

HICENTRAL MLS, LTD. EXHIBIT A PROFILE SHEET — SINGLE FAMILY

KEYWORDS: Fill in the boxes for each keyword. (*) items denote required entries for adding a listing. (RC)s denote conditionally required entries for adding a listing.

GENERAL LISTING INFORMATION

*TMK #: _____ Div/Zone/Sec/Plat/Parcel/CPR		*Listing Agent MLSID: _____ Co-Listing Agent MLSID: _____		MLS #: _____ *List Price: _____	
*Land Recorded: _____	*Listing Type (ER/EA): _____	*Listing Date: _____	*Listing Exp Date: _____		
*Compensation: _____	*Dual Variable Comp (Y/N): _____	Comp. Subject To: _____	Comp. Method: _____		
Foreclosure (Y/N): _____	Advertise Date: _____	Auction Date: _____	*G.E. Tax to Co-op (Y/N): _____		
*Listing Service: _____	External URL: _____		Foreclosure Number: _____		
* Show Internet (Y/N): _____	(RC) Show Addr Internet (Y/N): _____	(RC) Allow Comments (Y/N): _____	Enhanced Photo (Y/N): _____		
*Immoviewer (Y/N): _____	Unbranded Virtual Tour URL: _____		(RC) Allow Automated Value (AVM) (Y/N): _____		
*Street #: _____	Street Dir Prefix: _____	*Street Name: _____	*Street Suffix: _____		
*City: _____	*Zip Code: _____	*State: _____	Unit Number: _____		
Elementary School: _____		Middle School: _____	High School: _____		

ADDITIONAL INFORMATION

*# of Bedrooms: _____	*Full Baths: _____	*Half Baths: _____
Furnished: _____	*New Development/Constr.: _____	*Year Built: _____
*Fractional (Y/N): _____	Remodeled (F/P): _____	Remodeled Year: _____
*SQFT Living Area: _____	SQFT Other Area: _____	SQFT Open Lanai Area: _____
Garage/Carport Area: _____	*Parking Total: _____	*Land SQFT: _____
*Zoning: _____	*Flood Zone Code: _____	Developer/Architect: _____
Model Name: _____	Models Open Days/Hours: _____	Model Site Contact: _____
Site Contact Phone #: _____	*CPR (Y/N): _____	Building Name: _____
Management Company: _____	Management Company Ph #: _____	Community Association: _____
Community Association Ph #: _____	Public Report #: _____	
Maintenance Fee: _____	Association Fee Monthly: _____	*Home Exemption: _____
Other Fees Monthly: _____	Rental Income Monthly: _____	
*Tax Assessed Land: _____	*Tax Assessed Improvements: _____	*Tax Assessed Total: _____
*Tax Amount Monthly: _____	*Assessment Year (YYYY): _____	
*Land Tenure (FS/LH): _____	Fee Purchase: _____	(RC) Fee Options: _____
(RC) Lessor: _____	Lessor 2: _____	
(RC) Cur Mon Lease/Rnt: _____	Lease Renegotiate Date: _____	(RC) Lease Expires: _____ (RC) Lease Until Year: _____
Nxt Step-Up Mon Rnt: _____	2nd Step-Up Mo Rnt: _____	Next Until Year: _____ 2nd Until Year: _____

REMARKS

Public Remarks (maximum 1200 alpha/numeric characters)

Agent/Showing Remarks (maximum 600 alpha/numeric characters)

SINGLE FAMILY FEATURES

(R) = REQUIRED (gray box)

