RESIDENCY AGREEMENT

A. **This agreement** is made between The Fountains Operating Co (NY), Inc. the "Operator", (the "Resident" or "You"), _____ (the "Resident's Representative", if any) and _____ (the "Resident's Legal Representative", if any).

RECITALS

A. The Operator is licensed by the New York State Department of Health to operate at 79 Flint Rd., Millbrook, NY 12545 an Assisted Living Residence ("The Residence") known as The Inn at Millbrook and as an Adult Home.

The Operator is also certified to operate, at this location, an Enhanced Assisted Living Residence.

B. You have requested to become a Resident at The Residence and the Operator has accepted your request.