GENT SERVICES ADMINISTRATION LEASE AMENDMENT No.2 CONSISTING OF 2 PAGES TO LEASE NO. GS-09B-03049 LEASE AMENDMENT ADDRESS OF PREMISES 1637 East Monument Plaza Casa Grande, AZ 85122-5639 LEASE AMENDMENT No.2 CONSISTING OF 2 PAGES TO LEASE NO. GS-09B-03049 PDN Number:

THIS AMENDMENT is made and entered into between Casa Grande Internal Medicine, PC.

whose address is:

1637 East Monument Plaza Casa Grande, AZ 85122-5639

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

WHEREAS, the parties hereto desire to amend the above Lease to provide the Notice to Proceed for approved change orders 2 and 5.

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, **effective upon execution by the Government** as follows:

Paragraph 7.04 is hereby added:

7.04 NOTICE TO PROCEED FOR CHANGE ORDERS 2 AND 5:

This LA represents the Notice to Proceed (NTP) for Change Orders 2 and 5, as described in the table below, in the amount not to exceed \$34,559.00. The approved prices include all costs for labor, all materials, overhead, profit, applicable sales tax, permitting and A/E fees to complete the work.

Upon completion, inspection, and acceptance of change orders 2 and 5, the Government shall reimburse the Lessor in a lump sum payment in the amount of \$34,559.00. Payment shall be made within 30 days after receipt of an invoice and the above stated completion and acceptance requirements.

| Change Order # | Description | Change Order Cost |
|---------------------|---------------|-------------------|
| 2 | Operable wall | |
| 5 | 8 LED lights | |
| Total Change Orders | | \$34,559.00 |

~CONTINUED ON PAGE 2 OF 2~

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 LE Signature: Name: Title: Entity Name: Date: | ASMA SAIRA. | Signature Name: Title: Lease Contracting Officer GSA, Public Buildings Service, Date: | |
|--|--------------------|---|--|
| WITNESSED Signature: Name: Title: Date: | FOR THE LESSOR BY: | -/ | |