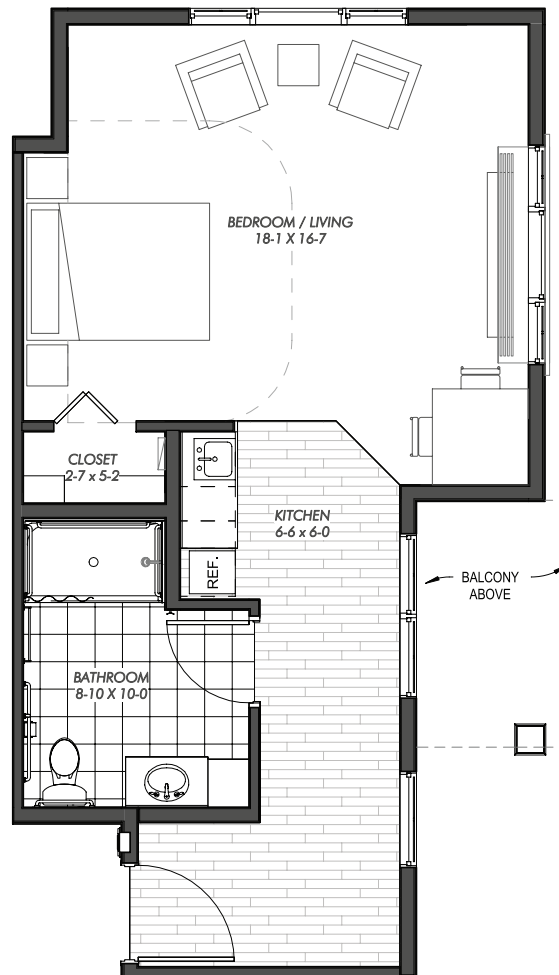


Mississippi

STUDIO | 573 SQ. FT.



DATE _____ RESIDENCE NUMBER _____ PREPARED BY _____

| | | | |
|------------------------|-------------|--------------------------|----------|
| ONE-TIME COMMUNITY FEE | MONTHLY FEE | ESTIMATED LEVEL OF CARE* | OTHER |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ |

TOTAL MONTHLY FEE
\$ _____