

Supplement B
REIT Status Questionnaire
for Office and Retail Properties

Please complete this questionnaire to help us assess the income derived from, and the services provided at, the subject property. Your answers will be used to determine whether the property is a REIT eligible investment. In addition to the questionnaire and the items marked with “#” please also provide copies of the lease agreements with the major tenants at the subject property – that is, those tenants who occupy a significant portion of the leased space at the property (e.g., an entire office floor).

If you have any questions regarding the contents of this questionnaire or need help answering a question please contact Dmitriy Shamrakov, Manager, PricewaterhouseCoopers LLP, at (646) 471-8561 or via email at dmitriy.shamrakov@us.pwc.com.

Notes for completion of this questionnaire:

- Please review the entire questionnaire before beginning to complete to understand the best place to enter information about the property and its operations.
- Please answer each question as completely and specifically as possible.
- Please do not leave questions blank; indicate "None" or “N/A” if that is the case.
- Attach additional pages as needed.
- For items marked with "#", please provide copies of the relevant lease or other document.
- The term “Tested Period” means the period from 1/1/2011 – 6/30/2011.

Part A – General Information

1. Property Information

a. Property Name:	<u>Circle Star Plaza</u>
b. Street Address:	<u>1 & 2 Circles Star Way & 1709 Industrial Way</u>
c. City/State/Zip Code:	<u>San Carlos, CA 94070</u>
d. Website for Property:	<u>N/A</u>

2. Property Manager Information

a. Name of Person Preparing Questionnaire:	<u>Debbie Kaiser, RPA, FMA</u>
b. Title	<u>Vice President</u>
c. Telephone Number	<u>(408) 922-0400</u>
d. E-mail Address	<u>DKaiser@OrchardCommercial.com</u>
e. Date Completed	<u>March 17, 2014</u>

3. **Check the use(s) of the property and indicate the approximate number of tenants in each category:**
- X Office Three (3) – 2- Starburst 1, Inc; 1-2500 WLB Inc (Mozart Development)
 - Retail _____
4. **Whose employees are responsible for managing and/or operating the property? Describe any relationship of the manager or operator to the landlord:** _____
Orchard Commercial, Inc. Agent for County of San Mateo, Owner

5. **Is the property management agreement between the landlord and the property manager terminable at will by the landlord upon short-term notice (e.g., 60 days or less) without cause or penalty?**
- YES NO
6. **Please provide the remaining lease terms of each lease for properties with 5 or fewer tenants:**
CSI – Starburst 1, Inc. thru 05/31/20; CSII – Starburst 1, Inc. thru 05/31/20; 2500 WLB Inc thru 04/17/20 + 7 add'l terms of 10-years each

Part B – Rent Structure

Rents often include fixed rent, fixed escalations, CPI escalations, reimbursement of operating expenses, pass-through of increases in operating expenses. Rents may also include participating rent based upon percentages of gross receipts or sales of a tenant, often in excess of base of threshold amounts. In answering questions in this part of the questionnaire please identify and provide any leases(#) with rents calculated using other formulae (e.g., rent based on net income or profits and participating rent that allows deductions from gross sales or receipts for amounts other than sales tax or returned merchandise).

1. **Is the rent payable by any tenant, subtenant, or other person, under a lease or other agreement calculated, in whole or in part, by reference to the net income, net revenue or profits derived by such person from its premises (e.g., a fixed rental plus a percentage of the profits realized by the tenant)?**

YES NO

(#) If the answer is YES, please identify the applicable leases(#):

2. **If the rent payable by any tenant, subtenant, or other person is calculated, in whole or in part, by reference to sales revenue, is the measure of receipts or sales used to calculate rental payments adjusted for any reason, other than to take into account sales taxes or returned merchandise?**

YES NO

(#) If the answer is YES, please identify the applicable leases(#) and list all items that adjust the measure of receipts or sales:

3. **Are the terms of all lease payments and rent formulae typical and customary for properties of a character and quality similar to the subject property that are located in the same geographic market, and do these provisions conform to normal business practice?**

YES NO

(#) If the answer is NO, please describe the noncustomary provisions and identify the leases(#) where they appear:

4. **Are any significant or unusual amounts of personal property (e.g., furniture, equipment, appliances, light fixtures, etc.) leased to tenants or other persons?**

YES NO

(#) If the answer is YES, please (a) identify the relevant lease(#) or other agreement(#), (b) describe the personal property leased and (c) specify the fair market value thereof.

(#) If the answer to question 4 is YES, does the fair market value of the personal property subject to the lease exceed 15 percent of the combined fair market value of the personal property and the real property subject to the lease?

