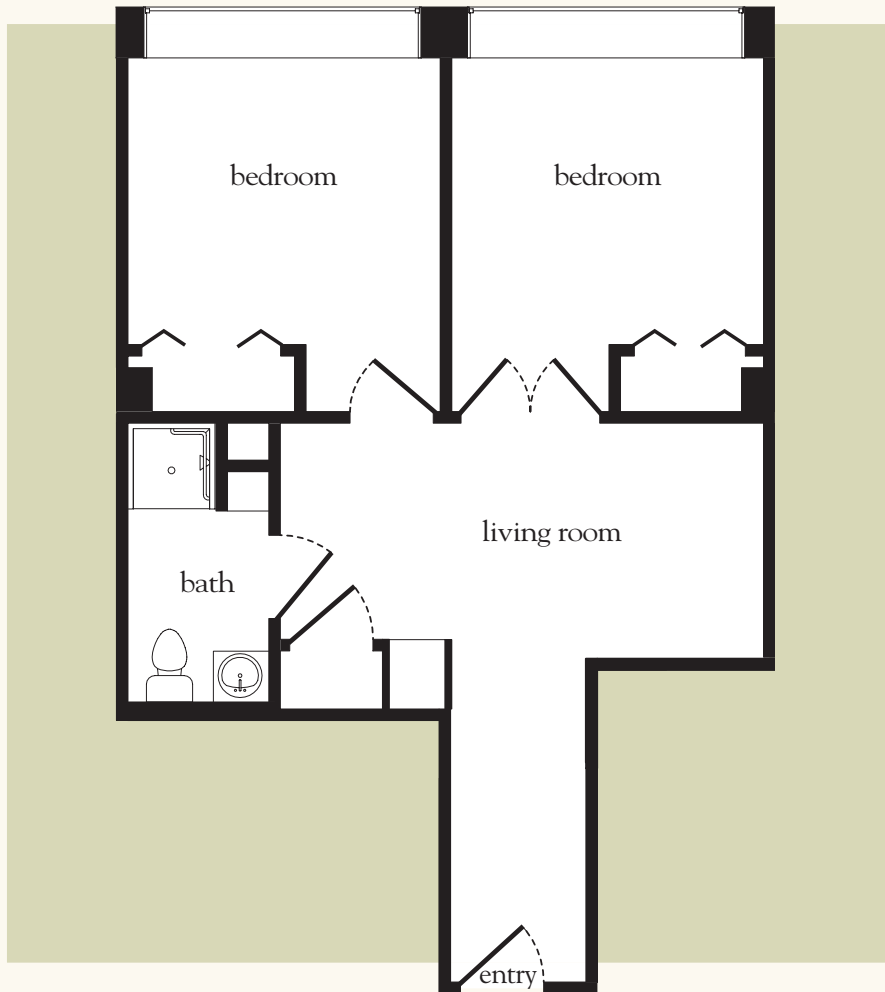


Life Guidance® Memory Care Shared Suite



Apartment No. _____ Apartment Rate _____

Notes _____

Name _____ Date _____

Expires _____

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Measurements are an approximation and can vary by apartment. All rates are subject to change.
Apartment rate is subject to change and includes Level 1 Care.



Memory Care Shared Suite Floor Plan