

HICENTRAL MLS, LTD. EXHIBIT A PROFILE SHEET — MULTI-FAMILY

KEYWORDS: Fill in the boxes for each keyword. (*) items denote required entries for adding a listing. (RC)s denote conditionally required entries for adding a listing.

LISTING INFORMATION

AGENT INFORMATION

*Listing Agent MLSID: _____ Co-Listing Agent MLSID: _____

GENERAL

*TMK #: _____ Div / Zone / Sec / Plat / Parcel / CPR _____ MLS #: _____
 *List Price: _____

*Land Recorded: _____ *Listing Type (ER/EA): _____ *Listing Date: _____ *Listing Exp Date: _____
 Foreclosure (Y/N): _____ (RC)Advertise Date: _____ (RC)Auction Date: _____ (RC)Foreclosure Number: _____
 *Listing Service: _____ External URL: _____ Enhanced Photo (Y/N): _____

Compensation to Cooperating Brokerage

*Compensation: _____ *% or \$ or See Remarks: _____ *G.E. Tax Paid By Seller (Y/N): _____
 *Dual/Variable Comp. (Y/N): _____ Comp. Subject To (Y/N): _____ (RC)Comp. Method: _____
 Compensation Comments: _____

Virtual Tour

Unbranded Virtual Tour URL: _____

Address

*Street #: _____ Street Dir Prefix: _____ *Street Name: _____ *Street Suffix: _____
 *City: _____ *Zip Code: _____ *State: _____ Unit Number: _____

Schools

Elementary School: _____ Middle School: _____ High School: _____

LISTING VISIBILITY

Syndication

*Show Internet (Y/N): _____ *Show Addr Internet (Y/N): _____ Allow Comment (Y/N): _____ Automated Value Display (AVM) Y/N: _____

Exempted Listings

Exempted Listing (Y/N): _____ Exempt Listing Type (No Visibility/Brokerage Only): _____ Seller Consent (Y/N): _____

ADDITIONAL INFORMATION

*Zoning: _____ *Flood Zone Code: _____
 *Year Built: _____ Remodeled Year: _____
 SQFT Building: _____ *Land SQFT: _____
 *# of 1 Bedroom: _____ *# of 2 Bedrooms: _____ *# of 3+ Bedrooms: _____
 *# of Studios: _____ Commercial Spaces: _____ *Total # of Units: _____
 Furnished: _____ *Parking Total: _____ # of Elevators: _____
 Management Company: _____ Management Co. Ph. #: _____

Financial Information

*Monthly Rental Income: _____ *Monthly Other Income: _____
 *Total Annual Income: _____ *Annual Operating Expenses: _____ *Net Annual Income: _____
 *Tax Assessed Land: _____ *Tax Assessed Improvements: _____ *Tax Assessed Total: _____
 *Tax Amount Monthly: _____ *Assessment Year (YYYY): _____

Leasehold Information

*Land Tenure (FS/LH): _____ Fee Purchase: _____ (RC)Fee Options: _____
 (RC)Lessor: _____ Lease Renegotiate Date: _____ (RC)Lease Expires: _____ (RC)Lease Until Year: _____
 (RC)Cur Mon Lease/Rnt: _____ Next Until Year: _____ 2nd Until Year: _____

Secondary Dwelling

Secondary Dwelling (None/ADU/Ohana Dwelling): _____ (RC)ADU/Ohana Permit No.: _____ (RC)ADU/Ohana Permit Completion Date: _____

REMARKS

Public Remarks (maximum 1200 alpha/numeric characters)

Agent/Showing Remarks (maximum 600 alpha/numeric characters)

***LOCKBOX**

- I am not using a lockbox
- I will use my own SENTRILOCK lockbox
- I will use my own NON-SENTRILOCK lockbox
- I request a lockbox from HiCentral MLS

Serial Number: _____

ROOMS

ROOMS & DESCRIPTIONS (SELECT ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Atrium | <input type="checkbox"/> Foyer | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Full Bathroom | <input type="checkbox"/> Loft |
| <input type="checkbox"/> Breakfast Room | <input type="checkbox"/> Great Room | <input type="checkbox"/> Media Room |
| <input type="checkbox"/> Den/Study | <input type="checkbox"/> Half Bathroom | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dining Area | <input type="checkbox"/> Kitchen Nook | <input type="checkbox"/> Recreation Room |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Lanai, Enclosed | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Eat in Kitchen/Nook | <input type="checkbox"/> Lanai, Open | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Exercise Room | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Wine Cellar |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Library | <input type="checkbox"/> Workshop |

ROOM LEVEL (SELECT ONE)

- Basement
- Lower
- Main
- Upper

ROOM DESCRIPTION

(max 30 alpha/numeric characters)

ROOMS & DESCRIPTIONS (SELECT ONE)

- | | | |
|--|--|--|
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ROOM DESCRIPTION

(max 30 alpha/numeric characters)

I state to the best of my knowledge that the above information is correct and authorize its release.

Seller Signature

Print Name

Date

Seller Signature

Print Name

Date

Seller Signature

Print Name

Date

DR/BIC certifies that a valid Exclusive Listing Agreement is being held at listing office.

Authorized Signature of DR/BIC

Print Name

Date

Address

Phone