GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE
LEASE AMENDMENT

LEASE AMENDMENT NUMBER: 1
TO LEASE NUMBER: GS-11B-12606
PON NUMBER: NA

ADDRESS OF PREMISES
LAB
9800 Medical Center Dr
Rockville, MD 20850-6386

THIS AMENDMENT is made and entered into between RE-Maryland No. 24 LLC
whose address is:
9800 Medical Center Drive
Rockville, MD 20850-6386
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 good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, covenant, and agree that the said Lease is amended as follows:

**Current Information:**
- Annual Rent: $2,798,355.29
- Operating Cost: $639,782.22

**A. Issued to reflect a CPI escalation, as follows:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Sep 2013</th>
<th>Sep 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base (CPI-W-U.S. City Avg)</td>
<td>230.537</td>
<td>234.170</td>
</tr>
<tr>
<td>Corresponding Index</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Base Operating Cost Per Lease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Increase in CPI-W</td>
<td>0.015758859</td>
<td></td>
</tr>
<tr>
<td>Annual Increase in Operating Cost</td>
<td>$10,082.24</td>
<td></td>
</tr>
<tr>
<td>Less Previous Escalation Paid</td>
<td>$0.00</td>
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</tr>
<tr>
<td>Annual Increase in Operating Cost Due Lessor</td>
<td>$10,082.24</td>
<td></td>
</tr>
</tbody>
</table>

**New Information**
- Annual Rent: $2,808,437.53
- Operating Cost: $649,864.46

**B. The annual rent shall increase by**
- Effective: October 1, 2014
- New Annual Rent: $2,808,437.53
- Monthly Rent, in arrears: $234,036.46

This Lease Amendment contains one page.

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

IN WITNESS WHEREOF, the parties subscribed their names as of the below date.

**FOR THE LESSOR:**

Signature: __________________________
Name: __________________________
Title: __________________________
Entity Name: __________________________
Date: __________________________

**WITNESSEDD FOR THE LESSOR BY:**

Signature: __________________________
Name: __________________________
Title: __________________________
Entity Name: __________________________
Date: __________________________