YES NO

Part C - Utilities

1. Please indicate below whether the listed utilities are (a) provided by the landlord; (b) whether the utilities are charged for separately; (c) whether they are submetered, or (d) whether they are charged to tenants' allocations of operating expenses. Identify any other similar services on the additional lines. Attach additional sheets if needed.

		(a)		(b)		(c)		(d)				
Service		Provided by Landlord?		Separate Charge?		Submeter?		Allocation?				
a. Electricity:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
b. Gas:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
c. Water:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
d. Sewer:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
e. Heat:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
f. Steam:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
g. Air conditioning:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
h. Supplemental AC:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
i. Custom Environ't'l Control:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
_____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
_____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
_____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

(*) Note: Telephone and telecommunication services are addressed in a separate question.

2. (a). Do other properties in the geographic area similar to the subject property commonly use a methodology for charging tenants for utilities similar to the one employed at the subject property?

YES NO

(b). Does the landlord realize any markup, profit or income from either the tenants or the utility provider?

YES NO

(#) If the answer is YES, please specify the gross amount of markup, profit or income realized for the Tested Period.

(c). Are there any special services, such as chilled water, or the provision of special security devices that the landlord provided to any tenants for a fee?

YES NO

(#) If the answer is YES, please describe the service and the structure of the agreement(#). Please also specify the gross fee realized during the Tested Period.

3. (#) For each service listed in the chart for question 1 of Part C, please (a) indicate whether the landlord entered into an agreement(#) or other arrangement(#) with the service provider pursuant to which it receives any income or a fee from the service provider, (b) if so, describe the nature of the income or fees, and (c) specify the gross amount of the fee earned by the landlord during the Tested Period. Please provide the same information for any services not listed. Attach additional sheets if necessary. N/A

4. Does the landlord operate any types of energy generation facilities at the property?

YES NO

(#) If the answer is YES, please (a) identify the relevant lease(#) or other agreement(#), (b) describe the arrangement and the fees paid by tenants or others for the service and (c) specify the gross fee realized during the Tested Period.

Part D – Telecommunication Services

1. Please indicate (a) whether the services listed below are provided by the landlord, (b) whether charged separately to tenants and (c) if so, describe charges paid by tenants. Identify any other similar services that are not listed on the additional lines provided in table below. Attach additional sheets if needed.

Service	(a)		(b)		(c) Describe charges to Tenants
	Provided by Landlord?		Separate Charge?		
a. Telephone	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
b. Long Distance	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
c. Cable TV	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
d. Internet	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
e. Communication Networks	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
f. Web Hosting	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
g. Video Communication	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
h. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
i. _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

2. For each service listed in question 1 of Part D, please indicate below whether (a) the service provider entered into an agreement(#) or other arrangement (#) with the landlord pursuant to which it pays the landlord any income or fees relating to services to tenants, (b) describe any income or fee (e.g., whether it is a fixed fee or based on gross or net income) and (c) specify gross fees earned during the Tested Period. N/A

Part E – Parking

1. Are parking spaces made available to tenants?

YES NO

IF YES, PLEASE ANSWER THE QUESTIONS BELOW. IF NO, PLEASE MOVE ON TO PART E.

2. Check the location of parking:

X On-site – Surface & Garage

Adjacent to the property

Off-site (describe location) _____

3. Is any fee charged for parking spaces?

YES NO

If YES, check permitted users of parking facilities and describe charges to them, including (a) amounts charged for reserved and unreserved parking; (b) gross fees collected during the Tested Period; and (c) other relevant facts.

Tenants and their employees _____

Visitors to tenants _____

General public _____

Additional Comments _____

4. Reserved Parking.

(a) Are any spaces reserved or restricted (other than handicapped designation)?

YES NO

If YES, please describe the manner in which reserved spaces are designated and the party responsible for resolving violations: There are a few RESEVED spaces for Executives use provided at tenant’s request – Tenant monitors usage with their security vendor _____

(b) Are any additional fees charged for reserved spaces?

YES NO

If YES, please describe: _____

5. Is the parking facility operated directly by the landlord or a 3rd party operator?

Landlord Parking Operator

If the parking facility is operated by a 3rd party, please provide a copy of the contract and answer the following:

(a) Describe the arrangement(#) between the landlord and parking facility operator:

(b) Describe income or compensation paid to the operator/manager _____

(c) Who do the tenants or employees contract with for parking?

Landlord Parking Operator

(d) Is the arrangement between the landlord and the parking facility operator terminable at will by the landlord upon short-term notice (e.g., 60 days or less) without cause or penalty?

