

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: _____

MULTI-FAMILY FEATURES

(R) = REQUIRED (gray box)

1. (R) SPECIAL SALE CONDITIONS <input type="checkbox"/> None <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Foreclosure <input type="checkbox"/> Lender Sale <input type="checkbox"/> Probate <input type="checkbox"/> Short Sale <input type="checkbox"/> Subj to Repl Property	2. (R) FINANCING TERMS ACCEPTABLE <input type="checkbox"/> 1031 Exchange <input type="checkbox"/> Agreement of Sale <input type="checkbox"/> Assumable Loan <input type="checkbox"/> Can Subordinate <input type="checkbox"/> Cash <input type="checkbox"/> Conventional <input type="checkbox"/> Govt Guaranteed Loan <input type="checkbox"/> Joint Venture <input type="checkbox"/> Open <input type="checkbox"/> Other <input type="checkbox"/> Purchase Money Mortgage <input type="checkbox"/> Sale/Lease Back <input type="checkbox"/> USDA Financing	3. (R) POSSESSION <input type="checkbox"/> At Closing <input type="checkbox"/> Immediate <input type="checkbox"/> Negotiable <input type="checkbox"/> Subject To Tenancy	4. (R) DISCLOSURES <input type="checkbox"/> None <input type="checkbox"/> 1031 Exchange <input type="checkbox"/> Buyer Restrictions <input type="checkbox"/> Call Listor <input type="checkbox"/> Court Apprvl Req <input type="checkbox"/> Inactive Lic. Owner <input type="checkbox"/> Leased Equipment <input type="checkbox"/> Lender Apprvl Req <input type="checkbox"/> Licensed Owner <input type="checkbox"/> Listor Owner <input type="checkbox"/> Non Res Owner <input type="checkbox"/> Pending Litigation <input type="checkbox"/> Pet on Property <input type="checkbox"/> Photovoltaic <input type="checkbox"/> Property Disc Stmt <input type="checkbox"/> Relative of Licensee <input type="checkbox"/> See Remarks <input type="checkbox"/> Special Assessment	5. (R) SET-BACKS <input type="checkbox"/> None <input type="checkbox"/> C&C <input type="checkbox"/> Of Record <input type="checkbox"/> Special
6. (R) STORIES <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> 4-7 <input type="checkbox"/> 8-14 <input type="checkbox"/> 15-20 <input type="checkbox"/> 21+	7. (R) PROPERTY CONDITION <input type="checkbox"/> Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Needs Major Repair <input type="checkbox"/> Tear Down	8. (R) LOT DESCRIPTION <input type="checkbox"/> Clear <input type="checkbox"/> Flag Lot <input type="checkbox"/> Irregular <input type="checkbox"/> Other <input type="checkbox"/> Rim Lot <input type="checkbox"/> Wooded	9. (R) AMENITIES <input type="checkbox"/> None <input type="checkbox"/> A/C <input type="checkbox"/> AC Central <input type="checkbox"/> ADA Accessible <input type="checkbox"/> ADA Compliant <input type="checkbox"/> Enter Phone <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Other <input type="checkbox"/> Resident Manager <input type="checkbox"/> Secured Lobby <input type="checkbox"/> Storage <input type="checkbox"/> Trash Chute	10. (R) CONSTRUCTION/ EXTERIOR FINISH <input type="checkbox"/> Above Ground <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Double Wall <input type="checkbox"/> Hollow Tile <input type="checkbox"/> Masonry/Stucco <input type="checkbox"/> Other <input type="checkbox"/> Single Wall <input type="checkbox"/> Slab <input type="checkbox"/> Steel Frame <input type="checkbox"/> Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood Frame
11. (R) ROOFING <input type="checkbox"/> Aluminum/Steel <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Composition <input type="checkbox"/> Custom/Specialty <input type="checkbox"/> Other <input type="checkbox"/> Pitch & Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake	12. (R) BUILDING TYPE <input type="checkbox"/> Apartments <input type="checkbox"/> Duplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Multi Dwellings <input type="checkbox"/> Other <input type="checkbox"/> Triplex	13. (R) VIEW <input type="checkbox"/> None <input type="checkbox"/> Cemetary <input type="checkbox"/> City <input type="checkbox"/> Coastline <input type="checkbox"/> Diamond Head <input type="checkbox"/> Garden <input type="checkbox"/> Golf Course <input type="checkbox"/> Marina/Canal <input type="checkbox"/> Mountain <input type="checkbox"/> Ocean <input type="checkbox"/> Other <input type="checkbox"/> Sunrise <input type="checkbox"/> Sunset	14. (R) TOPOGRAPHY <input type="checkbox"/> Down Slope <input type="checkbox"/> Gentle Slope <input type="checkbox"/> Hilly <input type="checkbox"/> Level <input type="checkbox"/> Other <input type="checkbox"/> Steep Slope <input type="checkbox"/> Terraced <input type="checkbox"/> Up Slope	15. LOCATION <input type="checkbox"/> Corner <input type="checkbox"/> Cul-De-Sac <input type="checkbox"/> Dead End <input type="checkbox"/> Inside <input type="checkbox"/> Other