1. (R) SPECIAL SALE CONDITIONS <input type="checkbox"/> None <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Foreclosure <input type="checkbox"/> Lender Sale <input type="checkbox"/> Lien Release <input type="checkbox"/> Probate <input type="checkbox"/> Short Sale <input type="checkbox"/> Subject to Replacement Property	2. (R) TERMS ACCEPTABLE <input type="checkbox"/> A/S <input type="checkbox"/> Assumption <input type="checkbox"/> Cash <input type="checkbox"/> Conventional <input type="checkbox"/> Due On Sale <input type="checkbox"/> Exchange <input type="checkbox"/> FHA <input type="checkbox"/> Interest Escalation <input type="checkbox"/> Lease Option <input type="checkbox"/> Open <input type="checkbox"/> Other <input type="checkbox"/> PMM <input type="checkbox"/> Seller Financing <input type="checkbox"/> Sub A/S <input type="checkbox"/> USDA Financing <input type="checkbox"/> VA	3. (R) POSSESSION <input type="checkbox"/> 45 Days or Less <input type="checkbox"/> 45 Days or More <input type="checkbox"/> At Closing <input type="checkbox"/> Early Occupancy <input type="checkbox"/> Negotiable <input type="checkbox"/> Other <input type="checkbox"/> Seller Lease Back <input type="checkbox"/> Subject to Rental Lease	4. (R) DISCLOSURES <input type="checkbox"/> None <input type="checkbox"/> 1031 Exchange <input type="checkbox"/> Buyer Restrictions <input type="checkbox"/> Call Listor <input type="checkbox"/> Court Approval Required <input type="checkbox"/> Inactive Licensed Owner <input type="checkbox"/> Lender Approval Required <input type="checkbox"/> Licensed Owner <input type="checkbox"/> Listor Owner <input type="checkbox"/> Non Resident Owner <input type="checkbox"/> Pending Litigation <input type="checkbox"/> Pet on Property <input type="checkbox"/> Pets Allowed (verify) <input type="checkbox"/> Photovoltaic <input type="checkbox"/> Property Disclosure Stmt <input type="checkbox"/> Relative of Licensee <input type="checkbox"/> See Remarks	5. (R) STYLE <input type="checkbox"/> 1 Bedroom Cottage <input type="checkbox"/> 2 Bedroom Cottage <input type="checkbox"/> Attached <input type="checkbox"/> Cluster Development <input type="checkbox"/> CPR <input type="checkbox"/> Detach Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multiple Dwellings <input type="checkbox"/> Ohana Dwelling <input type="checkbox"/> PUD <input type="checkbox"/> Studio Cottage <input type="checkbox"/> Zero Lot Line
6. (R) STORIES <input type="checkbox"/> Basement <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three+ <input type="checkbox"/> Split Level	7. (R) PROPERTY CONDITION <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Needs Major Repair <input type="checkbox"/> Tear Down	8. (R) LOT DESCRIPTION <input type="checkbox"/> Clear <input type="checkbox"/> Flag Lot <input type="checkbox"/> Irregular <input type="checkbox"/> Other <input type="checkbox"/> Rim Lot <input type="checkbox"/> Wooded	9. AMENITIES <input type="checkbox"/> None <input type="checkbox"/> ADA Accessible <input type="checkbox"/> ADA Compliant <input type="checkbox"/> Bedroom on 1st Floor <input type="checkbox"/> Car Wash <input type="checkbox"/> Dog Park <input type="checkbox"/> Entry <input type="checkbox"/> Full Bath on 1st Floor <input type="checkbox"/> Landscaped <input type="checkbox"/> Maids/Guest Qrters <input type="checkbox"/> Other <input type="checkbox"/> Patio/Deck <input type="checkbox"/> Playground <input type="checkbox"/> Sauna <input type="checkbox"/> Storage <input type="checkbox"/> Tennis Court <input type="checkbox"/> Wall/Fence <input type="checkbox"/> Workshop	10. (R) CONSTRUCTION/ EXTERIOR FINISH <input type="checkbox"/> Above Ground <input type="checkbox"/> Brick <input type="checkbox"/> Concrete <input type="checkbox"/> Double Wall <input type="checkbox"/> Hollow Tile <input type="checkbox"/> Masonry/Stucco <input type="checkbox"/> Other <input type="checkbox"/> Single Wall <input type="checkbox"/> Slab <input type="checkbox"/> Steel Frame <input type="checkbox"/> Stone <input type="checkbox"/> Vinyl <input type="checkbox"/> Wood Frame
11. (R) ROOFING <input type="checkbox"/> Aluminum/Steel <input type="checkbox"/> Asphalt Shingle <input type="checkbox"/> Composition <input type="checkbox"/> Custom/Specialty <input type="checkbox"/> Other <input type="checkbox"/> Pitch & Gravel <input type="checkbox"/> Tile <input type="checkbox"/> Wood Shake	12. (R) FLOOR COVERING <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Hardwood <input type="checkbox"/> Laminate <input type="checkbox"/> Marble/Granite <input type="checkbox"/> Other <input type="checkbox"/> Vinyl <input type="checkbox"/> W/W Carpet	13. (R) VIEW <input type="checkbox"/> None <input type="checkbox"/> Cemetery <input type="checkbox"/> City <input type="checkbox"/> Coastline <input type="checkbox"/> Diamond Head <input type="checkbox"/> Garden <input type="checkbox"/> Golf Course <input type="checkbox"/> Marina/Canal <input type="checkbox"/> Mountain <input type="checkbox"/> Ocean <input type="checkbox"/> Other <input type="checkbox"/> Sunrise <input type="checkbox"/> Sunset	14. (R) TOPOGRAPHY <input type="checkbox"/> Down Slope <input type="checkbox"/> Gentle Slope <input type="checkbox"/> Hilly <input type="checkbox"/> Level <input type="checkbox"/> Other <input type="checkbox"/> Steep Slope <input type="checkbox"/> Terraced <input type="checkbox"/> Up Slope	15. (R) LOCATION <input type="checkbox"/> Corner <input type="checkbox"/> Cul-De-Sac <input type="checkbox"/> Dead End <input type="checkbox"/> Inside <input type="checkbox"/> Other