YES NO

6. Are parking attendants or valets provided to tenants, their guests, or customers?

YES NO

If YES, please answer the following questions:

(a) Are parking attendants or valets employed by the landlord?

YES NO

(b) Are any fees charged?

YES NO

If YES, please describe: _____

(c) Does the landlord earn any income related to the services identified in this question?

YES NO

If YES, please (1) describe the arrangement(#), (2) specify income earned by the landlord and (3) indicate gross amount of income earned from parking in the Tested Period: _____

6. Are any other ancillary automotive services provided to tenants (e.g., car wash, oil changes)?

YES NO

If YES, describe (a) the arrangement(#), (b) fees charged, (c) party responsible for providing the service and (d) any income earned by the landlord (if so, indicate gross amount of income earned by landlord from the service in the Tested Period): _____

Part F – Security

Are the security services provided to the tenants of the property significantly different from security services customarily provided at similar properties in your geographic area?

YES NO

(#) If YES, please describe the nature of the differences (please include details regarding the nature of the service, parties responsible, landlord/ property manager's role, billing methods, and any income or expense to the Landlord): _____

Can tenants request additional security services?

YES NO

If YES, is there a fee?

YES NO

(#) If YES, please describe the nature of the service (include details regarding responsible parties, landlord/ property manager's role, billing methods, and fees/income to landlord). Please also indicate gross amount of income earned by landlord from the service in the Tested Period.

Part G - Health Club/Exercise/Recreation Facilities

1. Does the landlord provide tenants with access to any of the following facilities? Please list any services not listed in the space provided.

- | | | | | | |
|----|--------------------------|-----|-------------------------------------|----|-------------------------------------|
| a. | Heath Club: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| b. | Clubhouse: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| c. | Racquetball Court: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| d. | Gymnasium: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| e. | Exercise Equipment: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| f. | Saunas: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| g. | Steam Rooms: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| h. | Locker Facilities: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| i. | Swimming Pool: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| j. | Tennis Court: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| k. | Playground: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| l. | Shuffleboard: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| m. | Picnic Area: | YES | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> |
| n. | Party/All Purpose Rooms: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | Bicycle Lockers | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/> |
| | _____ | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| | _____ | | | | |

If YES, are the services relating to such facilities provided by an independent contractor or a third party?

YES NO

2. (#) If YES, please describe the services rendered by the 3rd party and the nature of the agreement(#) between the landlord and the 3rd party including (a) the compensation structure, (b) the party that owns the equipment, (c) fees payable by tenants for access and (d) whether the landlord derives any income (if so, please also indicate gross amount of income earned by landlord from each service in the Tested Period)._____

3. (#) If the facility is operated by the landlord, or on landlord’s behalf by the property manager, please provide the following information (attach additional sheets if necessary):

a) Does Landlord provide the machines and equipment? YES NO

b) Is the facility open to the public? YES NO

c) Describe any membership fee charge and any discounts or concessions to tenants. Please also indicate gross amount of income earned by landlord in the Tested Period. _____

d) Describe any subsidy provided by landlord _____

e) Describe any sales of merchandise in which the landlord has a direct or indirect economic interest. Please also indicate gross amount of income earned by landlord in Tested Period. _____

f) Does the Landlord collect any type of income not described above? YES NO

If YES, please describe the income. Please also indicate gross amount of income earned by landlord in tested Period. _____

g) Who do the tenants contract with for memberships? _____

h) Who bills and collects membership fees? _____

i) Describe any activities of attendant _____

j) Describe any towel service provided and related charges _____

k) Describe whether instructors or personal trainers are available, the arrangements with users and whether the landlord derives any income. If the landlord derives income from the arrangement, please specify the gross amount of income earned by landlord in Tested Period. _____

l) Are the health club facilities similar to those customarily provided at similar properties in your geographic area?

YES NO

If NO, identify any unique features or services available at the property compared to competing properties _____

Part H – Miscellaneous Office/Retail facilities

1. Please indicate below whether any of the following services or facilities are provided to the tenants at the property, and whether the services/facilities are provided by the landlord or a 3rd party service provider (include any items not listed in the space provided; attach additional sheets as necessary):

a.	Food Service Facilities:	YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input checked="" type="checkbox"/>
b.	Daycare/ Childcare Facilities	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
c.	Executive Offices	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
d.	Conference Centers	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
e.	Rooftop space for antennae or telecom equipment:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
f.	Storage facilities	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
g.	Newsstands, Shoeshine Booths:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
h.	Vending Machines:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
i.	Laundry Machines:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
j.	Office equipment	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
k.	Photo Booths:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
l.	Video Arcade/ Amusement rides	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
m.	Wheelchairs/strollers	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
n.	Pushcarts:	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
o.	Pay phones	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
p.	Secretarial Services	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
q.		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>
r.	_____	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	3 rd Party	<input type="checkbox"/>

