITAAC</u> National Institutes of Health NIH Info Tech Acquisition and Assessment Center Bethesda MD 20892-7511						
8. NAME AND	ADDRESS OF CONTRACTOR (No., street,	, county, State and ZI	P Code)	×) 9A	A. AMENDMENT OF SOLICITATION NO.					
	INC ST. SW SUITE 890 FON DC 200243206			× 10 H	B. DATED (SEE ITEM 11) A. MODIFICATION OF CONTRACT/ORDER N HSN316201200158W B. DATED (SEE ITEM 13)	0.				
CODE		FACILITY CODE			07/11/2012					
		11. THIS ITEN								
reference to	b the solicitation and this amendment, and i TING AND APPROPRIATION DATA (If requ edule 13. THIS ITEM ONLY APPLIES TO MO A. THIS CHANGE ORDER IS ISSUED F ORDER NO. IN ITEM 10A.	is received prior to uired) ODIFICATION OF (PURSUANT TO: (S CT/ORDER IS MODE I IN ITEM 14, PUR	the opening hour and d Net CONTRACTS/ORDERS Epecify authority) THE C DIFIED TO REFLECT TH SUANT TO THE AUTHOR	Late sp Dec . IT M CHANG HE AE ORITY	ODIFIES THE CONTRACT/ORDER NO. AS DE GES SET FORTH IN ITEM 14 ARE MADE IN T MINISTRATIVE CHANGES (such as changes OF FAR 43.103(b).	\$.01 SCRIBE	ED IN ITEM 14.			
	D. OTHER (Specify type of modification	and authority)								
E. IMPORTAN	 T: Contractor ⊠is not.	is required to	sign this document and	return	copies to the issuin	g office.				
This is minimum All othe Delivery 6011 Exe 6011 Exe	,	ns (e.g., EXE BLVD	de-obligate pricing) re	the	solicitation/contract subject matter where feasit remaining \$.01 (one ce n unchanged.	,	funding	from		
		e document refere	nced in Item 9 A or 10A	16A.	eretofore changed, remains unchanged and in f					
15B. CONTRA	ACTOR/OFFEROR	1	5C. DATE SIGNED		FALIE MELOMED		16C. D.	ATE SIGNED		
				l	Neuron			105/0040		
	(Signature of person authorized to sign)			-	(Signature of Contracting Officer)		- 11/	/25/2016		

NSN 7540-01-152-8070						
Description additional transmission						

REFERENCE NO. OF DOCUMENT BEING CONTINUED CONTINUATION SHEET HHSN316201200158W/0009

NAME OF OFFEROR OR CONTRACTOR APPRIO, INC

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)		(D)	(E)	(F)
	Payment:				
	Approved By, DITA-NITAAC Central				
	2115 East Jefferson St, MSC 8500				
	2115 East Jefferson St, MSC 8500				
	Room 4B-432				
	Bethesda, MD 20892-8500				
	FOB: Destination				
	Period of Performance: 07/15/2012 to 07/14/2022				
	Cancel Item 1 in its entirety.				
	Add Item 2 as follows:				
2	Chief Information Officer - Solutions and				20,000,000,000.
	Partners 3 (restricted)		1		
	Delivery To: 6011/Suite 503				
	Product/Service Code: D399		1		
	Product/Service Description: IT AND TELECOM-		1		
	OTHER IT AND TELECOMMUNICATIONS		1		
			1		
			1		
			1		
			1		
			1		
			1		
			1		
			1		
			1		

OF

2

PAGE

2