

SUPPLEMENTAL LEASE AGREEMENT

SUPPLEMENTAL LEASE AGREEMENT NO. 3	TO LEASE NO. GS-10B-07214	DATE 5/5/11	PAGE 1 of 2
ADDRESS OF PREMISES OMNI Business Center, 275 S. 5 th Ave., Pocatello, ID 83201		BLDG. NO.: ID4395	

THIS AGREEMENT, made and entered into this date by and between 5D, LLC

whose address is P.O. BOX 1692
POCATELLO, ID 83204

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 order tenant improvements which exceed the tenant improvement allowance.

NOW THEREFORE, these parties for the considerations hereinafter mentioned covenant and agree that the said Lease is amended effective May 3, 2011 as follows:

- I. In a separate document (SLA No. 2 dated April 11, 2011) the Government approved a total of \$28,874.80 in lump sum payments to the lessor. Pursuant to the attached Proposal from the Lessor, dated April 26, 2011, for modifications to the IDF Room, per attached Exhibit A, an additional amount of \$3,229.59 is hereby approved.
- II. Therefore, the Government shall reimburse the Lessor in a lump sum payment in the total amount of \$32,104.39, upon receipt of an original invoice AND after completion, inspection, and acceptance of the space by the Contracting Officer.

Payment shall be made within 30 business day after receipt of an invoice.


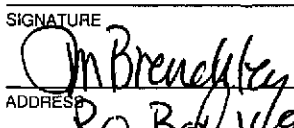
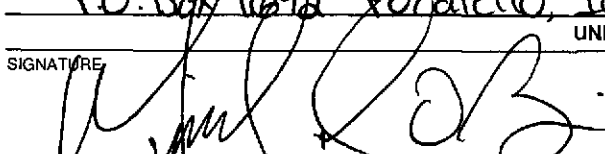
The original invoice must be submitted electronically to www.finance.gsa.gov with a courtesy copy to michael.j.obrien@gsa.gov or sent to the physical addresses below.

Invoice Address:
General Services Administration
FTS and PBS Payment Division (7BCP)
P.O. Box 17181
Fort Worth, TX 76102-0181

Courtesy Copy Address:
General Services Administration
C/O Michael J. O'Brien
400 15th Street SW 10PTE
Auburn, WA 98001

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

LESSOR	
SIGNATURE 	NAME OF SIGNER David N. Hermansen
ADDRESS PO Box 1692 Pocatello, ID 83204	
IN PRESENCE OF	
SIGNATURE 	NAME OF SIGNER Jan Brenchley
ADDRESS P.O. Box 1692 Pocatello, Id. 83204	
UNITED STATES OF AMERICA	
SIGNATURE 	NAME OF SIGNER MICHAEL J. O'BRIEN
	OFFICIAL TITLE OF SIGNER CONTRACTING OFFICER

A proper invoice must include the following:

- Invoice date
- Name of the Lessor as shown on the Lease
- Lease contract number, building address, and a description, price, and quantity of the items delivered
- GSA PDN # PS0020052

All other terms and conditions remain in full force and effect.

INITIALS:  LESSOR  GOVT