

**SUPPLEMENTAL LEASE AGREEMENT**

SUPPLEMENTAL LEASE AGREEMENT NO. 3	TO LEASE NO. GS-10B-07133	DATE 5/11/11	PAGE 1 of 3
ADDRESS OF PREMISES 1122 Eastland Drive, Twin Falls, ID 83301		BUILDING NO.: ID4387	

**THIS AGREEMENT**, made and entered into this date by and between TNA, LLC

whose address is 585 WASHINGTON STREET NORTH,  
TWIN FALLS, IDAHO 83301

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 and pay lump sum for tenant improvements over and above those authorized and approved under the Lease.

**NOW THEREFORE**, these parties for the considerations hereinafter mentioned covenant and agree that the said Lease is amended effective April 25, 2011, as follows:

- I. In a previous document (SLA#2 dated April 21, 2011) the Government approved a total of \$82,598.90 in lump sum payments to the Lessor. Pursuant to the attached Proposal from the Lessor, dated April 25, 2011, GSA hereby orders additional TIs in the amount of [REDACTED], for seven (7) [REDACTED] and installation, consistent with the proposed Lessor pricing attached to this SLA as Exhibit A.
- II. Therefore, the Government shall reimburse the Lessor in a lump sum payment in the total amount of [REDACTED], 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 days after receipt of an invoice.

The invoice should be submitted electronically to ([www.finance.gsa.gov](http://www.finance.gsa.gov)) with a courtesy copy to [michael.j.obrien@gsa.gov](mailto:michael.j.obrien@gsa.gov) or sent to the addresses below:


Invoice Address:  
GSA Greater Southwest Finance Center  
ATTN: PBS Payments Branch (BCFA)  
P.O. Box 17181  
Fort Worth, TX 76102-0181

Courtesy Copy Address:  
General Services Administration  
c/o Michael J. O'Brien  
400 15<sup>th</sup> Street SW 10PR  
Auburn, WA 98001-6599


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

**LESSOR - TNA, LLC**

SIGNATURE 	NAME OF SIGNER Todd Ostrom
ADDRESS 585 Washington Street North, Twin Falls, ID 83301	

**IN PRESENCE OF**

SIGNATURE 	NAME OF SIGNER Jared Hunt
ADDRESS 585 Washington St N, Twin Falls, Id 83301	

**UNITED STATES OF AMERICA**



SIGNATURE 	NAME OF SIGNER
	OFFICIAL TITLE OF SIGNER

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 #: PS0019794

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

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INITIALS:  LESSOR  GOV'T