Company: Address: City: State: Phone: Fax:	Zip:	
		Above this Line for Official Use Only
	MEMORANDU	M AND NOTICE OF LEASE AGREEMENT
THIS	notice is entered into	and provided by
"Lessor(s) and		, "Lessee(s)", on the date stated below.
acknowledged	, Lessor(s) lease to l	IDERATION, the receipt and sufficiency of which is hereb Lessee(s) certain real property owned by Lesor(s) and located i
follows: SEE A	ATTACHED EXHIBIT	period of () years commencing o
follows: SEE A The The le and Lessee(s)	lease is for a ase is subject to the ted	period of () years commencing of and ending on rms and conditions of that certain lease agreement between Lessor(sof,
follows: SEE A The The le and Lessee(s)	lease is for a ase is subject to the ted	period of () years commencing of and ending on rms and conditions of that certain lease agreement between Lessor(s
follows: SEE A The The le and Lessee(s)	lease is for a ase is subject to the ted	period of () years commencing o and ending on rms and conditions of that certain lease agreement between Lessor(s,

On this	_ day of	,	20	,	before
me personally appeared				_, to me	known
to be the person (or person	s) described in and v	who executed the	e foregoing	instrumer	nt, and
acknowledged that he/she/the	y executed the same a	s his/her/their fre	e act and dee	ed	
		Notary Public			
		Print Name:			
My Commission Expires:					
STATE OF HAWAII					
COUNTY OF					
On this	_ day of	······································	20	,	before
me personally appeared				_, to me	known
to be the person (or person	s) described in and v	who executed the	e foregoing	instrume	nt, and
acknowledged that he/she/the	y executed the same a	s his/her/their fre	e act and dee	ed	
		Notary Public			
		Print 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:		