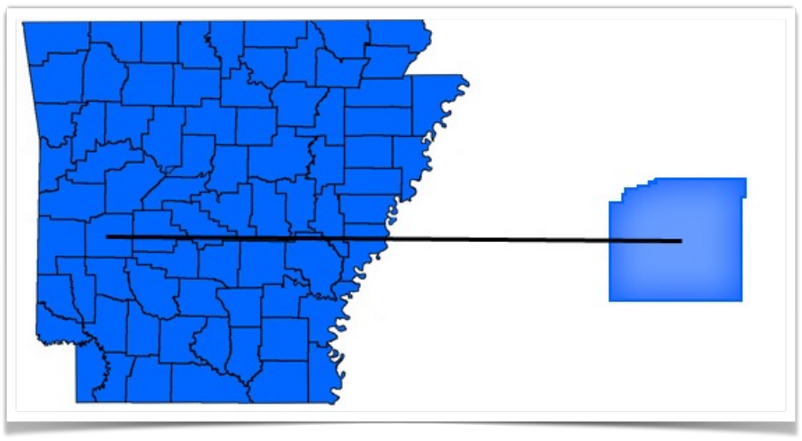

Montgomery County

Contact	Property	Type	Number of Bedrooms
	Name	**Family**	
Phone #	**Address**	**Elderly/Assisted Living**	
email or web site	**City, State, Zip**	**Disabled**	**0, 1, 2, 3, 4, 5+**
NA	NA	NA	NA