

MEMORANDUM OF UNDERSTANDING

PARTIES:

**ARKANSAS HEALTH CARE ASSOCIATION
ARKANSAS ASSISTED LIVING ASSOCIATION**

Rachel Davis, Deputy Director
1401 W. Capitol Avenue, Suite 180
Little Rock, AR 72201

[Hereinafter referred to as the "AHCA / AALA"]

[Hereinafter referred to as the "Participant"]

This Memorandum of Understanding ("MOU") is to confirm the commitment of the Participant to participate in the AHCA / AALA Sponsorship Program ("Program") for the 2012 Program year.

It is the Parties' mutual understanding that this MOU will serve as a preliminary commitment pending negotiation and execution of a contract between the Parties which fully details the terms and conditions of Participant's participation in the Program. The Participant hereby represents that it is committed to participating in the following Program Sponsorship Level(s):

_____	Platinum	\$25,000
_____	Gold	\$15,000
_____	Silver	\$10,000
_____	Bronze	\$5,000
_____	Copper	\$2,500

In exchange for Participant's participation, the AHCA / AALA will provide all benefits associated with such sponsorship as generally described in Exhibit A which is attached hereto and incorporated by reference. If necessary, the AHCA / AALA and the Participant are willing to make payment arrangements related to the Participant's participation in the Program. It is the intent of the AHCA / AALA and the Participant to act diligently to enter into a contractual arrangement which reflects the Parties' commitment as set forth in this MOU.

The Parties understand that this Memorandum of Understanding is not a contract, creates no payment obligation whatsoever on the part of the Participant, and is not legally or financially binding on either party, but simply represents the Parties' commitment to the initial step of the process of securing Participant's participation in the Program.

IN WITNESS WHEREOF, the parties have duly executed this MOU, in duplicate, as of the date set forth below.

**Arkansas Health Care Association
Arkansas Assisted Living Association
[AHCA / AALA]**

[Participant]

Signature

Signature

Printed Name

Printed Name

Title

Title

Date

Date

Please return to AHCA / AALA

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Mail: 1401 W. Capitol Avenue, Suite 180, Little Rock, AR 72201 (Attn: Rachel Davis)