SCHEDULE A - 2020 LESSEE SCHEDULE

NAME OF TENANT	LOCATION/UNIT NO.	LEASE TERM		RENT ($)		EXPENSES PASSED THROUGH TO TENANT (Y/N) If yes, explain how calculated, below					LESSOR PAID TENANT IMPROVEMENTS	RENT INCREASES If yes, explain when + amount of how calculated, below
		START DATE	END DATE	PER S.F.	MONTHLY	Utilities	Real Estate Taxes	Insurance	CAM*	Other	Cost per S.F. or Total ($)	

* Common Area Maintenance

Tenant name	Explanation of Rent Increases	Explanation of Expense Passthroughs					

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