



SCOTTSDALE INSURANCE COMPANY®
Scottsdale Indemnity Company
SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act. The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 Billion Cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of \$. I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input checked="" type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Dan A. Gattis
Dan A. Gattis, County Judge

Print Name

9-04-18

Date

Williamson County
Named Insured/Firm

TBD
Policy Number, if available

ACORD™ COMMERCIAL INSURANCE APPLICATION								DATE (MM/DD/YY)			
APPLICANT INFORMATION SECTION								08/30/18			
PRODUCER		PHONE (A/C, No, Ext): (713) 877-8975		CARRIER	NAIC CODE:	25445		UNDERWRITER			
MCGRIFF, SEIBELS & WILLIAMS OF TEXAS, INC. 818 Town & Country Blvd St 500 Houston, TX 77024-4549				APPLICATION COMPANY							
				POLICIES OR PROGRAM REQUESTED							
				Commercial General Liability							
				INDICATE SECTIONS ATTACHED							
				PROPERTY			EQUIPMENT FLOATER				
				GLASS AND SIGN			INSTALLATION/BUILDERSRISK				
CODE:		SUB CODE:		ACCOUNTS RECEIVABLE/ VALUABLE PAPERS			X	COMMERCIAL GENERAL LIABILITY			
AGENCY CUSTOMER ID				CRIME/MISCELLANEOUS CRIME				BUSINESS AUTO			
069300-000				TRANSPORTATION/ MOTOR TRUCK CARGO				TRUCKERS/MOTOR CARRIER			
								GARAGE AND DEALERS			
								VEHICLE SCHEDULE			
								BOILER & MACHINERY			
								WORKERS COMPENSATION			
								UMBRELLA			
STATUS OF SUBMISSION								PACKAGE POLICY INFORMATION			
X	QUOTE		ISSUE POLICY		ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.						
BOUND (Give Date and/or Attach Copy):				PROPOSED EFF DATE		PROPOSED EXP DATE		BILLING PLAN		PAYMENT PLAN	AUDIT
DATE		TIME						DIRECT BILL			
								X AGENCY BILL			
				09/01/18		12/15/18					
APPLICANT INFORMATION											
NAME (First Named Insured & Other Named Insureds)											
Williamson County											
MAILING ADDRESS (of First Named Insured)											
Inner Loop Annex - HR Dept. 301 S.E. Inner Loop, Ste. 108 Georgetown, TX 78626											
INDIVIDUAL		CORPORATION		SUBCHAPTER "S" CORPORATION		X		NOT FOR PROFIT ORGANIZATION		YEARS IN BUSINESS	
PARTNERSHIP		JOINT VENTURE		LIMITED CORPORATION		County					
INSPECTION CONTACT		PHONE (A/C, No, Ext): (512) 943-1533		ACCOUNTING RECORDS CONTACT		PHONE (A/C, No, Ext): (512) 943-1533					
Tara Raymore Sr HR Director				Tara Raymore Sr HR Director							
PREMISES INFORMATION											
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP CODE				CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED
#1		350 Exchange Blvd., Williamson County Hutto, TX 78634				X INSIDE		OWNER		2007	100%
						OUTSIDE		X TENANT			
						INSIDE		OWNER			
						OUTSIDE		TENANT			
						INSIDE		OWNER			
						OUTSIDE		TENANT			
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)											
County											
GENERAL INFORMATION											
EXPLAIN ALL "YES" RESPONSES				YES	NO	EXPLAIN ALL "YES" RESPONSES				YES	NO
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY OR DOES THE APPLICANT HAVE ANY SUBSIDIARIES?					X	6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR 3 YEARS? NOT APPLICABLE IN MO					X
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?					X	7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?					X
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?					X	8. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).					X
4. ANY CATASTROPHE EXPOSURE?					X						
5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?					X						
REMARKS											
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO [NY: SUBSTANTIAL] CRIMINAL AND CIVIL PENALTIES.											
APPLICANT'S SIGNATURE				PRODUCER'S SIGNATURE							
[Signature]				[Signature]							
ACORD 125 (7/96)				PLEASE COMPLETE REVERSE SIDE				ACORD CORPORATION 1993			