2. If the answer is YES, please provide the following information:

a) (#) Provide a detailed description of each applicable arrangement(#) (e.g., facility lease), including party responsible for (a) providing the service, (b) billing and collecting fees for the service, (c) contracting with tenants for the service. Attach additional sheets as necessary: _____

Tenaet contracts directly with a food service provider to utilize the Café in Bldg 1

b) Does the landlord receive any type of income, pay any expense or offer subsidies with regard to the service?

YES NO

If YES, please describe. Please also indicate gross amount of income earned by landlord in the Tested Period. _____

c) Are charges to tenants separately stated? YES NO

d) Does the landlord lease or otherwise offer equipment or personal property with the facility?

YES NO

If YES, please describe the arrangement: Café equipment remains for Tenant use – No additional charges _____

e) Are the facilities/services available to the general public? YES NO

f) Do the tenants receive a discount for the service? YES NO

g) Are the above facilities/services similar to those customarily provided at similar properties in your geographic area? YES NO

If NO, identify any unique features or services available at the property compared to competing properties _____

Part I – Courtesy Services

1. Please indicate whether the landlord provides the following courtesy facilities/ services to tenants of the property (please list any services not indicated; attach additional sheets as necessary):

- a. Minor or Emergency Repairs and Clean-up (Handyman): YES NO
- b. Concierge: YES NO
- c. Notary Public: YES NO
- d. Mail/Package Drop-off /Pick-up: YES NO
- g. Referrals: YES NO
- h. Issuing Gift Certificates: YES NO
- i. Gift Wrapping: YES NO
- j. Loading Dock Space: YES NO
- j. Dry Cleaning Drop-off/Pick -up: YES NO
- k. Ticket Holding: YES NO
- l. CPR Classes, Cholesterol Screening, Blood Mobile, Other Public Service Programs: YES NO
- m. Assist Tenant Moves: YES NO
- n. Cost-Check Services: YES NO
- o. Transportation/Shuttle Service: YES NO
- _____ YES NO
- _____ YES NO

If YES, please provide the following information:

a) (#) Provide a detailed description of each applicable arrangement(#) including party responsible for (a) providing the service, (b) billing and collecting fees for the service, (c) contracting with tenants for the service. Attach additional sheets as necessary: _____

- Handyman provided by management – reimbursed through CAM charges
- Loading Dock – Leased to tenant for their use by way of the Lease Agreement (Bldg 1)

b) Does the landlord receive any type of income or pay any expense with regard to the service?
 YES NO

If YES, please describe. Please also indicate gross amount of income earned by the landlord from the service in the Tested Period. N/A – Pay 3rd Party Vendor for Engineering/Handyman services

c) Are charges to tenants separately stated? YES NO

d) Does the landlord provide equipment or personal property used to provide the service (e.g., shuttle bus)?

YES NO

If YES, please describe the arrangement: _____

e) Are the above services similar to those customarily provided at similar properties in your geographic area?

YES NO

If NO, identify any unique features or services available at the property compared to competing properties _____

Part J – Cleaning Services

Are cleaning services provided to individual tenants, as opposed to cleaning and maintenance of the common areas?

YES NO

If YES, please provide the information below:

(#) Describe the nature of the services and specify whether they are in addition to standard cleaning services provided for tenants at the property: _____

Tenants have requested above normal services be provided by Janitorial contractor – billed as a part of CAM

Who performs the cleaning services? Janitorial - ESP

Who do tenants contract with for the service? PM to request additional services be added to existing contract

Do the tenants pay a separately stated fee for such services? YES NO

If a fee is paid, to whom is it paid? _____

Does the landlord derive any income or pay any expense with respect to the service?

YES NO

If YES, please describe the arrangement. Please also indicate gross amount of income earned by landlord in the Tested Period. N/A – Pay Vendor for Contract

Are there any other properties in your geographic area of a class similar to the property, which provide similar cleaning services? YES NO

Part K – Marketing/ Promotional Activities

Please indicate whether the landlord engages in any of the following marketing or promotional activities:

- a. Administration of/Contribution to a Marketing or Merchants' Association: YES NO
- b. Hold Special Events or Displays: YES NO
- c. Host Seasonal or Special Shows: YES NO
- d. Distribute Promotional Literature: YES NO
- e. Provide Meeting Space, Copier Machines or Secretarial Staff to a Merchants' Association: YES NO

For each positive response, please describe the nature of the activity and whether the landlord derives any fees or other income from such activity. Please also indicate gross amount of income earned by landlord in the Tested Period: _____

Does the landlord engage in any other promotional or marketing activity not listed above? (Including any joint marketing or advertising with tenants)? YES NO

If YES please describe: _____

Part L – Signage or Advertisement Income

Does the landlord receive any income relating to signage or advertising for tenants or 3rd parties?

