Agency Name & Address (Please complete this section)		2024 SUPPLEMENTAL SCHEDULE																	
				ORIGINAL / CURRENT LEASE POSSESSORY INTEREST INFORMATION							TYPE OF TRANSACTION								
		SITUS ADDRESS			ORIGINAL AGREEMENT / LEASE EFFECTIVE	ORIGINAL	ORIGINAL LEASE			AGENCY PAID									
NAME OF HOLDER OF TENANT / LESSEE / PERMITTEE	MAILING ADDRESS	or LOCATION/DESCRIPTION OF <u>SUBJECT PROPERTY</u>	RENTABLE AREA	LEASE NUMBER	DATE BEGIN DATE	LEASE END DATE	TERM and OPTIONS	or RENT AMOUNT	or RENT AMOUNT	EXPENSES (if any, enter dollar amt)	or ASSIGNMENT (C,R,S or A)	IF SUBLEASE ORIGINAL TERM	IF SUBLEASE REMAINING TERM	CONSIDERATION PAID FOR MASTER LEASE	IF ASSIGNMENTS ORIGINAL TERM	IF ASSIGNMENTS REMAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE	NO	DTES
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