

50. Tenant agrees to rent the Premises on the above terms and conditions.

A. ☐ **ENTITY TENANT:** (Note: If this paragraph is completed, a Representative Capacity Signature Disclosure (C.A.R. Form RCSD) is not required for the Legally Authorized Signers designated below.)

- (1) One or more Tenant is a trust, corporation, LLC, probate estate, partnership, holding a power of attorney or other entity.
- (2) This Agreement is being Signed by a Legally Authorized Signer in a representative capacity and not for him/herself as an individual. See paragraph 47 for additional terms.
- (3) The name(s) of the Legally Authorized Signer(s) is: Phuong L. Ton
- (4) If a trust, identify Tenant as trustee(s) of the trust or by simplified trust name (ex. John Doe, co-trustee, Jane Doe, co-trustee or Doe Revocable Family Trust).
- (5) If the entity is a trust or under probate, the following is the full name of the trust or probate case, including case #: _____

B. TENANT SIGNATURE(S):

(Signature) By, Anish Date: 06/03/2024

Printed name of Tenant: Anish Kasam

☐ Printed Name of Legally Authorized Signer: Phuong L. Ton Title, if applicable, _____

Address 9500 Gilman Drive City La Jolla, CA State CA Zip 92093

Telephone 925-997-0418 Text 925-997-0418 E-mail anishkasam@gmail.com

(Signature) By, NSK Date: 06/03/2024

Printed name of Tenant: Noah Skinner

☐ Printed Name of Legally Authorized Signer: Phuong L. Ton Title, if applicable, _____

Address 9500 Gilman Drive City La Jolla, CA State CA Zip 92093

Telephone 406-529-5067 Text 406-529-5067 E-mail Noah.Skinner.mt@gmail.com

☐ IF MORE THAN TWO SIGNERS, USE Additional Signature Addendum (C.A.R. Form ASA).

- ☐ **GUARANTEE:** In consideration of the execution of this Agreement by and between Housing Provider and Tenant and for valuable consideration, receipt of which is hereby acknowledged, the undersigned ("Guarantor") does hereby: (i) guarantee unconditionally to Housing Provider and Housing Provider's agents, successors and assigns, the prompt payment of Rent or other sums that become due pursuant to this Agreement, including any and all court costs and attorney fees included in enforcing the Agreement; (ii) consent to any changes, modifications or alterations of any term in this Agreement agreed to by Housing Provider and Tenant; and (iii) waive any right to require Housing Provider and/or Housing Provider's agents to proceed against Tenant for any default occurring under this Agreement before seeking to enforce this Guarantee.

Guarantor (Print Name) Phuong L. Ton

Guarantor [Signature] Date 6/2/2024

Address 11285 DEER RIDGE ROAD City SAN DIEGO State CA Zip 92127

Telephone (858) 449-9510 Text _____ E-mail pton24@hotmail.com

51. Housing Provider (owner or ☐ agent for owner) agrees to rent the Premises on the above terms and conditions.

A. ☐ **ENTITY HOUSING PROVIDER:** (Note: If this paragraph is completed, a Representative Capacity Signature Disclosure (C.A.R. Form RCSD) is not required for the Legally Authorized Signers designated below.)

- (1) One or more Housing Provider is a trust, corporation, LLC, probate estate, partnership, holding a power of attorney or other entity.
- (2) This Agreement is being Signed by a Legally Authorized Signer in a representative capacity and not for him/herself as an individual. See paragraph 28 for additional terms.
- (3) The name(s) of the Legally Authorized Signer(s) is: _____
- (4) If a trust, identify Housing Provide as trustee(s) of the trust or by simplified trust name (ex. John Doe, co-trustee, Jane Doe, co-trustee or Doe Revocable Family Trust).
- (5) If the entity is a trust or under probate, the following is the full name of the trust or probate case, including case #: _____

B. HOUSING PROVIDER SIGNATURE(S):

(Signature) By, _____ Date: _____

Printed name of Housing Provider: Lan Toma

☐ Printed Name of Legally Authorized Signer: _____ Title, if applicable, _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Text _____ E-mail _____

(Signature) By, _____ Date: _____

Printed name of Housing Provider: _____

☐ Printed Name of Legally Authorized Signer: _____ Title, if applicable, _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Text _____ E-mail _____

☐ IF MORE THAN TWO SIGNERS, USE Additional Signature Addendum (C.A.R. Form ASA).

