

SCHEDULE 1 CONTINUED

Termination Date: _____ **Tenant's Initials:** _____

Term: The Term of this Lease shall commence on the Commencement Date and expire on the Termination Date, unless earlier terminated pursuant to the terms of this Lease.

Non-refundable Refurbishing Fee: \$125.00

Security Deposit: \$225.00

Landlord's Authorized Representative Date: _____

Tenant's Signature Date: _____

Print Name

Tenant's Signature Date: _____

Print Name