GENERAL SERVICES ADMINISTRATION PUBLIC BUILDING SERVICES		SUPPLEMENTAL	DATE
PUBLIC BUILDING SERVICES		AGREEMENT No.2	9/28/11
SUPPLEMENTA	AL LEASE AGREEMENT	Page 1 of 2	(/0/1/
		TO LEASE NO. <b>GS-03B-0944</b>	7
ADDRESS OF PREMISE	400 Oxford Drive	Pegasys Document Numb	
	Monroeville, PA 15146-2351	PS0021	
	e and entered into this date by and kM Associates	between	
	ne Oxford Centre 11 Grant Street		
Su	uite 4500		
Pit	ttsburgh, PA 15219-6400		
hereinafter called the Less	sor, and the UNITED STATES OF	AMERICA, hereinafter called	d the Government:
	ereto desire to amend the above Lections for the work to be paid lur		ceed on the security work and to
NOW THEREFORE, these amended, effective Septer	e parties for the considerations her mber 12, 2011 as follows:	einafter mentioned covenan	t and agree that the said Lease is
A. This SLA serves as	s a Notice to Proceed (NTP) for the	e requested Security Work in	the amount of \$57,520.00.
	e Security costs is \$57,520.00 and ent, upon acceptance of the space		via a one time lump sum payment
B. After inspection ar \$57,520.00 shall be	nd acceptance of work by the Gove e forwarded to:	ernment, a properly executed	d original invoice in the amount of
		Administration (GSA)	
		west Region (7BC) 3ox 17181	
	Fort Worth,	TX 76102-0181	
A copy of the invoice	e must also be mailed to:		
, , , , , , , , , , , , , , , , , , ,	GSA, Public	Buildings Service	
		th Section - A (3PRNK)	
	20 North 8 <sup>th</sup>	y, Contracting Officer Street, 8 <sup>th</sup> Floor	
		, PA 19107-3191	
1	the lease shall remain in force and effect. arties subscribed their names as of the abov	ve date.	
LESSOR			
BY		Authorized S	ignatory
	uy	(Title)	
· IV		Care Oxford Center (Addre	e, Svite 4500, Pgh PA 15219 ss)
UNITED CTATES OF AM	ices Adminis	stration, PBS	
BY		Contractin	na Officer
		(Officia	

PLEMENTAL LEAS	E AGREEMENT		
D. 2			
age 2 of 2			
LEASE NO. 03B-09447	PDN: PS0021385		
VVD-V3-141			
For an invoice to b	pe considered proper, it must:		
	<ol> <li>Be received after the execution of this SLA</li> <li>Reference the Pegasys Document Number (PDN) specified on this form</li> <li>Include a unique, vendor-supplied, invoice number</li> <li>Indicate the exact payment amount requested, and</li> <li>Specify the payee's name and address.</li> </ol>		
Payment will be du	ue within thirty (30) calendar days after GSA's designated billing office receives a properly or acceptance of the work by the Government, whichever is later.		
	The state of the work by the determinent, which of the later.		
s: Lessor	Mich		