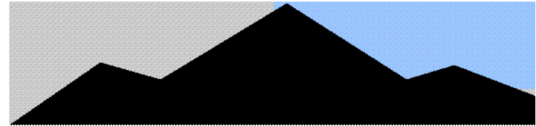


Sheridan Park 11
 8704 Yates Drive, Suite 225
 Westminster, Colorado 80031
 (303) 650-0500
 jwillis@colopmv.com



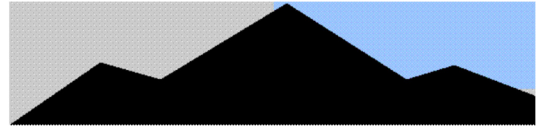
PURPLE MOUNTAIN VENTURES, LLC

Dear Perspective Tenant,

Please complete the information below to aid us in evaluating your suitability as a tenant in the building. Where information is not applicable, please indicate "N/A" in the space provided. Submitting a lease application does not guarantee acceptance of the application or initially quoted rent rates or lease duration. Acceptance of the lease application will require signing of the building standard lease agreement and making the required payments for the security deposit and first month's rent. All information is confidential and will not be shared except as noted below.

TENANT LEASE APPLICATION					
Suite:		Lease Term (Months):		Date:	
Requested Improvements:					
Business Information					
Legal Business Name:			Year Established:		
DBA:			No. of Employees:		
Legal Address:			FEIN:		
City, State and Zip Code:			State of Organ.:		
Primary Contact:			Title:		
Email:			Phone:		
Type of Business:			FAX:		
Annual Gross Revenue:			Cell:		
Parent Company:					
Entity Type:	<input type="checkbox"/> Sole Prop <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC		Non-Profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Rental History					
Present Address:			No. of Months:		
City, State and Zip Code			Monthly Rent:		
Current Landlord:			Phone:		
Reason for Leaving:					
Previous Address:			No. of Months:		
City, State and Zip Code			Monthly Rent:		
Previous Landlord:			Phone:		
Reason for Leaving:					

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TENANT LEASE APPLICATION (Page 2)			
Business Ownership			
Owner 1 Name:		Birth Date:	
Owner 1 Address:		SSN:	
Owner 1 City, State, Zip:		Cell Phone	
Email:		D.L. No.:	State:
Owner 2 Name:		Birth Date:	
Owner 2 Address:		SSN:	
Owner 2 City, State, Zip:		Cell Phone	
Email:		D.L. No.:	State:
Owner 3 Name:		Birth Date:	
Owner 3 Address:		SSN:	
Owner 3 City, State, Zip:		Cell Phone	
Email:		D.L. No.:	State:
Business Credit References			
Bank Ref:		Phone:	
Bank Ref Address:		Contact:	
Bank Ref City, State, Zip:		Acct #:	
Reference 1:		Phone:	
Reference 1 Address:		Contact:	
Ref 1 City, State, Zip:		Acct #:	
Reference 2:		Phone:	
Reference 2 Address:		Contact:	
Ref 2 City, State, Zip:		Acct #:	

I certify the information provided is true, accurate and complete. I authorize Purple Mountain Ventures, LLC to order and review necessary credit reports, criminal history reports and investigate the accuracy of the information contained in the application. I further authorize all banks, employers, creditors, credit card companies, references and any and all other persons to provide to Purple Mountain Ventures, LLC any and all information concerning the business's credit and my personal credit.

Signed: _____ Date: _____ Signed: _____ Date: _____

Signed: _____ Date: _____ Signed: _____ Date: _____