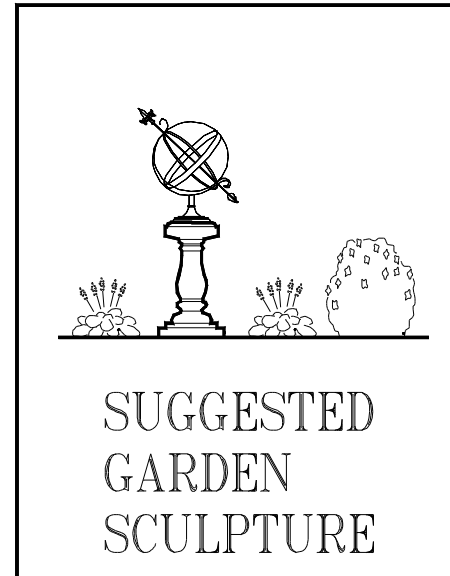
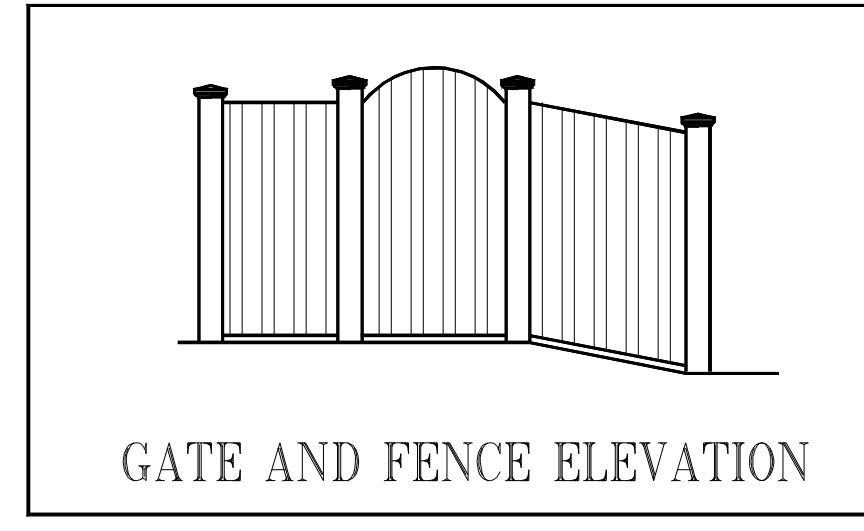
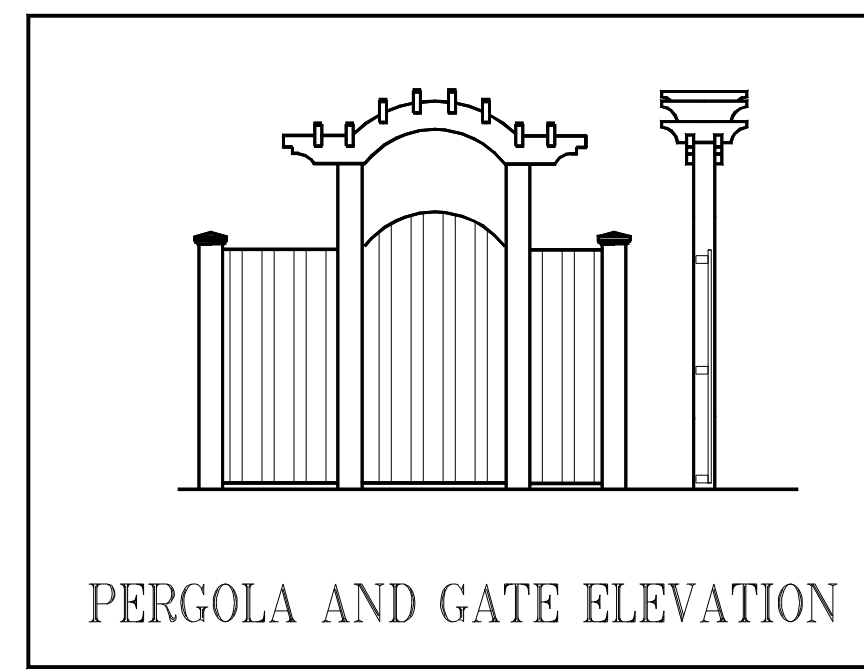
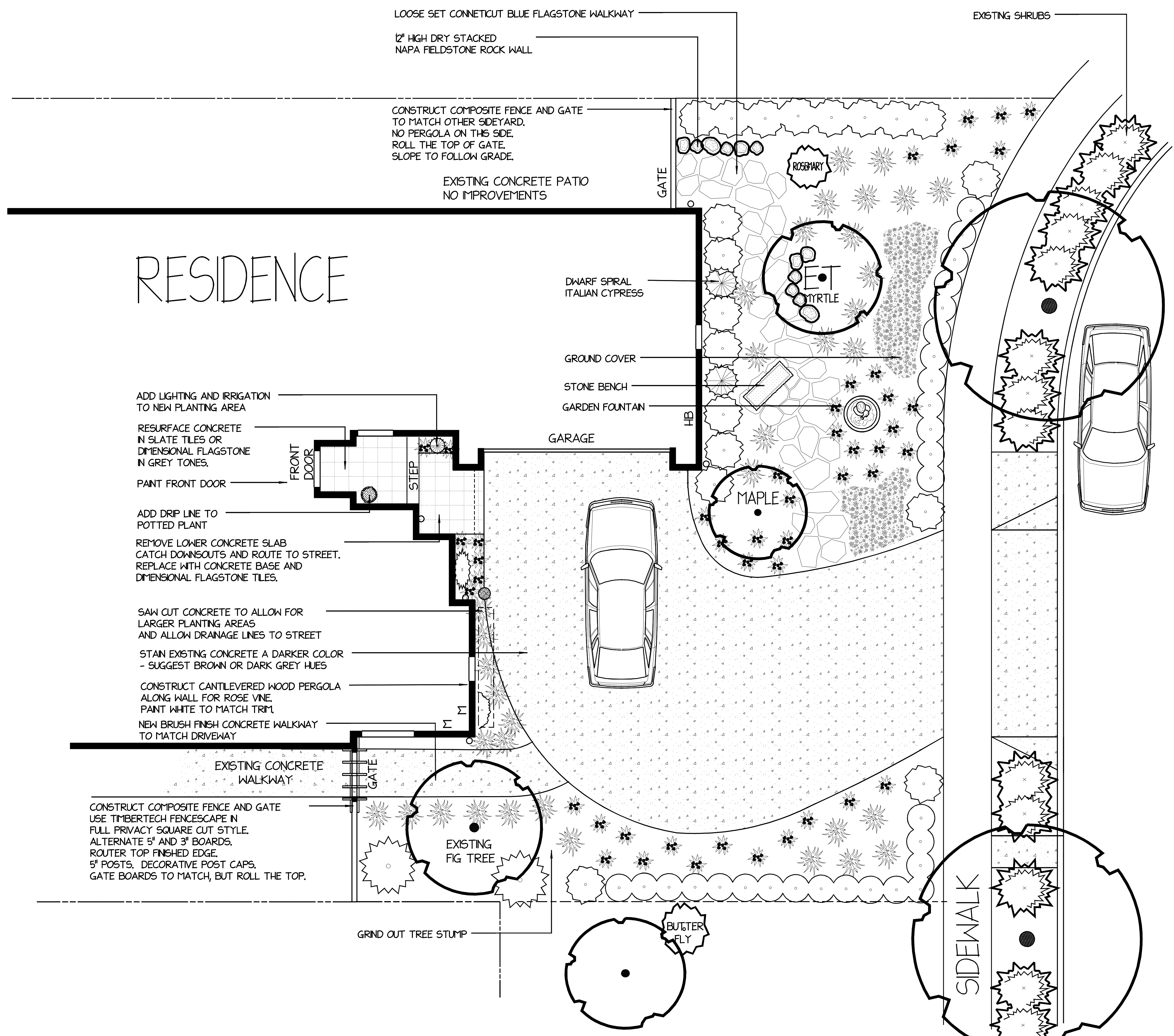


RESIDENCE



CLIENT NAME _____
 CLIENT ADDRESS _____
 CLIENT CITY, STATE, ZIP _____
 CLIENT PHONE NO. _____

NO.	REVISION	DATE