16. (R) ROADS <input type="checkbox"/> None <input type="checkbox"/> County Rd <input type="checkbox"/> Graded <input type="checkbox"/> Paved Rd <input type="checkbox"/> Private Rd <input type="checkbox"/> State Hwy <input type="checkbox"/> Unpaved Rd	17. (R) PARKING <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3 Car+ <input type="checkbox"/> Boat <input type="checkbox"/> Carport <input type="checkbox"/> Driveway <input type="checkbox"/> Garage <input type="checkbox"/> Street	18. PROPERTY FRONTAGE <input type="checkbox"/> Conservation <input type="checkbox"/> Golf Course <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Marina <input type="checkbox"/> Ocean <input type="checkbox"/> Other <input type="checkbox"/> Preservation <input type="checkbox"/> Sandy Beach <input type="checkbox"/> Stream/Canal <input type="checkbox"/> Waterfront	19. (R) EASEMENTS <input type="checkbox"/> None <input type="checkbox"/> Beach Access <input type="checkbox"/> Cable <input type="checkbox"/> Drainage <input type="checkbox"/> Driveway <input type="checkbox"/> Electric <input type="checkbox"/> Other <input type="checkbox"/> Sewer <input type="checkbox"/> Street Widening <input type="checkbox"/> Telephone <input type="checkbox"/> View <input type="checkbox"/> Water	20. SECURITY <input type="checkbox"/> Card <input type="checkbox"/> Gated Community <input type="checkbox"/> Key <input type="checkbox"/> Keyed Elevator <input type="checkbox"/> Security Patrol <input type="checkbox"/> Video
21. (R) UTILITIES AVAILABLE <input type="checkbox"/> Cable <input type="checkbox"/> Cesspool <input type="checkbox"/> Connected <input type="checkbox"/> Gas <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> Overhead Electricity <input type="checkbox"/> Private Water <input type="checkbox"/> Public Water <input type="checkbox"/> Septic <input type="checkbox"/> Sewer Connection Req'd <input type="checkbox"/> Sewer Fee <input type="checkbox"/> Telephone <input type="checkbox"/> Underground Electricity <input type="checkbox"/> Water <input type="checkbox"/> Water Catchment <input type="checkbox"/> Wells	22. OTHER MONTHLY FEES INCLUDES <input type="checkbox"/> None <input type="checkbox"/> Assessment <input type="checkbox"/> Association <input type="checkbox"/> Lease Rent <input type="checkbox"/> Maintenance <input type="checkbox"/> Marina <input type="checkbox"/> Other <input type="checkbox"/> Sewer <input type="checkbox"/> Special Assessment	23. (R) INCLUSIONS <input type="checkbox"/> None <input type="checkbox"/> AC Central <input type="checkbox"/> AC Split <input type="checkbox"/> AC Window Unit <input type="checkbox"/> Attic Fan <input type="checkbox"/> Auto Garge Door Opener <input type="checkbox"/> Blinds <input type="checkbox"/> Book Shelves <input type="checkbox"/> Cable TV <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Chandelier <input type="checkbox"/> Compactor <input type="checkbox"/> Convection Oven <input type="checkbox"/> Dishwasher <input type="checkbox"/> Disposal <input type="checkbox"/> Drapes <input type="checkbox"/> Dryer <input type="checkbox"/> Fireplace <input type="checkbox"/> Gas Grill <input type="checkbox"/> Heat Pump <input type="checkbox"/> Home Warranty <input type="checkbox"/> Intercom <input type="checkbox"/> Lawn Sprinkler <input type="checkbox"/> Microwave <input type="checkbox"/> Microwave Hood <input type="checkbox"/> Other <input type="checkbox"/> Photovoltaic - Leased <input type="checkbox"/> Photovoltaic - Owned <input type="checkbox"/> Photovoltaic - Power Purchase Agreement <input type="checkbox"/> Range Hood <input type="checkbox"/> Range/Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Satellite Dish <input type="checkbox"/> Security System <input type="checkbox"/> Smoke Detector <input type="checkbox"/> Solar Heater <input type="checkbox"/> TV Antenna <input type="checkbox"/> Washer <input type="checkbox"/> Water Heater <input type="checkbox"/> Wine Refrigerator		
24. EXCLUSIONS <input type="checkbox"/> Book Shelves <input type="checkbox"/> Ceiling Fan <input type="checkbox"/> Chandelier <input type="checkbox"/> Dryer <input type="checkbox"/> Microwave <input type="checkbox"/> Other <input type="checkbox"/> Refrigerator <input type="checkbox"/> Track Lighting <input type="checkbox"/> Washer <input type="checkbox"/> Window Coverings	25. (R) POOL <input type="checkbox"/> None <input type="checkbox"/> Above Ground <input type="checkbox"/> Heated <input type="checkbox"/> In Ground <input type="checkbox"/> Plaster <input type="checkbox"/> Spa/HotTub <input type="checkbox"/> Tile <input type="checkbox"/> Vinyl <input type="checkbox"/> Pool on Property <input type="checkbox"/> Community Association Pool <input type="checkbox"/> Condo Association Pool	26. OCCUPANCY <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant	27. SHOWING <input type="checkbox"/> <8 Hrs Notice Required <input type="checkbox"/> 1 Day Notice Required <input type="checkbox"/> 2 Day Notice Required <input type="checkbox"/> Appointment Only <input type="checkbox"/> Call Assistant <input type="checkbox"/> Call Listor <input type="checkbox"/> Call Office & Go <input type="checkbox"/> Key in Office <input type="checkbox"/> Listor Must Be Present <input type="checkbox"/> SentiKey - Go/Show <input type="checkbox"/> Virtual Showing	28. (R) SET-BACKS <input type="checkbox"/> C&C <input type="checkbox"/> Of Record <input type="checkbox"/> Special

