NON-DISCLOSURE OF INFORMATION AND CONFIDENTIALITY OF SALE AGREEMENT

I/W		as			prospective	buyers	and
	prospective b						
also	o known as	, a				_ licensed for	or
bed	ds, hereby agree to keep the confidence	entiality of	this sale	and the	fact that th	e facility has	been
	ered to us for sale and acknowledge ecessful operations of said facility du						
	disclose the name, address, town, cit						
	y person or organization without the						ine to
an,	person or organization without the	prior writte	n permiss	1011 01 11	ie owners or t	me raciney.	
Fu	rther, prior to a Buyer/Seller ratified	Purchase C	Contract, v	ve agree	to the follow	ing:	
1.	We agree not to make direct contact residents.	t with eithe	ner the facility's Seller/Owner, their staff, and their				
2.	In cases where the real estate is leased from a third party, we agree not to contact the property owner directly.						
3.	We agree not to disclose any or all it authorized agent) to any parties exc process as required by a Buyer/Selle disclose the sale to Community Care	ept for thoser ratified f	e involved ormal Pur	l in the j chase C	purchase/sale ontract. We	and financir also agree n	ig ot to
	of the pending sale.						
4.	We agree not to enter the facility pr	emises with	out previ	ous appo	ointment with	the Owner/S	Seller.
By fail	thorized agent should it become necest our signature(s) below, we confirm of lure to comply with this agreement are congoing facility operations and could	ur agreeme nd its stipul	nt to all o	f the abo	ove. We acknote material ac	owledge that lverse effects	
Thi	is agreement will be in effect for a per	riod of twer	ty-four (2	(4) mont	ths from the d	late of signat	ure.
SIC	GNED AND AGREED TO THIS	day of			, 20	_:	
AGENT SIGNATURE		Ī	BUYER SIGNATURE				
PR	INTED AGENT (S) NAME	Ī	PRINTED	BUYER	NAME		
AG	ENT ADDRESS						
BU	YER ADDRESS						
۸C	ENT PHONE NUMBER		RIIVED DH	ONE NI	IMDED		