YES NO

If YES please describe. Please also indicate gross amount of income earned by landlord in the Tested Period.

Part M – Tenant Improvements

1. Does the landlord/property manager participate in the actual, physical construction of tenant improvements to its premises?

YES NO

2. Does the landlord receive a fee for its participation?

YES NO

3. Does the landlord obtain licenses/permits?

YES NO

4. Does the landlord contract/perform feasibility studies?

YES NO

5. Does the landlord participate in activities other than planning, approving, and supervising such construction?

YES NO

If the answer to any of the above questions is YES, please describe the precise nature of the landlord's and property manager's roles relating to provision of architectural, construction or engineering services to tenants (what services are provided by independent 3rd parties and what services or supervision is provided by property manager or landlord). Describe any differences at initial lease vs. extension vs. during lease term. Please also indicate gross amount of income earned by landlord in the Tested Period.

LL Provides a TI allowance to the Tenant for their TI's _____

6. Does the landlord perform any construction or related services (e.g., painting, changing interior locks or light bulbs) within a tenant's leased space (other than those described above)?

YES NO

If YES, please describe the nature of the work performed, who performs the work, and the fee arrangement involved. Please also indicate gross amount of income earned by landlord in the Tested Period.

Part N – Non-Customary Services

Are there any services of any kind rendered to tenants (including services listed in all other Parts of this questionnaire) which, in your view, are not usual or customary for this type of property in your geographic area? A service is not usual for the type of property in question if the property is the only one in the area to offer this service to its tenants (e.g., shuttle service to sports event or tanning beds).

YES NO

(#) If YES, please explain. Unless you have already done so in another Part of this questionnaire, please also specify the fee (if any) charged for the service and indicate the gross amount of fees earned by the landlord in the Tested Period.

Part O – Miscellaneous Questions – For the County of San Mateo to Reply

1. Does the landlord receive management fees for businesses or properties that are not owned by the landlord or properties that are only partially owned by the landlord?

YES NO

If YES, please describe such fee, including the percentages of the property partially that is partially owned. Please also indicate gross amount of fees earned by landlord in the Tested Period.

2. If a management company or other 3rd party provides a service or services, does the landlord receive a fee, commission, incentive payments, or any other type of payment from such 3rd party? (e.g., do owners receive a fee from the 3rd party for each tenant that signs up for delivery, dry cleaning, ticket ordering or special cleaning service as a commission?)

YES NO

If YES, please describe such fee. Please also indicate gross amount of fees earned by landlord in the Tested Period. _____

3. Are there any other services offered by the landlord or its employees, which have not been covered in previous questions?

YES NO

If YES, please describe such service and any fee charged. Please also indicate gross amount of income earned by landlord from the service in the Tested Period.

4. Please describe any ownership relationships between the landlord and tenant or between shareholders/partners/affiliates of landlord/ property owner and tenant: _____

5. Please describe leases where tenant is obligated to pay operating expense pass-through:
All Tenants of the Project pay Pro-Rata share of Operating Expenses

6. **Please describe rent concessions or tenant inducements:** _____
 Building 1 & 2 – Free Rent + TI Allowance

7. **Describe any other arrangements or leases where the landlord subsidizes the operations of the tenant, operator or service provider:** _____
 N/A

8. **What instructions are provided from landlord's central office on service-related issues, including clearance of proposed services?** _____
 N/A

9. **Describe any amenities or services the property provides to distinguish itself from competing properties (other than physical location).** _____
 N/A

11. **Does the property generate any rental income from kiosk space?**
 YES NO
- If the answer is YES, please explain: _____

12. **Does the Company allow tenants to sub-lease space?**
 YES NO
- If the answer is YES, does the landlord share in the sub-lease rental receipts?**
 YES NO
- If the answer is YES, please explain: _____

13. **Are any tenants existing service contractors?**
 YES NO
- If the answer is YES, please explain: _____

14. **Are there any service contracts being acquired with existing tenants at the REIT's other properties?**

YES NO

If the answer is YES, please explain: _____

15. Are there any service contracts that are not terminable?

YES NO

If the answer is YES, please explain: _____

