

#### **Lease Extension**

Facility Name/Location BELL STATION (054878-004) 415A W 18TH ST, MERCED, CA 95340-9997

Lease Extension No: 001 Lease: F00000286607

This refers to the Lease accepted by the United States Postal Service, hereinafter called the Postal Service, under date of \_\_\_\_\_\_\_, whereby there is leased to the Postal Service the above-described facility.

WHEREAS, the Postal Service desires and Landlord is willing to extend said Lease as specified below;

NOW THEREFORE, in consideration of the mutual covenants and agreements herein set forth, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, the parties do hereby agree as follows:

To extend the terms and conditions of the said Lease, as the same may have been modified or amended, for a fixed term basis beginning 07/01/2024 and ending 12/31/2024 at an annual rental of \$66,759.00 or \$5,563.25 per Month.

See Addendum.

In all other respects, the Lease shall remain the same and is hereby confirmed.





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County: Merced Lease: F00000286607

1. The parties agree that if the signature(s) of either Landlord or the Postal Service on this Lease or any amendments, addendums, assignments, or other records associated with this Lease is not an original but is an electronic signature, scanned signature or a digitally encrypted signature, then such electronic signature, scanned signature or digitally encrypted signature shall be as enforceable, valid and binding as, and the legal equivalent to, an authentic original wet signature penned manually by its signatory. Signatures required under this Lease, or any amendments, addendums, assignments, or other records associated therewith, may be transmitted by email or by fax and, once received by the party to whom such signatures were transmitted, shall be binding on the party transmitting its signatures as though they were an original signature of such party.



### **Lease Extension**

EXECUTED BY L	ANDLORD this	_ day of	,
		GOVERNMENT	AL ENTITY
By executing this Leas of either), or a busines either).	se Amendment, Landlord certifie ss organization substantially own	s that Landlord is not a Used or controlled by a US	USPS employee or contract employee (or an immediate family member SPS employee or contract employee (or an immediate family member of
Name of Governments	al Entity: <u>CITY OF MERCE</u>	D	
Name & Title Scott McBride, City Manager		Name & Title	
Name & Title		Name & Title	
Name & Title		Name & Title	
Name & Title  Landlord's Address:	City Of Merced	Name & Title	APPROVED AS TO FORM:
Landiord's Address;	Scott McBride, City Ma	nager	- Grang Councel
	678 W 18TH ST		- City of merced
	MERCED, CA		Zip+4 <mark>95340-4708</mark>
Landlord's Telephone	Number(s): (209) 385 - 6834	(209	9) 385-6826
Federal Tax Identificati	ion No.: XX-XXX0371		
Witness	Witne	ess	
b. Any notice to Lan- specified above, of this Lease or under	gnatory(les) to execute the Leas dlord provided under this Lease or at an address that Landlord ha	e to bind the governmen or under any law or regu as otherwise appropriate in writing and submitted	Lease must be accompanied by documentary evidence affirming the ntal entity or municipal entity for which he (or they) purports to act. ulation must be in writing and submitted to Landlord at the address ely directed in writing. Any notice to the Postal Service provided under to "Contracting Officer, U.S. Postal Service" at the address specified writing.
	ACC	CEPTANCE BY THE F	POSTAL SERVICE
Date:			
Terrence P Brennan			
Contracting Officer Si		ignature of Contracting C	Officer
Western FSO 7500 E	53RD PL RM 1108, DENVER, C	CO 80266-9918	
Address of Contracting	Officer		

Facility Name: MERCED-BELL STATION

Fin/Sub No: 054878-004 Address: 415A W 18TH ST

City, ST, ZIP: MERCED, CA 95340-9997

#### **Real Estate Conflict of Interest Certification**

To avoid actual or apparent conflicts of interest, the United States Postal Service ("Postal Service") requires the following certification from you as a potential Landlord/Supplier/Contractor to the Postal Service. Please check all that apply in item A below. Further, please understand that the Postal Service will be relying on the accuracy of the statements made by you in this certification in determining whether to proceed with any possible transaction with you.

