

# CLOVER

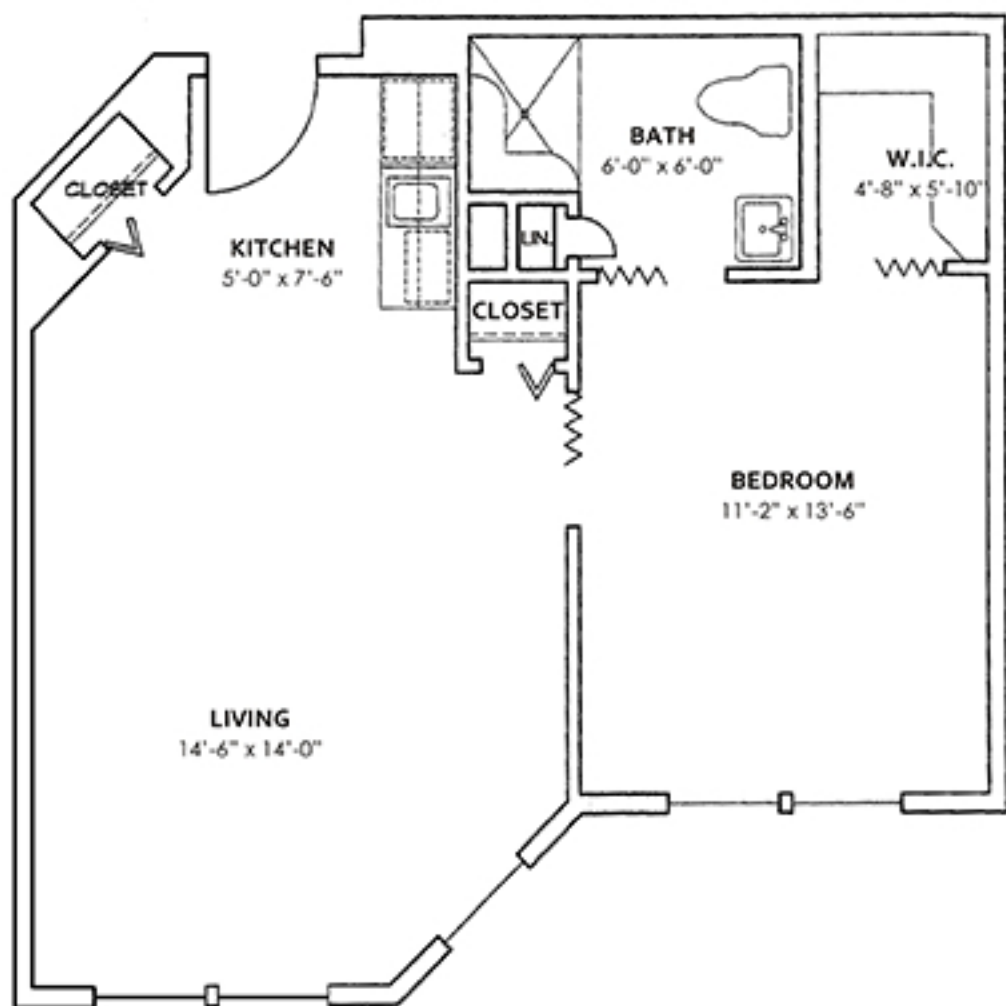
Health Care



Apartment No. \_\_\_\_\_

Apartment Rate \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



One Bedroom Deluxe