

STATE OF NORTH CAROLINA

MEMORANDUM OF LEASE EXTENSION

COUNTY OF DARE

THIS MEMORANDUM OF LEASE EXTENSION (the "Memorandum"), made and entered into effective as of the 31st day of December, 2021 by and between THE TOWN OF NAGS HEAD, a municipal corporation, whose mailing address is P. O. Box 99, Nags Head, North Carolina 27959, (hereinafter referred to as LESSOR); and THE COMMUNITY CARE CLINIC OF DARE, a North Carolina non-profit corporation, whose mailing address is 425 Health Center Drive, Nags Head, North Carolina 27959, (hereinafter referred to as LESSEE).

WITNESSETH

THE PARTIES HERETO have entered a Lease Agreement dated November 6, 2019 by which the LESSOR leases to LESSEE ± 4935 square feet of office and laboratory space located at 425 Health Center Drive, Nags Head, Dare County, North Carolina (the "Leased Premises"), which Lease Agreement is hereinafter referred to as the "Lease"; and

THE PARTIES have mutually agreed to extend the term of the Lease in accordance with the terms of the Lease.

AGREEMENT

THE PARTIES now agree as follows:

1. LESSEE agrees to renew the Lease on all the same terms and conditions as set forth in the Lease, which renewal terms shall terminate on the 31 day of December 2022 (the "Renewed Term"). LESSEE hereby waives the sixty (60) day's advance notice called for by paragraph 1 of the Lease.
2. During the Renewed Term, LESSEE shall continue to pay the sum of ONE THOUSAND TWENTY-FIVE AND NO/100 (\$1025.00) DOLLARS per month as called for by the Lease.
3. All other terms of the Lease shall remain in full force and effect during the Renewed Lease, except for the option to renew.

IN TESTIMONY WHEREOF, this Memorandum has been executed by the parties hereto, in duplicate originals, effective as of the date first above written.

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SIGNATURES ON FOLLOWING PAGE***

TOWN OF NAGS HEAD

Andy Garman, Town Manager

STATE OF NORTH CAROLINA
COUNTY OF DARE

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that Andy Garman, Town Manager, acting in the capacity of Authorized Agent for the Town of Nags Head, personally came before me and executed the foregoing instrument while acting in this official capacity and for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal, this the ____ day of _____, 2022.

Notary Public

My commission expires:

COMMUNITY CARE CLINIC OF DARE

Lyn Jenkins, Executive Director

STATE OF NORTH CAROLINA
COUNTY OF DARE

I, _____, a Notary Public in and for the County and State aforesaid, do hereby certify that Lyn Jenkins, Executive Director, acting in the capacity of Authorized Agent for the Community Care Clinic of Dare, personally came before me and executed the foregoing instrument while acting in this official capacity and for the purpose therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and notarial seal, this the ____ day of _____, 2021.

Notary Public

My commission expires:
