

Prepared by, recording requested by and return to:

Name:
Company:
Address:
City:
State: Zip:
Phone:
Fax:

-----Above this Line for Official Use Only-----

MEMORANDUM AND NOTICE OF LEASE AGREEMENT

THIS notice is entered into and provided by _____,
"Lessor(s) and _____, "Lessee(s)", on the date stated below.

FOR VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, Lessor(s) lease to Lessee(s) certain real property owned by Lessor(s) and located in _____ County, _____, such real property being more fully described as follows:

SEE ATTACHED EXHIBIT

The lease is for a period of _____ () years commencing on _____ and ending on _____.

The lease is subject to the terms and conditions of that certain lease agreement between Lessor(s) and Lessee(s) dated the _____ day of _____, _____.

IN WITNESS WHEREOF, on this the _____ day of _____, 2000.

Lessor

Lessee

Lessor

Lessee

STATE OF ARKANSAS
COUNTY OF _____

On this the ____ day of _____, _____, before me,
_____, the undersigned officer, personally appeared
_____, known to me (or satisfactorily proven) to be
the person whose name is/are subscribed to the within instrument and acknowledged that
he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public
Printed Name: _____

My Commission Expires:

STATE OF ARKANSAS
COUNTY OF _____

On this the ____ day of _____, _____, before me,
_____, the undersigned officer, personally appeared
_____, known to me (or satisfactorily proven) to be
the person whose name is/are subscribed to the within instrument and acknowledged that
he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public
Printed Name: _____

My Commission Expires:

Lessor Name and Address	Lessee Name and Address
Name:	Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Phone:	Phone:

Lessor Name and Address	Lessee Name and Address
Name:	Name:
Address:	Address:
City:	City:

State: Zip:	State: Zip:
Phone:	Phone: