Agency Name & Address  (Please complete / update this section)			2025 SUPPLEMENTAL SCHEDULE															
				ORIGINAL / CURRENT LEASE POSSESSORY INTEREST INFORMATION						TYPE OF TRANSACTION								
		SITUS ADDRESS			ORIGINAL AGREEMENT / LEASE EFFECTIVE	ORIGINAL	ORIGINAL LEASE	CURRENT MONTHLY LEASE	CURRENT ANNUAL LEASE	AGENCY PAID	CREATION RENEWAL SUBLEASE							
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	DENT	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 REMAINING TERM	CONSIDERATION PAID FOR UNDERLYING LEASE	NOTES
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