EAST GATE SHOPPING CENTER AIKEN, SOUTH CAROLINA

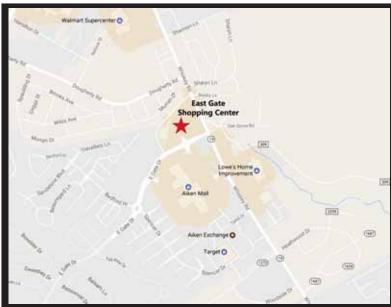
250 East Gate Drive, 29803

33.51142 N / -81.71442 W

- 75,716 SF Publix Anchored Center
- Located in one of the largest cities in the Aiken/Augusta MSA, with a population of more than 515,000
- Stragegically located on Whiskey Road, the primary retail corridor in affluent Aiken
- Excellent access at a signalized intersection







3445 Peachtree Road, Suite 465 Atlanta, GA 30326 678.919.8440 (O) 404.307.8587 (C) jwammock@hendonretailservices.com

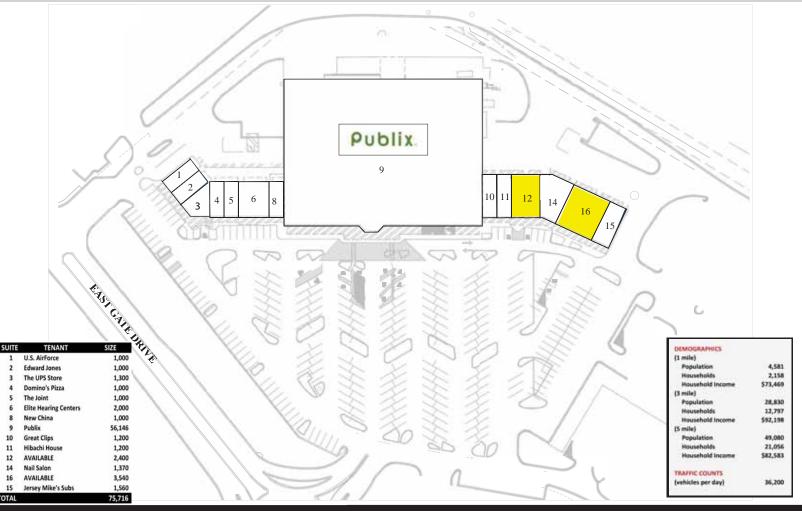




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Owned and Operated by:





TENANT INFORMATION FORM

New Market Properties, LLC

	RAL INFORMATION usiness (Trade Name)	
a. business (i.e., store)? b. the financial a	adividual(s) who will be involved: Who will be primary operator of the running day to day operations in the Who will be primarily responsible for aspects of the business? What is the name of the spouse, if perations or financial individual?	
-	iness is incorporated (or a different	
type of legal o	Name of Entity	
b. c. d. e. f.	Type of Entity (<i>i.e.</i> , corporation, limited liability company, partnership, etc) Year of formation State of formation Federal ID Number Name(s) of individuals guaranteeing Lease Description of ownership structure (<i>i.e.</i> , 100% owned by an individual or entity or 50% owned by 2 individuals	
	or entities), including identity of direct or indirect owners	
4. Legal Notio	ce Address (No PO Boxes)	
5. Address for (If different than	r Delivery of Documents a above)	
b. W c. Fa	Formation Tome Phone Number Tork Phone Number Tork Number There	