16. RECREATION FACILITIES <input type="checkbox"/> None <input type="checkbox"/> Exercise Room <input type="checkbox"/> Other <input type="checkbox"/> Play Area <input type="checkbox"/> Pool <input type="checkbox"/> Recreation Room <input type="checkbox"/> Sauna/Spa <input type="checkbox"/> Tennis Court	17. (R) PARKING <input type="checkbox"/> None <input type="checkbox"/> Assigned <input type="checkbox"/> Covered <input type="checkbox"/> Open <input type="checkbox"/> Tandem <input type="checkbox"/> Unassigned	18. (R) GUEST PARKING <input type="checkbox"/> None <input type="checkbox"/> 10+ Spaces <input type="checkbox"/> Check-in Required <input type="checkbox"/> <10 Spaces	19. (R) EASEMENTS <input type="checkbox"/> None <input type="checkbox"/> Beach Access <input type="checkbox"/> Cable <input type="checkbox"/> Drainage <input type="checkbox"/> Driveway <input type="checkbox"/> Egress <input type="checkbox"/> Electric <input type="checkbox"/> Ingress <input type="checkbox"/> Other <input type="checkbox"/> Sewer <input type="checkbox"/> Street Widening <input type="checkbox"/> Telephone <input type="checkbox"/> View <input type="checkbox"/> Water	20. PROPERTY FRONTAGE <input type="checkbox"/> Conservation <input type="checkbox"/> Golf Course <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Marina <input type="checkbox"/> Ocean <input type="checkbox"/> Other <input type="checkbox"/> Preservation <input type="checkbox"/> Sandy Beach <input type="checkbox"/> Stream/Canal <input type="checkbox"/> Waterfront
21. (R) UTILITIES AVAILABLE <input type="checkbox"/> Cable <input type="checkbox"/> Cesspool <input type="checkbox"/> Gas <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> Overhead Electricity <input type="checkbox"/> Private Water <input type="checkbox"/> Public Water <input type="checkbox"/> Septic <input type="checkbox"/> Sewer Connection Req'd <input type="checkbox"/> Sewer Fee <input type="checkbox"/> Telephone <input type="checkbox"/> Underground Electricity <input type="checkbox"/> Water <input type="checkbox"/> Water Catchment <input type="checkbox"/> Wells	22. (R) EXPENSES INCLUDE <input type="checkbox"/> Excise Tax <input type="checkbox"/> Insurance <input type="checkbox"/> Lease Rent <input type="checkbox"/> Mgmt Fee <input type="checkbox"/> Other <input type="checkbox"/> Property Tax <input type="checkbox"/> Repair Maintenance <input type="checkbox"/> Sewer Fee	23. TENANT PAYS <input type="checkbox"/> None <input type="checkbox"/> AC <input type="checkbox"/> Cable TV <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other <input type="checkbox"/> Parking <input type="checkbox"/> Water	24. DOCUMENTS <input type="checkbox"/> Appraisal <input type="checkbox"/> Building Plans <input type="checkbox"/> Environmental/Asse. <input type="checkbox"/> Inventory <input type="checkbox"/> Lease Documents <input type="checkbox"/> Licenses <input type="checkbox"/> Other <input type="checkbox"/> P&L <input type="checkbox"/> Survey <input type="checkbox"/> Tax Return <input type="checkbox"/> Title Search	25. LAUNDRY <input type="checkbox"/> None <input type="checkbox"/> Coin <input type="checkbox"/> Dryer <input type="checkbox"/> Individual <input type="checkbox"/> Leased Equipment <input type="checkbox"/> Other <input type="checkbox"/> Space <input type="checkbox"/> Washer
27. (R) METERS <input type="checkbox"/> None <input type="checkbox"/> AC <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Individual <input type="checkbox"/> Other <input type="checkbox"/> Water	27. (R) SEWER <input type="checkbox"/> Cesspool <input type="checkbox"/> Connected <input type="checkbox"/> Grease Trap <input type="checkbox"/> Holding Tank <input type="checkbox"/> Not Connected <input type="checkbox"/> Other <input type="checkbox"/> Septic	28. SHOWING <input type="checkbox"/> <8 Hrs Notice Required <input type="checkbox"/> 1 Day Notice Required <input type="checkbox"/> 2 Day Notice Required <input type="checkbox"/> Appointment Only <input type="checkbox"/> Call Assistant <input type="checkbox"/> Call Listor <input type="checkbox"/> Call Office & Go <input type="checkbox"/> Key in Office <input type="checkbox"/> Listor Must Be Present <input type="checkbox"/> SentiKey- Go/Show <input type="checkbox"/> Use ShowingTime <input type="checkbox"/> Virtual Showing		

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)

- | | | |
|--|--|--|
| <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 |
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| <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)

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