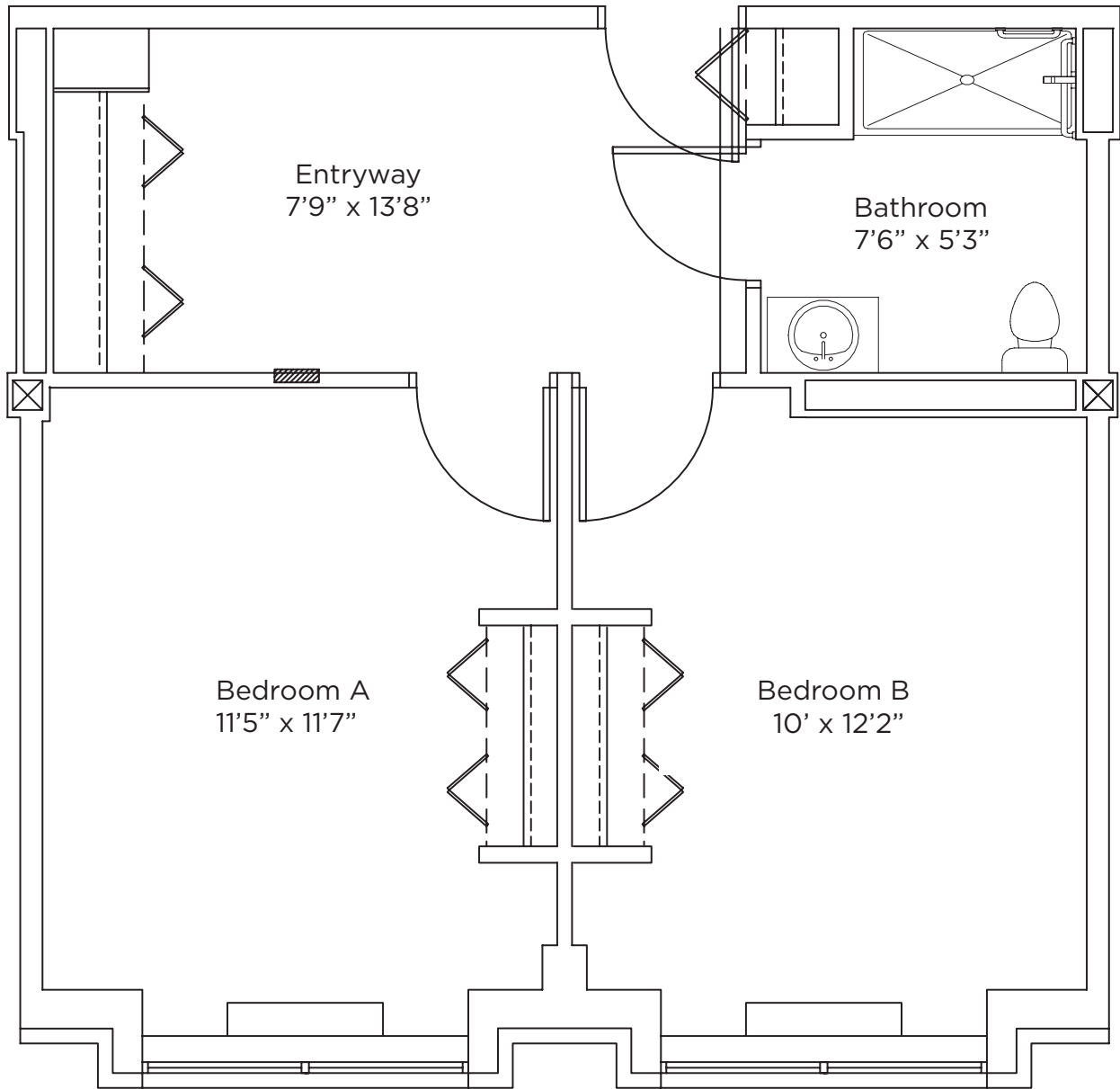


COMPANION SUITE | Approx. 400 SQ FT



Date _____ Residence Number _____ Prepared by _____

ONE TIME COMMUNITY FEE	MONTHLY FEE	OTHER	TOTAL MONTHLY FEE
\$	\$	\$	\$

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