

Electronic Filing Depository
State Sales Data Information

EFDID: 468348

Accession: 0000932440-23-000023

As of Thursday, April 2, 2026

Issuer's Identity

CIK (Filer Id Number)

0001957612

Address of Issuer

C/O NET LEASE CAPITAL ADVISORS
LLC

Name of Issuer

GSA CIS CAMP SPRINGS DST

10 TARA BOULEVARD, SUITE 501

NASHUA NEW HAMPSHIRE, 03062

Jurisdiction of Incorporation/Organization

DELAWARE

Sales Data

State CO **Notice Date** 4/24/2023 **File Number** 2023-12-359

Expires 4/24/2024 **Notice Type** New

Offering Amount **Date of Sale** **Total # of Investors** **Amount Sold**

Filer, on behalf of the issuer, understands and agrees that it is submitting a Form D for Regulation D, Rule 506 offerings to one or more States in compliance with state and federal regulatory requirements. Filer, on behalf of the issuer, understands and agrees that by submitting this Form D in the selected States the issuer is obligated to comply with each of the selected States' requirements governing consent to service of process and jurisdiction. Filer, on behalf of the issuer, understands and agrees that for purposes of complying with the selected States' laws, relating to either the registration or sale of securities, Filer, on behalf of the issuer, hereby irrevocably appoints the officers of the States in which the Form D was filed and their successors in such offices, its attorney in those States upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States; and the Filer, on behalf of the issuer, hereby consents that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States in which the Form D was filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

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