

GENERAL SERVICES ADMINISTRATION PUBLIC BUILDINGS SERVICE LEASE AMENDMENT	LEASE AMENDMENT No. 4 CONSISTING OF 2 PAGES TO LEASE NO. GS-09B-03049
ADDRESS OF PREMISES 1637 East Monument Plaza Casa Grande, AZ 85122-5639	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 adjust the annual rent table.

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 1.03 of Lease Amendment #1 is hereby deleted and replaced with the following:

1.03 RENT AND OTHER CONSIDERATION (sep 2012)

A. The Government shall pay the Lessor annual rent, payable in monthly installments in arrears, at the following rates:

	MONTHS 1-3 FIRM TERM	MONTHS 4-12 FIRM TERM	ANNUAL RENT YEARS 2-10 FIRM TERM	ANNUAL RENT YEARS 11-15 NON-FIRM TERM
SHELL RENT	\$0.00	\$61,332.59	\$81,776.78	\$103,532.08
TENANT IMPROVEMENTS RENT	\$ 0.00	\$20,927.40	\$27,903.20	\$0.00
OPERATING COSTS	\$ 5,187.50	\$15,562.50	\$20,750.00	\$20,750.00
BUILDING SPECIFIC AMORTIZING CAPITAL	\$0.00	\$1,718.27	\$2,291.02	\$0.00
TOTAL RENT	\$5,187.50	\$99,540.76	\$132,721.00	\$124,282.08

¹Includes 3 full months of free rent, exclusive of operating costs in year 1 of the firm term. Months of free rent shall not apply to any month in which a commission credit is applied.

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: ASHA ZARA
 Title: Owner
 Entity Name: Casa Grande Internal Medicine PC
 Date: 10/28/2015

FOR THE GOVERNMENT:



Signature: _____
 Name: _____
 Title: Lease Contracting Officer
GSA, Public Buildings Service,
 Date: 11/4/15

WITNESSED FOR THE LESSOR BY:

Signature: _____
 Name: _____
 Title: _____
 Date: _____

²The Tenant Improvement Allowance of \$219,229.30 (\$41.13(rounded))/USF per Paragraph 1.08) is amortized at a rate of 5 percent per annum over **10** years.

³Building Specific Amortized Capital (BSAC) of \$18,000.00 is amortized at a rate of 5% per annum over 10 years.

INITIALS:  & 
LESSOR GOVT