SINGLE FAMILY FEATURES

LOCKBOX

- I am not using a lockbox
 I will use my own SENTRILOCK lockbox
 I will use my own NON-SENTRILOCK lockbox
 I request a lockbox from HiCentral MLS

Serial Number: _____

ROOMS

ROOMS & DESCRIPTIONS (SELECT ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Atrium | <input type="checkbox"/> Foyer | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Full Bathroom | <input type="checkbox"/> Loft |
| <input type="checkbox"/> Breakfast Room | <input type="checkbox"/> Great Room | <input type="checkbox"/> Media Room |
| <input type="checkbox"/> Den/Study | <input type="checkbox"/> Half Bathroom | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dining Area | <input type="checkbox"/> Kitchen Nook | <input type="checkbox"/> Recreation Room |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Lanai, Enclosed | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Eat in Kitchen/Nook | <input type="checkbox"/> Lanai, Open | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Exercise Room | <input type="checkbox"/> Laundry Room | <input type="checkbox"/> Wine Cellar |
| <input type="checkbox"/> Family Room | <input type="checkbox"/> Library | <input type="checkbox"/> Workshop |

ROOM LEVEL (SELECT ONE)

- Basement
 Lower
 Main
 Upper

ROOM DESCRIPTION

(max 30 alpha/numeric characters)

ROOMS & DESCRIPTIONS (SELECT ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> Atrium | <input type="checkbox"/> Foyer | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Bedroom | <input type="checkbox"/> Full Bathroom | <input type="checkbox"/> Loft |
| <input type="checkbox"/> Breakfast Room | <input type="checkbox"/> Great Room | <input type="checkbox"/> Media Room |
| <input type="checkbox"/> Den/Study | <input type="checkbox"/> Half Bathroom | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dining Area | <input type="checkbox"/> Kitchen Nook | <input type="checkbox"/> Recreation Room |
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ROOMS & DESCRIPTIONS (SELECT ONE)

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ROOM LEVEL (SELECT ONE)

- Basement
 Lower
 Main
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ROOM DESCRIPTION

(max 30 alpha/numeric characters)

ROOMS & DESCRIPTIONS (SELECT ONE)

- | | | |
|--|--|--|
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| <input type="checkbox"/> Family Room | <input type="checkbox"/> Library | <input type="checkbox"/> Workshop |

ROOM LEVEL (SELECT ONE)

- Basement
 Lower
 Main
 Upper

ROOM DESCRIPTION

(max 30 alpha/numeric characters)

I state to the best of my knowledge that the above information is correct and authorize its release.

Seller Signature

Print Name

Date

Seller Signature

Print Name

Date

Seller Signature

Print Name

Date

DR/BIC certifies that a valid Exclusive Listing Agreement is being held at listing office.

Authorized Signature of DR/BIC

Print Name

Date

Address

Phone