Di Ones		in a fur cafe a ca
- Jee	Separate	instructions.

Part I Reporting Issuer	
1 Issuer's name	2 Issuer's employer identification number (EIN)
AH Net Lease II REIT LLC	84-2947900
3 Name of contact for additional information 4 Telephone No. o	contact 5 Email address of contact
GARY CUTSON 212	765-0043 support@a5reit.com
6 Number and street (or P.O. box if mail is not delivered to street ad	
AS DELT Somilage LLC, 45 Deckefeller Diggs, Suite 2000	New York NV 10111
A5 REIT Services LLC, 45 Rockefeller Plaza, Suite 2000 8 Date of action 9 Classification	and description
12/29/2023	
Preferred Share 10 CUSIP number 11 Serial number(s) 12 T	s cker symbol 13 Account number(s)
Part II Organizational Action Attach additional stater	nents if needed. See back of form for additional questions.
	the action or the date against which shareholders' ownership is measured for
the action ► The Issuer made distributions in excess of its	- · · · · · · · · · · · · · · · · · · ·
\$120.00/share on 12/29/2023	
fe	
	he basis of the security in the hands of a U.S. taxpayer as an adjustment per on reduces the basis of the security, to the extent thereof, in the amount
16 Describe the calculation of the change in basis and the data that	
valuation dates The distribution was made in cash. The ta	t supports the calculation, such as the market values of securities and the <u>cpayer's earnings and profits were determined under IRC Section</u> <u>t trust</u> .
valuation dates The distribution was made in cash. The ta	payer's earnings and profits were determined under IRC Section
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AH Net Lease II REIT LLC

The state of the s	37 (12-	2-2017)				Page 2
Part	II	Organizational Action (continued)				
7 1	ist the	e applicable Internal Revenue Code section(s) and subsection(s) upon which the ta	av treatmen	t is hasod		
		duced under IRC Section 301(c)(2). Any distribution in excess of basis is treat				
		· · · · · · · · · · · · · · · · · · ·				
3 (an an	ny resulting loss be recognized? No				
			a na an			
	2					
) F	rovide	le any other information necessary to implement the adjustment, such as the repor	table tax ye	ar ►		
		le any other information necessary to implement the adjustment, such as the repor djustment is effective on the payment date identified in Box 14 above.	table tax ye	ar ►		
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ign ere aid	Unde belief Signa Print	djustment is effective on the payment date identified in Box 14 above. der penalties of perjury, I declare that I have examined this return, including accompanying sc ef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all ir /s/ Gary A. Cutson for nature ▶ AH Net Lease II REIT LLC t your name ▶ Gary A. Cutson Print/Type preparer's name	chedules and nformation of Date ► Title ►	statements which prep	s, and to the best of my k parer has any knowledge. y 30, 2024	
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