PRIOR CARRIER INFORMATION

LINE	CATEGORY	YEARS:	YEARS:	YEARS:	YEARS:	YEARS:
GENERAL LIABILITY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE	OCCURRENCE	CLAIMS MADE
	RETRO DATE					
	GENERAL AGGREGATE					
	PRODUCTS COMP OP AGGREGATE					
	PERSONAL & ADV INJ					
	EACH OCCURRENCE					
	FIRE DAMAGE					
	MEDICAL EXPENSE					
	BODILY INJURY	OCCURRENCE				
		AGGREGATE				
	PROPERTY DAMAGE	OCCURRENCE				
		AGGREGATE				
	COMBINED SINGLE LIMIT					
MODIFICATION FACTOR						
TOTAL PREMIUM						
AUTOMOBILE LIABILITY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	COMBINED SINGLE LIMIT					
	BODILY INJURY	EA PERSON				
		EA ACCIDENT				
	PROPERTY DAMAGE					
	MODIFICATION FACTOR					
TOTAL PREMIUM						
PROPERTY	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
		BLD	PERS AMT			
		PROP				
MODIFICATION FACTOR						
TOTAL PREMIUM						
	CARRIER					
	POLICY NUMBER					
	POLICY TYPE					
	LIMIT					
	MODIFICATION FACTOR					
	TOTAL PREMIUM					

LOSS HISTORY

ENTER ALL CLAIMS OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY) ☒ CHECK HERE IF NONE ☐ SEE ATTACHED LOSS SUMMARY

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
		NONE				OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED
						OPEN
						CLOSED

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY.

County does not carry GL, has Tort Immunity

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

069300000

ACORD**COMMERCIAL GENERAL LIABILITY SECTION**

DATE (MM/DD/YY)

08/28/18

PRODUCER

APPLICANT (First Named Insured)

Williamson County

MCGRUFF, SEIBELS &
WILLIAMS OF TEXAS, INC.
818 Town & Country Blvd St 500
Houston, TX 77024-4549
(713)877-8975

PROPOSED EFF. DATE	PROPOSED EXP. DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
09/01/18	12/15/18	X AGENCY DIRECT	Annual	N/A

FOR COMPANY USE ONLY

COVERAGES**LIMITS**

COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2,000,000	PREMIUMS
CLAIMS MADE	X OCCURRENCE	PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000	PREMISES/OPERATIONS
OWNER'S & CONTRACTORS PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$ 1,000,000	
		EACH OCCURRENCE	\$ 1,000,000	
DEDUCTIBLES		FIRE DAMAGE (ANY ONE FIRE)	\$ 100,000	PRODUCTS
X PROPERTY DAMAGE	\$ 0	MEDICAL EXPENSE (ANY ONE PERSON)	\$ 5,000	
X	\$ 0			OTHER
	\$			TOTAL
OTHER COVERAGES, RESTRICTIONS, AND/OR ENDORSEMENTS				

SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
TX	Buildings or Premises - Office Not For Profit Only	61227	(s) GROSS SALES (p) PAYROLL (a) AREA (c) TOTAL COST (l) OTHER (A) 7,160		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000/cost (l) per unit			

CLAIMS MADE (Explain All "Yes" Responses)**TRANSITION**

1	PROPOSED RETROACTIVE DATE:			1	HAS THIS RISK OR ANY LOCATION NOT QUALIFIED FOR TRANSITION?	YES	NO
2	ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:			2	IF THIS RISK QUALIFIES FOR TRANSITION, INDICATE THE YEAR IT FIRST QUALIFIED:		
3	HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	YES	NO	LOC	NEW CLASS	PREV. BASE	PREVIOUS EXPOSURE
4	WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?						APPLICABLE COVERAGE
COMMENTS							PREMISES
							PRODUCTS
							PREMISES
							PRODUCTS
							PREMISES

