Commercial Lease - Tenant & Guarantor Information Rider

Rider B to the Lease dated March 3, 2026 | Premises: Suite 140, 2280 W Palo Verde Pkwy, Mesa, AZ 85202

1. TENANT

Legal name	**Saguaro Family Dental PLLC**	Entity type	**Arizona PLLC**
EIN	**82-4417930**	Phone	**(480) 555-0142**
Contact	**Dr. Anita Kowalczyk, DDS**	Email	**akowalczyk@example.com**
Notice address	**2280 W Palo Verde Pkwy, Ste 140, Mesa, AZ 85202**		

2. PERSONAL GUARANTOR

Full name	**Harold J. Pemberton**	Date of birth	**06/14/1971**
SSN	**219-09-9999**	Driver's license	**AZ D08765432**
Home address	**4821 E Mockingbird Ln, Mesa, AZ 85213**		
Mobile	**(480) 555-0177**	Email	**hpemberton@example.com**

3. RENT PAYMENT AUTHORIZATION (ACH)

Bank	**Desert Sky Community Bank**	Account type	**Business checking**
Routing number	**122105278**	Account number	**3312009877420**

4. RENT SCHEDULE

Period	Monthly base rent	CAM estimate	Total monthly
Months 1-12	$6,850.00	$1,120.00	$7,970.00
Months 13-24	$7,055.50	$1,153.60	$8,209.10
Months 25-36	$7,267.17	$1,188.21	$8,455.38
Months 37-60	$7,485.18	$1,223.86	$8,709.04

5. SIGNATURES

Harold J. Pemberton

Guarantor - Harold J. Pemberton - 03/03/2026

A. Kowalczyk DDS

Tenant - Saguaro Family Dental PLLC - 03/03/2026

DESERT SKY COMMUNITY BANK - MEMBER FDIC

Business Checking - Account Statement

Statement period: 08/01/2026 - 08/31/2026 | Page 1 of 1 | Questions: (800) 555-0199

SAGUARO FAMILY DENTAL PLLC
ATTN: HAROLD J PEMBERTON
2280 W PALO VERDE PKWY STE 140
MESA AZ 85202-4410

Account number	**3312009877420**
Routing number	**122105278**
Debit card ending	**4471**
Online banking ID	**hpemberton71**

SUMMARY

Beginning balance	Deposits	Withdrawals	Ending balance
$48,212.66	$61,940.15	$57,388.02	$52,764.79

TRANSACTIONS

Date	Description	Amount	Balance
08/01	ACH CREDIT SONORAN DENTAL BENEFITS CLAIMS 0901224	12,430.18	60,642.84
08/03	CHECK 2291 SONORAN COMMERCIAL PROPERTIES	-7,970.00	52,672.84
08/05	PAYROLL ACH GUSTO PAYROLL 442190	-18,905.44	33,767.40
08/08	ACH CREDIT DELTA CLAIMS PMT 7710021	9,884.60	43,652.00
08/11	DEBIT CARD 4471 PATTERSON DENTAL SUPPLY	-3,118.27	40,533.73
08/14	TRANSFER TO SAVINGS ****9021	-5,000.00	35,533.73
08/15	MERCHANT DEPOSIT SQUARE INC 0088211	14,207.55	49,741.28
08/19	PAYROLL ACH GUSTO PAYROLL 442771	-18,905.44	30,835.84
08/22	ACH CREDIT SONORAN DENTAL BENEFITS CLAIMS 0901551	11,022.90	41,858.74
08/26	LOAN PMT FIRST MESA BANK SBA 7A ****3308	-3,488.87	38,369.87
08/29	MERCHANT DEPOSIT SQUARE INC 0088902	14,394.92	52,764.79

Account holder personal reference: Harold J. Pemberton, SSN on file 219-09-9999, DOB 06/14/1971.

SAGUARO FAMILY DENTAL - 2280 W PALO VERDE PKWY STE 140, MESA AZ 85202 - (480) 555-0142

Day Sheet - Production & Collections

Date of service: 09/10/2026 | All providers | Printed 09/10/2026 5:42 PM by front desk

