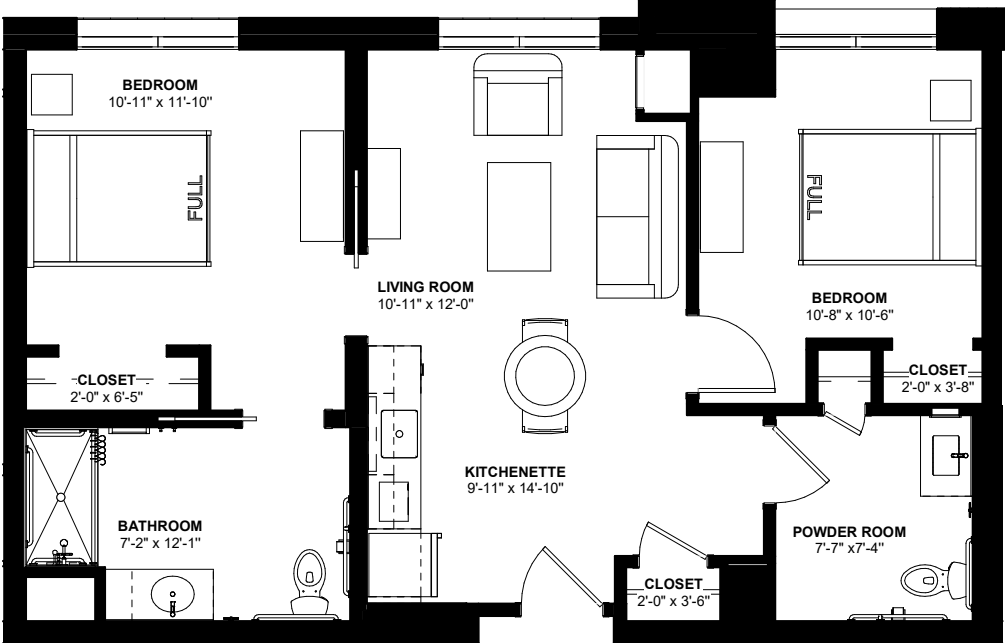


Espresso

789-988 SQ FT 2 BEDROOM 1½ BATHROOM



DATE _____ RESIDENCE NUMBER _____ PREPARED BY _____

ONE-TIME COMMUNITY FEE	MONTHLY FEE	2 ND PERSON FEE	LEVEL OF CARE	OTHER	TOTAL MONTHLY FEE
\$	\$	\$	\$	\$	\$

Floor plan not shown to scale. Window placement may vary.