CONTRACTORS					
#	EXPLAIN ALL "YES" RESPONSES	YES	NO	FULL TIME STAFF:	PART TIME STAFF:
	(For Any Past Or Present Operations)			DESCRIBE THE TYPE OF WORK & PERCENT SUBCONTRACTED:	
1	DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS?				
2	DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?				
3	DO ANY OPERATIONS INCLUDE EVACUATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?				
4	DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?				
5	ARE CERTIFICATES OF INSURANCE REQUIRED FROM SUBCONTRACTORS?				
6	DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?				
REMARKS:					

PRODUCTS/COMPLETED OPERATIONS						
PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

#	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO	#	EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation)	YES	NO
1	DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?			6	PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
2	FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS?			7	PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
3	RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?			8	PRODUCTS UNDER LABEL OF OTHERS?		
4	GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?			9	VENDORS COVERAGE REQUIRED?		
5	PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?			10	DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		

PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.

ADDITIONAL INTERESTS/CERTIFICATE RECIPIENTS			
#	NAME & ADDRESS (INCLUDE LOAN NUMBER FOR MORTGAGEES)	INTEREST	CERT.
	420 US 79, Ltd., 230 Klattenhoff Lane, Hutto, TX 78634	Landlord/Additional Insured	X

GENERAL INFORMATION							
#	EXPLAIN ALL "YES" RESPONSES	YES	NO	#	EXPLAIN ALL "YES" RESPONSES	YES	NO
	(For All Past Or Present Operations:)			7	ANY PARKING FACILITIES OWNED/RENTED?		X
1	ANY MEDICAL FACILITIES PROVIDED OR DOCTORS EMPLOYED/CONTRACTED?		X	8	IS A FEE CHARGED FOR PARKING?		X
2	ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?		X	9	RECREATION FACILITIES PROVIDED?		X
3	DO OPERATIONS INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL (e.g. landfills, wastes, fuel tanks, etc.)		X	10	IS THERE A SWIMMING POOL ON THE PREMISES?		X
4	ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST 5 YEARS?		X	11	SPORTING OR SOCIAL EVENTS SPONSORED?		X
5	MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?		X	12	ANY STRUCTURAL ALTERATIONS CONTEMPLATED?		
6	ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED, OR LEASED?		X	13	ANY DEMOLITION EXPOSURE CONTEMPLATED?		X
REMARKS:							

Policy Coverages

Additional Insured – 420 US 79, Ltd.
Broad Form Named Insured
Fellow Employee Coverage
Knowledge of Occurrence
Punitive Damages Coverage Included
60 Days NOC except for 10 Days Non-Payment
Amendment Other Insurance Condition
Notice of Occurrence
Hostile Fire Coverage
Damage to Rented Premises Included In Occurrence Limit
Inadvertent E&O/Failure to Disclose

Temporary Lease

Terms

Effective Date: September ____, 2018
Landlord: 420 US 79, Ltd.
Landlord's Address: 230 Klattenhoff Lane, Hutto, Texas 78634
Tenant: County of Williamson County, Texas
Tenant's Address: 350 Exchange Blvd., Hutto, Texas 78634
Premises: The building, parking lots, and drive aisles, as shown in the attached Exhibit "A", and being known locally as 350 Exchange Blvd., Hutto, Texas
Base Rent (monthly): \$0
Term: Until December 15, 2018
Commencement Date: Same as Effective Date
Termination Date: Earlier to occur of (i) December 15, 2018, or (ii) Tenant vacates the Premises
Security Deposit: \$N/A
Use: County precinct office

Clauses and Covenants

A. Tenant agrees to -

1. Lease the Premises beginning on the Commencement Date and ending on the Termination Date. *However, Tenant may vacate the Premises at any time prior to the Termination Date, in which case this Lease shall terminate.*
2. Accept the Premises in their present condition "AS IS," the Premises being currently suitable for Tenant's intended Use.
3. Obey all laws, ordinances, orders, and rules and regulations applicable to the use, condition, and occupancy of the Premises.
4. Pay for all utility services used by Tenant.
5. Maintain the Premises in the same general condition as of the Commencement Date, and repair any damage caused by Tenant.
6. Maintain public liability insurance for the Premises and the conduct of Tenant's business, naming Landlord as an additional insured.
7. To the extent allowed by law, indemnify, defend, and hold Landlord harmless from any loss, attorney's fees, court and other costs, or claims arising out of Tenant's use of the Premises.
8. Vacate the Premises, remove all personal property, and return all keys to the Premises, upon termination of this Lease.

