

SUPPLEMENTAL LEASE AGREEMENT

SUPPLEMENTAL LEASE AGREEMENT NO. 1	TO LEASE NO. GS-06P-90048	DATE JUN 27 2012	PAGE 1 of 2
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ADDRESS OF PREMISES North Plaza, 8440 E. 29th Street North, Wichita, KS 67226-3453

THIS AGREEMENT, made and entered into this date by and between **HOMER MORGAN REVOCABLE TRUST**

whose address is 1813 FLORENCE
WICHITA, KS 67209-2832

hereinafter called the Lessor, and the **UNITED STATES OF AMERICA**, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above lease.

NOW THEREFORE, these parties for the considerations hereinafter mentioned covenant and agree that the said Lease is amended effective April 15, 2012 as follows.

1. TO HAVE AND TO HOLD the said premises with their appurtenances for the term beginning for a term of fifteen (15) years, ten (10) years firm, beginning on April 15, 2012 through April 14, 2027. The Government may terminate this lease in whole or in part at any time on or after the tenth year, by giving at least 90 days' notice in writing to the Lessor. No rental shall accrue after the effective date of termination. Said notice shall be computed commencing with the day after the date of mailing.
2. The total tenant finish cost, including change order #1, is \$77,559.58 (\$76,159.58 for Tenant Improvements and \$1,400.00 for Building Specific Security). The Lessor has agreed to provide a tenant improvement allowance in the amount of \$57,680.00 to be amortized over the firm term of the lease (120 months) at 6%. In addition, The Lessor has agreed to provide a building specific security allowance in the amount of \$1,200.00 to be amortized over the firm term of the lease (120 months) at 6%.

Upon satisfactory completion of the work described in this SLA and the submission of an acceptable invoice by the Lessor, the Government shall pay the Lessor a one-time lump sum total of the remaining tenant finish cost of \$18,679.58. Payment for these items will become due thirty (30) days after completion of the work, acceptance by the Government, and receipt of the invoice from the Lessor. Any ambiguities and cost overruns shall remain the responsibility of the Lessor.

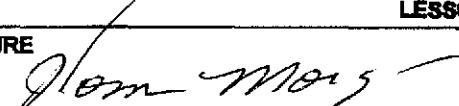
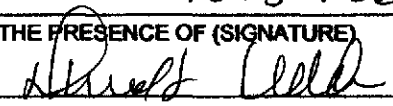
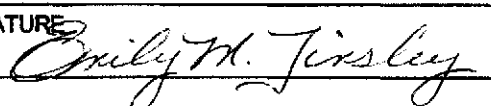
An invoice for payment must be submitted as follows:

Original Invoice: General Services Administration
Finance Division (7BCPL)
P.O. Box 17181
Ft. Worth, TX 76102-0181
Telephone (817) 334-2397

(See attached page 2 of 2)

All other terms and conditions of the Lease shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have hereunto subscribed their names as of the date first above written.


LESSOR HOMER MORGAN REVOCABLE TRUST	
SIGNATURE 	NAME OF SIGNER HOMER MORGAN
ADDRESS 1813 FLORENCE WICHITA KS 67209	
IN THE PRESENCE OF (SIGNATURE) 	NAME OF SIGNER DAVID S. UDDEN
UNITED STATES OF AMERICA	
SIGNATURE 	NAME OF SIGNER Emily M. Tinsley
	OFFICIAL TITLE OF SIGNER Lease Contracting Officer

Copy To: General Services Administration
Emily M. Tinsley, Lease Contracting Officer
Realty Services Division (6PRW)
1500 E. Bannister Road
Kansas City, MO 64131-3088

A proper invoice must include:

- PDN # PS0023517
- Name of the Lessor shown on the lease and invoice date.
- Lease contract number, supplemental lease agreement number and building address
- Description, price, and quantity of property and services actually delivered or rendered.

Initials:


Lessor

& 
Government

Sheet 2
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SLA #1