Confidential –Lease Application Page 1 of 8

	e. Email Address	
-	posed Use of Premises:	
(What v	vill you sell, what services will you provide?)	
B. EX	PERIENCE AND EMPLOYMENT:	(Attach resume for each guarantor, if available)
1.	What is your professional background, generally?	avanable)
2.	What background do you have in this business?	
3.	Present Employment Information:	
	a. Present Employer	
	b. Work Address	
	c. Work Phone	
	d. How Long?	
	e. Position	
	f. Do you plan to leave this job within	
	the next 3 years (if so, indicate how soon)?	
C FY	XISTING OPERATION	(Attach photos of other stores)
	Number of stores	(22.000.1 photos of emer stores)
	Location(s)	
	Average Size (In square feet)	
	Average Annual Sales Per Store	
	Do you have Expansion Plans?	
-	ROPOSED OPERATION	(Attach Business Plan)
1.	Is this operation a franchise location?	
	a. Have you already been approved by the franchisor?	(Attach copy of Franchise Agreement)
	b. If not, when is approval anticipated?	
	c. What are the franchisee fees, both initially and ongoing?	
	d. How many other franchise locations are existing or planned within a 10 mile radius?	
2.	How much is it going to cost you to open up	
	your business?	
3.	3 1 1	
4.	Projected Cost of Fixtures/Inventory?	
5.	What amount of cash reserves do you need to	
	keep as available cash before the business	
_	begins to be profitable?	
6.	What will be your sources of funds for the	

- start up costs, improvements, fixtures, inventory and cash reserves?
- 7. If any portion of your source of funds is a loan, what is the status of your application and approval?
- 8. What Level of Annual Gross Sales do you feel you need:
 - a. To stay in business?
 - b. To be satisfied in business?
 - c. To be extremely pleased with business?
- 9. Approximately how much square footage will you need?
- 10. Can you be open in 90 days?
- 11. If no, when would you be interested in opening your business.
- 12. Standard Shopping Center hours are 10:00 A.M. to 7:00 P.M. Monday through Friday and 12:00 P.M. to 6:00 P.M. Sunday, with Landlord reserving the right to adjust hours during peak seasons. Do you anticipate any difficulties in adhering to these hours?

(Attach p	pre-appr)	oval let	ter, if it	's been

E. GENERAL COMMENTS	(Please provide any other information regarding your business and your experience that you think is pertinent).
Please note that this form should be accompare Personal Financial Statement, with a copy of tenant and each prospective guarantor (<i>i.e.</i> , see	each form to be filled out and signed by
Please note that a representative from New M directly with questions or to request additional	
New Market Properties, LLC appreciates your forward to discussing your prospective tenance	•
SUBMITTED:	
Print Name: Date:	

Tenant Information Form Page 4 of 4

New Market Properties, LLC CREDIT AUTHORIZATION FORM

By signing below, I authorize New Market Properties, LLC to contact my creditors and references, including requesting reports from credit reporting agencies.

Print Full Name		Social Security Number
Street Address		Date of Birth
City, State	Zip Code	
Signature of Applicant		Date
Spouse (if applicable)		
Print Full Name		Social Security Number
Street Address		Date of Birth
City, State	Zip Code	
Signature of Applicant		Date

Name
To:
Fax:

(I, We) make the following statement of all (my, our) assets and liabilities as of the _____ day of _____ 20___ and give other material information for the purpose of obtaining credit with you on notes and bills bearing (my, our) signature

endorsement or guarantee and agree to notify you promptly of any change affecting (my, our) ability to pay.