to p	roceed with any possible transaction with you.							
I, [ <u>PR</u>	hereby certify to the Postal Service as follows:  INT: name of potential Landlord/Supplier/Contractor]							
Α.	(Check all that apply) I am:  (i) A Postal Service employee;  (ii) The spouse of a Postal Service employee;  (iii) A family member of a Postal Service employee; (Relationship)  (iv) An individual residing in the same household as a Postal Service employee;  (v) I am one of the individuals listed in (i) through (iv) above AND a controlling shareholder or owner of a business organization leasing space or intending to lease space to the Postal Service; OR  (vi) None of the above.							
В.	(Complete as applicable):  i. I have the following job with the Postal Service(Title)							
C.	If you have checked "none of the above" and during the lease term or any renewal term, you do fall into any of the categories listed in A (i) through (v) above, you shall notify the Postal Service Contracting Officer in writing within 30 days of the date you fall into any of the such categories and shall include an explanation of which of the above categories now applies.							
D.	The person signing this certification has full power of authority to bind the potential Landlord/ Supplier/Contractor named above.							
	Executed this day of, 20 by							
	BY: [Insert Signature]							
	[Insert Signature]							
	BY: [PRINT: name of entity or person]							
	[PRINT: name of entity or person]							
	Title:							
	[Insert title]							

# (Rev. October 2018)

Department of the Treasury

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Internal	Revenue Service	► Go to www.irs.gov/FormW9 for inst		st information.		Sena to	uic irto,				
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.										
	2 business name/	disregarded entity name, if different from above									
n page 3.	following seven	ate box for federal tax classification of the person whose name boxes.	<b></b>	_	certain ent	ptions (codes apply only to ntitles, not individuals; see ons on page 3):					
္မွင္	single-memb		☐ Partnership	☐ Trust/estate	Evernt na	waa coda lif	anul				
ž č	Limited liabili	ity company. Enter the tax classification (C=C corporation, S=	S corporation. P=Partner	rship) ▶	exempt pa	pt payee code (if any)					
Print or type. Specific Instructions on page	Note: Check LLC if the LL another LLC	n of the single-member ov om the owner unless the c urposes. Otherwise, a sing x classification of its own	vner. Do not check owner of the LLC is ale-member I.I.C that	Exemption code (if an	nption from FATCA reporting (if any)						
bec	Other (see in		(Applies to accounts maintained outside the U.S.)								
See S	o Address (numbe	er, street, and apt. or suite no.) See instructions.	Requester's name a	ne and address (optional)							
ő	6 City, state, and	ZIP code									
ŀ	7 List account nun			_							
Par	Тахра	yer Identification Number (TIN)						-			
Entery	our TIN in the ap	propriate box. The TIN provided must match the nam	e given on line 1 to av	oid Social sec	urity numb	er					
reside	nt alien, sole prop	r individuals, this is generally your social security num prietor, or disregarded entity, see the instructions for F lyer identification number (EIN). If you do not have a n	Part I. later. For other	1 1 1	]-[]	-		Ī			
TIN, la	ter.		-	or			<del></del>	_			
Note:	If the account is in	n more than one name, see the instructions for line 1.	Also see What Name a	and Employer i	identification	on number					
rvurnoe	er 10 Give the He	quester for guidelines on whose number to enter.			_						
Part	II Certifi	action						_			
								_			
Under penalties of perjury, I certify that:  1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and								1			
		other U.S. person (defined below); and									
		ntered on this form (if any) indicating that I am exemp	t from FATCA reportin	a is correct.							
Certific you has acquisi other th	cation instruction ve failed to report tion or abandonm	is. You must cross out item 2 above if you have been no all interest and dividends on your tax return. For real estrent of secured property, cancellation of debt, contribution vidends, you are not required to sign the certification, but	tified by the IRS that yo ate transactions, item 2	u are currently subjections of the course of	r mortgage (IRA) and	interest pa	aid, navments	е			
Sign Here	Signature of U.S. person	•	Date▶								
General Instructions		·	Form 1099-DIV (dividends, including those from stocks or mutual funds)								
Section references are to the Internal Revenue Code unless otherwise noted.		<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>									
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.		<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>									
		• Form 1099-S (proceeds from real estate transactions)									
Purpose of Form			• Form 1099-K (merchant card and third party network transactions)								
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption		Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)									
		• Form 1099-C (canceled debt)									
taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.  • Form 1099-INT (interest earned or paid)			<ul> <li>Form 1099-A (acquisition or abandonment of secured property)</li> <li>Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.</li> </ul>								
			If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,								

later.