B. Tenant agrees not to -

1. Use the Premises for any purpose other than that stated in the Lease.
2. Alter the Premises.

3. Allow a lien to be placed on the Premises.
4. Assign this Lease or sublease any portion of the Premises.

C. Landlord agrees to -

1. Lease to Tenant the Premises for the entire Term beginning on the Commencement Date and ending on the Termination Date.
2. Maintain normal utility service connections to the building.

D. Landlord agrees not to -

1. Interfere with Tenant's possession of the Premises as long as Tenant is not in default.

E. Landlord and Tenant agree to the following:

1. *Default by Landlord.* Defaults by Landlord are failing to comply with any provision of this Lease within 10 days after written notice.
2. *Default by Landlord/Tenant's Remedies.* Tenant's remedies for Landlord's default are all remedies available at law.
3. *Default by Tenant.* Defaults by Tenant are failing to comply with any provision of this Lease within 10 days after written notice.
4. *Default by Tenant/Landlord's Remedies.* Landlord's remedies for Tenant's default are all remedies available at law.
5. *Holdover.* If Tenant does not vacate the Premises following termination of this Lease, Tenant will become a tenant at will and must vacate the Premises on receipt of notice from Landlord. No holding over by Tenant, whether with or without the consent of Landlord, will extend the Term.
6. *Attorney's Fees.* If either party retains an attorney to enforce this Lease, the party prevailing in litigation is entitled to recover reasonable attorney's fees and court and other costs.
7. *Venue.* Venue is in the county in which the Premises are located.
8. *Entire Agreement.* This Lease, together with the attached exhibits and riders, is the entire agreement of the parties, and there are no oral representations, warranties, agreements, or promises pertaining to this Lease or to any expressly mentioned exhibits and riders not incorporated in writing in this Lease.
9. *Amendment of Lease.* This Lease may be amended only by an instrument in writing signed by Landlord and Tenant.
10. *Limitation of Warranties.* THERE ARE NO IMPLIED WARRANTIES OF MERCHANTABILITY, OF FITNESS FOR A PARTICULAR PURPOSE, OR OF ANY OTHER KIND ARISING OUT OF THIS LEASE, AND THERE ARE NO WARRANTIES THAT EXTEND BEYOND THOSE EXPRESSLY STATED IN THIS LEASE.
11. *Notices.* Any notice required or permitted under this Lease must be in writing. Any notice required by this Lease will be deemed to be delivered (whether actually received or not) when deposited with the United States Postal Service, postage prepaid,

certified mail, return receipt requested, and addressed to the intended recipient at the address shown in this Lease. Notice may also be given by regular mail, personal delivery, courier delivery, facsimile transmission, or other commercially reasonable means and will be effective when actually received. Any address for notice may be changed by written notice delivered as provided herein.

12. *Abandoned Property.* Landlord may retain, destroy, or dispose of any property left on the Premises at the end of the Term.

13. *Tenant acknowledges that following vacation of the Premises, it is Landlord's intention to demolish the building and incorporate the Premises into the adjacent Hutto Co-op development. Therefore, Tenant acknowledges that Landlord may enter onto the outside Premises for purposes of surveying, testing, and other pre-development activity, so long as such activity does not interfere with Tenant's use of the building, or necessary parking. Landlord may enter inside the Premises only during normal working hours, and upon at least 48 hours notice to Landlord.*

LANDLORD:

**420 US 79, Ltd.,
a Texas limited partnership**

By: 420 US 79 GP, LLC,
a Texas limited liability company,
Its general partner

By: BCP GP, LLC,
a Texas limited liability company,
Its Managing Member

By: _____
Edward S. Butler, Sole Member

TENANT:

COUNTY OF WILLIAMSON COUNTY, TEXAS

By: _____
Name: _____
Title: _____

EXHIBIT "A"

