GUARANTY

NAME:First Middle Last			DRIVER'S LIC. NO.:			
BIRTH DATE:	Middle	Last				
HOME PHONE:		CELL PHONE:				
HOWE PHONE.		CELL PHONE.				
PERMANENT ADDRESS	CITY	STATE		ZIP	YEARS THERE	
EMPLOYER NAME & ADDRESS	CITY	STATE		ZIP	EMPLOYER PHONE	
POSITION:	HOW LONG	?				
2ND EMPLOYER NAME & ADDRESS	CITY	STATE		ZIP	EMPLOYER PHONE	
POSITION:	HOW LONG	?				
GUARANTY of a lease in which "Occupant" herein, is jointly and FOR VALUE RECEIVED and obligor" agrees to be jointly are guarantees to Owner the full without requiring any notice to shall in nowise be terminated reserved to Owner pursuant to reports and other information in purposes. Co-obligor further of to any renewal, modification or	d severally obligation consideration of the performance and by reason of the total the provisions of this extension of this	or Owner making the force with Occupant for Od I observance of all the the undersigned agrees assertion by Owner and this lease. The undersigned this lease or of the tenancy lease or of the tenancy	oregoing ecupant's agreeme is that the against C ersigned application shall remark, and the	lease with Recobligations of a coupant of a authorizes the coupant and continuing	esident, the undersigned "Co- under said lease. Co-obligor ditions thereof by Occupant of the undersigned hereunder my of the rights or remedies are owner to obtain consumer at renewals, and/or collection nue in full force and effect as waives any notice thereof.	
Dated		— Printed Nam	ne:			
		Address:				
STATE OF)					
) SS.					
COUNTY OF)					
		, before me app				
individual, to me personally kno	•	son who executed the f	oregoing	GUARANTY	and acknowledged the	
same as being his own free ac	and deed.					
My Commission Expires:						
				Notary Pul		
				_		
Please return form to: Fayette Properties PMB 143 6749 S. Westnedge Ave., Suite K Portage, MI 49002		Phone: 269-501-0070 Fax: 1-866-790-3990 E-mail: leasing@fayette		ies.com		

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