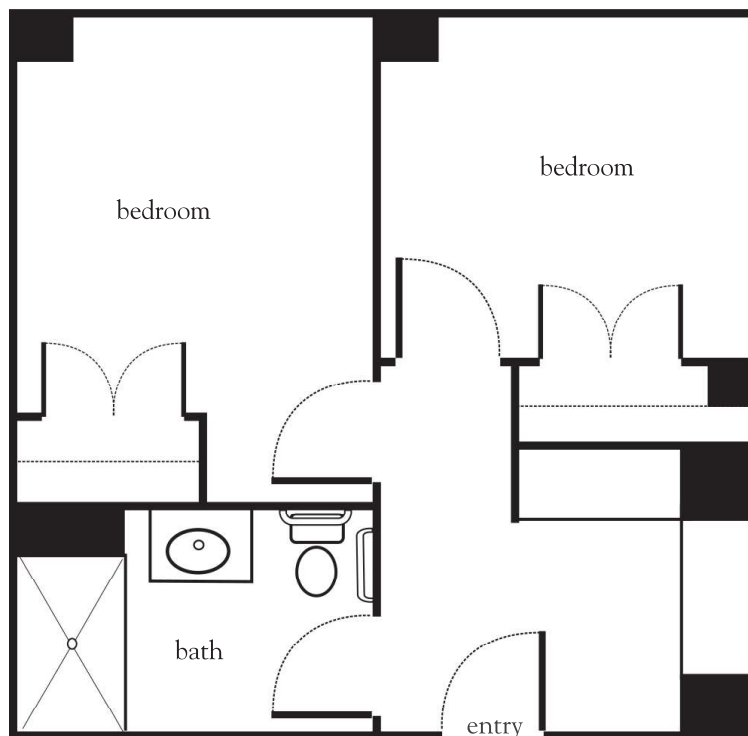


Memory Care Shared Suite



Apartment Number _____ Square Footage _____

Apartment Rate _____ Rate Expires _____

Date Quoted _____ Quoted by _____

Notes _____



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