TRANSACTIONS

Chart	Patient	Prov	Code	Description	Charge	Paid
SFD-10442	Quintero-Baez, Marisol	AK	D0150	Comprehensive oral eval	112.00	0.00
SFD-10442	Quintero-Baez, Marisol	AK	D0210	Full mouth series	158.00	0.00
SFD-08817	Okafor, Desmond T	RM	D1110	Prophylaxis - adult	121.00	121.00
SFD-09231	Lindqvist, Annika	AK	D2740	Crown - porcelain/ceramic	1,385.00	600.00
SFD-07705	Bhattacharya, Rohan	RM	D4341	Perio scaling 4+ teeth UR	295.00	0.00
SFD-07705	Bhattacharya, Rohan	RM	D4341	Perio scaling 4+ teeth UL	295.00	0.00
SFD-10388	Castellanos, Yesenia	AK	D2392	Resin composite 2 surf post	262.00	262.00
SFD-06612	Whitfield, Marjorie E	AK	D0120	Periodic oral eval	68.00	68.00
SFD-06612	Whitfield, Marjorie E	AK	D1110	Prophylaxis - adult	121.00	121.00
SFD-10501	Nakamura-Reyes, Kenji	RM	D0140	Limited eval - problem focused	95.00	95.00
SFD-10501	Nakamura-Reyes, Kenji	RM	D7140	Extraction - erupted tooth	245.00	0.00
SFD-09877	Abernathy, Colleen	AK	D2950	Core buildup	310.00	0.00
SFD-09877	Abernathy, Colleen	AK	D2740	Crown - porcelain/ceramic	1,385.00	0.00
SFD-08120	Szymanski, Piotr	RM	D1206	Fluoride varnish	42.00	42.00
SFD-10466	Delacroix-Hobbs, Imani	AK	D0150	Comprehensive oral eval	112.00	112.00
SFD-10466	Delacroix-Hobbs, Imani	AK	D0274	Bitewings - four films	84.00	84.00
SFD-05590	Fitzgerald-Osei, Nnamdi	RM	D1110	Prophylaxis - adult	121.00	121.00

TOTALS

Production	**$5,211.00**	Collections	**$1,626.00**
Patients seen	**12**	New patients	**3**
Adjustments	**$0.00**	Provider AK / RM	**$3,933.00 / $1,278.00**

SONORAN DENTAL BENEFITS - PO BOX 41190, PHOENIX AZ 85080 - PROVIDER SERVICES (800) 555-0136

Explanation of Benefits - Provider Remittance

Check #: 0901551 | Issued 08/22/2026 | Payee: Saguaro Family Dental PLLC, TIN 82-4417930 | NPI 1987654321

Okafor, Desmond T — Member ID SDB-77120458-01 — Group G-44821
DOB 02/19/1979 — Claim 4005083-44

Procedure	Billed	Allowed	Plan paid	Patient owes
D1110 Prophylaxis	121.00	96.00	**76.80**	19.20

Remark: 214 - Coinsurance applied per plan schedule.

Lindqvist, Annika — Member ID SDB-63009117-00 — Group G-10377
DOB 09/30/1985 — Claim 9491434-10

Procedure	Billed	Allowed	Plan paid	Patient owes
D2740 Crown	1,385.00	1,050.00	**525.00**	525.00

Remark: 214 - Coinsurance applied per plan schedule.

Whitfield, Marjorie E — Member ID SDB-20981736-02 — Group G-44821
DOB 11/04/1957 — Claim 8271370-44

Procedure	Billed	Allowed	Plan paid	Patient owes
D0120 Periodic eval	68.00	52.00	**52.00**	0.00

Remark: 214 - Coinsurance applied per plan schedule.

Castellanos, Yesenia — Member ID SDB-84410092-00 — Group G-58890
DOB 05/12/1993 — Claim 8421769-58

Procedure	Billed	Allowed	Plan paid	Patient owes
D2392 Resin 2 surf	262.00	198.00	**158.40**	39.60

Remark: 214 - Coinsurance applied per plan schedule.

Szymanski, Piotr — Member ID SDB-51127743-03 — Group G-10377
DOB 07/21/2016 — Claim 1513829-10

Procedure	Billed	Allowed	Plan paid	Patient owes
D1206 Fluoride	42.00	31.00	**31.00**	0.00

Remark: 214 - Coinsurance applied per plan schedule.

Total plan payment this remittance: $843.20 - Deposited by ACH to account ending 7420 on 08/22/2026

Saguaro Family Dental - New Patient Intake

Please print clearly. This information is confidential and protected under HIPAA.

PATIENT NAME
Marisol Quintero-Baez

DATE OF BIRTH
11 / 02 / 1988

PHONE
(602) 555-0188

HOME ADDRESS
3319 N Ironwood Dr, Apt 7, Mesa AZ 85201

INSURANCE CARRIER / ID
Sonoran Dental Benefits SDB-90311742-00

EMERGENCY CONTACT
Tomas Baez (husband) (602) 555-0190

ALLERGIES
Penicillin - hives

CURRENT MEDICATIONS
Sertraline 50mg, Metformin 500mg

REASON FOR VISIT
Upper left molar pain ~2 weeks, sensitive to cold

SIGNATURE / DATE
M. Quintero-Baez 9/10/26