ASSETS SOLELY OWN (List here only those assets NOT join		ALL LIABILITIES AND NET WORTH (List here all liabilities joint or otherwise)		
Cash (See Schedule 1) \$		Notes Payable to Banks, Unsecured (See Schedule 1)	\$	
U.S. Government Securities		Notes Payable to Banks Secured (See Schedule 1)		
Listed Stocks and Bonds (See Schedule 4)		Notes Payable to Others. Unsecured		
Unlisted Stocks and Bonds (See Schedule 4)		Notes Payable to Others. Secured		
Accounts and Loans Receivable (See Schedule 3)		Loans Against Life Insurance (See Schedule 3)		
Life Insurance – Cash Value (See Schedule 3)		Mortgages Payable on Real Estate (See Schedule 5)		
Real Estate (See Schedule 5)		Accounts Payable		
Automobiles (Itemize)		Interest Payable		
, , ,		Estimated Capital Gains Tax		
		Other Taxes and Assessments Payable		
		Other Liabilities		
		Total Liabilities		
		Net Worth (=Assets – Liabilities)		
TOTAL ASSETS SOLELY OWNED	\$	TOTAL OF ALL LIABILITIES AND NET WORTH	\$	
JOINTLY OWNED ASSETS				
(Summarize here: Itemize on Schedule 6)		SOURCE OF INCOME		
Cash	\$	Salary	\$	
Accounts, Mortgages, and Loan Receivable		Bonus and Commissions		
Stocks and Bonds		Dividends		
Real Estate		Real Estate Income		
Other Assets (Itemize)		Other Income (Itemize)		
		TOTAL INCOME	\$	
		PERSONAL INFORMATION		
TOTAL JOINTLY OWNED ASSETS		Business or Occupation?		
TOTAL OF ALL ASSETS	\$	Partner or Officer in any other venture?		
		Dependents? ent, or are you a dependent in any legal action? E		

Have you ever taken bankruptcy, made a composition settlement, or are you a dependent in any legal action? Explain.

Do you have any contingent liabilities personally or as co-maker, on leases or contracts, or Federal Income Tax Liability? Explain.

Do you have a will? And if Yes, who is named as your executor?

								Perso	nal Fina	ncial Sta	atemen	t, Page 2 of 3
Name							To:					
Address							Fax:					
SCHEDULES	ions (a li	st of all ha	nk accour	nts inc	ludino	savins	os not i	ointly ou	oned and	all loans	s ioint o	or otherwise)
No. 1 Banking Relations (a list of all bank account Name/Location of Bank Account # Ca			Cash Balance		Amount of Loan			Maturity of Loan		Guaranteed or Secured		
No. 2 – Accounts, Loa Name and Address of		Amount Owing	Age of		Da		ment	Desc	me) ription or re of Deb			cription of urity Held
No. 3 – Life Insurance	e (Attach	Schedule	if necessa	rv)								
Owner of Policy		ne of	Name			2				otal Loa n Polic	•	
No. 4 – Stocks & Bond Face Value or # of Sha		h Schedule			egistere	rd l	Origina	al Cost	Pres	ent	То	Whom Pledged
Tace value of # of Shares Description of Se		of Security	in name		_		Market Val			_		
No. 5 Real Estate (Attach schedule if necessary) Description or Street Number Title in Name of			Mortgages or Liens		Amount Payments		Origin			ent ket ue	Taxes Current?	

		Personal Financial Statement, Page 3 of 3
Name	To:	
Address	Fax:	
No. 6 Jointly Owned Property-Details of		
Assets	Value	Name of Joint Tenant
These statements are delivered to New Market extensions of credit, at its discretion, to the und		from time to time and/or to continue its present
The undersigned hereby certifies that these state undersigned at the date and for the period(s) states.		tely reflect the condition and affairs of the
And that said statements reflect all known liabil	lities, direct or contingent as of the date ther	reof.
The undersigned also represents and warrants the affairs of undersigned from the date of said state.		no material adverse change in the conditions or
property as separately scheduled herein as such his/her separate property listed herein referred t converted or re-converted, including his/her into available to the bank for payment of all indebte involuntarily by levy of execution or otherwise.	, in the sole name of the undersigned. Ever o and property or interests I property into we erest in property jointly, by entirely or in co dness or other obligations of the parties mal New Market Properties, LLC is authorized and to determine the creditworthiness of the	ribed or referred to, expecting only jointly owned by person who is a party to this statement agrees that which property listed herein or herein referred to is more with another party to this statement, shall be king this statement, or either voluntarily or to make all inquires deemed necessary to verify the undersigned. Each of The undersigned authorizes
<u>Date</u>	Signed	
	Social Security #	
<u>Date</u>	Signed	
	Social Security #	