## SUPPLEMENTAL LEASE AGREEMENT SUPPLEMENTAL LEASE AGREEMENT NO. 8 GS-10B-07130 DATE JUL 27 2011 1 of 2 BUILDING NUMBER OR6728

THIS AGREEMENT, made and entered into this date by and between AAT Oregon Office I, LLC

whose address is 100 SW Main Street, Portland, OR 97204-3218

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 June 1, 2011, as follows:

This Supplemental Lease Agreement (SLA) #8 establishes that the Lessor will provide 32 hours of overtime heating, ventilation, and air conditioning (HVAC) services to the Leased Premises, at the Governments request at the established overtime lease rate of \$55.00 per hour for the period of February 5, 2011, through April 18, 2011. The order shall not exceed \$1,760.00.

Invoices for the above services will be submitted quarterly. Upon approval of the ordered hours by the GSA Contracting Officer, the Government will reimburse the Lessor. Reimbursement will occur within 30 days of the Government's receipt of the Lessor's itemized invoice(s). At the end of the stated performance period the Lessor will indicate final billing.

Failure to submit a proper invoice within 120 days following established quarterly billing frequency shall constitute a waiver of the Lessor's right to receive any payment for such overtime utilities pursuant to this lease.

The Lessor must submit invoices electronically to <a href="www.finance.gsa.gov">www.finance.gsa.gov</a> and to the Lease Administration Manager at <a href="mailto:eric.shreves@gsa.gov">eric.shreves@gsa.gov</a>

The invoice(s) must include:

- Lease number: GS-10B-07130
- Invoice Date
- Payment reference number: PS0020678.
- Lessor name and address as shown on the lease
- Itemization of the products or services provided

If the invoice is not submitted on company letterhead, the person(s) with whom the Lease contract is made must sign it.

Continued on Page 2

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

LES	SSOR
	NAME OF SIGNER
	Papick Kinney
11 Suite 200.	* * <b>,</b>
IN PRESENCE OF	
SIGNATUI	NAME OF SIGNER
	Jim Durken
ADDRESS CI CAMINA Real, Sink 200,	San Diego, CA 92/30
UNITED STATES OF AMERICA	
	NAME OF SIGNER ANDREW J. MOHL
	OFFICIAL TITLE OF SIGNER . TRACTING OFFICER
	GSA FORM 276 (REV. 8/2006)

If the Lessor cannot submit documents electronically, hard copies must be sent to:

**Original Documents:** 

GSA Greater Southwest Finance Center Attn: PBS Payments Branch (BCFA) P.O. Box 17181 Fort Worth, TX 76102 Copies:

GSA Southern Service Ctr Field Office Attn: Eric Shreves 620 SW Main St. Suite 108 Portland, OR 97205

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

INITIALS:

LESSOR & ASV