

SUPPLEMENTAL LEASE AGREEMENT

SUPPLEMENTAL LEASE AGREEMENT NO. 3	TO LEASE NO GS-06P-90056	DATE OCT 13 2011	PAGE 1 of 2
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ADDRESS OF PREMISES

2600 Voyager Avenue, Sioux City, Iowa 51111-1000**THIS AGREEMENT**, made and entered into this date by and between **SIOUCESSA VENTURE, LLC**

whose address is 101 W. 2nd Street, Suite 300
Davenport, IA 52801-1814

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 as follows:**This SLA is issued to authorize alterations to the Leased space and clarify 24/7 HVAC requirements.**

1. **Lessor** shall provide, install and maintain alterations for Room 209 following the scope of work provided below:


Scope of Work for Alterations:




Upon satisfactory completion of the work, submission of acceptable invoice by the Lessor, and acceptance of the space by the Government, the Government shall pay the Lessor from the budgeted funds for the project not to exceed \$12,691.90. The Lessor will be paid when properly invoiced and accepted by the Government.

(Page 2 is attached hereto and made a part hereof.)**All other terms and conditions of the Lease shall remain in full force and effect.****IN WITNESS WHEREOF**, the parties hereto have hereunto subscribed their names as of the date first above written.**LESSOR: SIOUCESSA Venture, LLC**

SIGNATURE 	NAME OF SIGNER MICHAEL H. FISHMAN
ADDRESS	

IN THE PRESENCE OF (SIGNATURE) 	NAME OF SIGNER LINDA S. LAWSON
UNITED STATES OF AMERICA, GENERAL SERVICES ADMINISTRATION, PBS/REALTY SERVICES DIVISION	

SIGNATURE 	NAME OF SIGNER Patrick G. Walsh OFFICIAL TITLE OF SIGNER Lease Contracting Officer
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2. All other terms and conditions of the Lease shall remain in full force and affect.

Payment for the above scope of work shall become due thirty (30) days after completion of the work, acceptance by the Government, and receipt of acceptable invoice from the Lessor.

The **original** invoice must be sent directly to the GSA Finance Office. Please submit invoices electronically on the Finance Website at www.finance.gsa.gov. Vendors or lessors who are unable to process the invoices electronically may mail the invoices to the following address:

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

A **copy** of the invoice must be provided to the following address:



General Services Administration
Attn: Patrick G. Walsh, Lease Contracting Officer
East Leasing Services Branch (6PRE)
Real Estate Acquisition Division
1500 East Bannister Road
Kansas City, MO 64131-3088
FAX: 816-926-8307

Payment is contingent upon receipt of a proper invoice, which shall include:

- Name of the Lessor, which must appear exactly as shown on the Lease.
- A unique invoice number on the invoice submitted for payment.
- Invoice date.
- **GSA PDN # PS0017400 noted at top of invoice.**
- Lease contract number (GS-06P-90056), Supplemental Lease Agreement Number (SLA 3), and address of leased premises.
- Description, price, and quantity of property and services actually delivered or rendered.
- "Remit to" address.
- Name, title, phone number and mailing address of person to be notified in the event of a defective invoice.
- Invoice must be either submitted on company letterhead or signed by the person with whom the Lease is made.

Invoices submitted to Finance without the PS number are immediately returned to the vendor or lessor.

3. For clarification purposes, all operating costs for rooms requiring 24/7 HVAC as outlined in the **Program of Requirements and Performance Specifications'** section of the Lease are included in the Base Cost of Services portion of the lease rental payments. These costs are not applicable to SFO paragraph 4.6, *Overtime Usage*.

INITIALS:  & 
Lessor Government

Lease No. GS-06P-90056
SLA No. 3