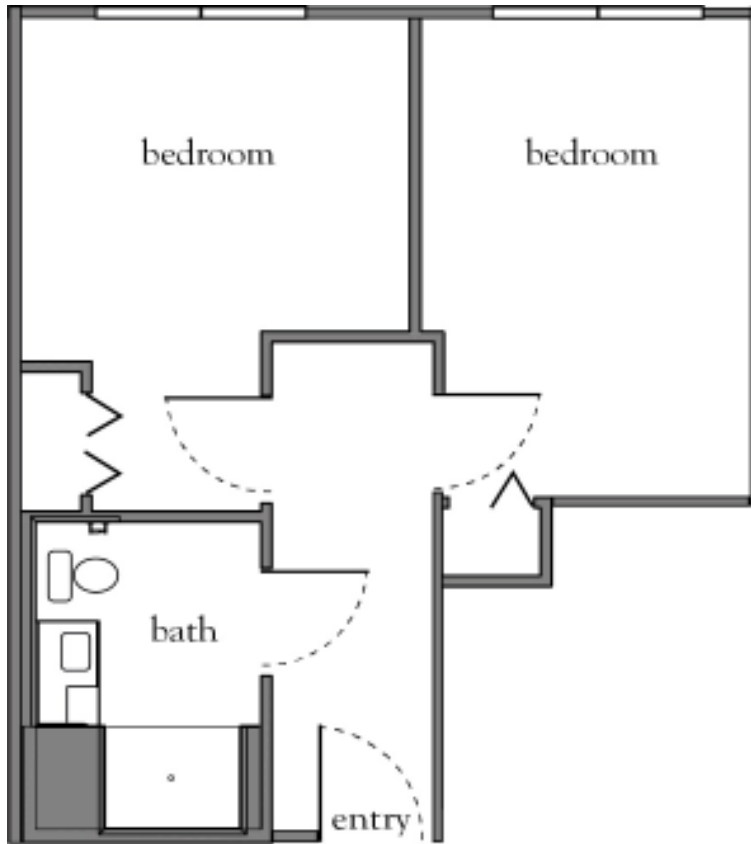


Life Guidance® Memory Care shared Suite



Apartment No. _____ Square Footage _____ Apartment Rate _____

Notes _____

Date Quoted _____ Quoted by _____ Rate Expires _____

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Measurements are an approximation and can vary by apartment.
All rates are subject to change.