SALES CONTRACT

OFFER

The Trustees of Queen Lili'uokalani Trust and St. Francis Medical Center, a Hawai'i nonprofit corporation (collectively "Sellers"), are offering to sell you their leased fee interest in the condominium apartment described below and in the Statement of Fee Offer that is a part of this offer. The terms and conditions of this offer and the

FER DATE: August 25, 2007	Sellers' Authorized Representative	"Sellers' Broker"	Programme Stand Homes Ltd. 105, Honolulu, Hawaii 96826 Phone No. (808) 955-6632; Facsimile No. (808) 946-3224
	ACCEPTA	ANCE	
AIKIKI SUNSET TMK NO. (1)	2-6-028-011, APT. NO	_ PURCHASE	PRICE: \$
you are not the lessee or buyer under	agreement of sale of this Apartment or do not m	eet the other eligibilit	ty requirements described in Section B below then you are n
-	not eligible, please promptly return this Offer to DDRESS(ES) AND MARITAL STATUS OF B	_	ou are eligible, please complete the following:
	DENIES (ES) AND MARCIAE STATES OF B	<u>OTTA</u> .	I have no middle name.
NAME:First	Middle Last		I have a middle initial(s) only.
Address:	, Apt. No) .	Daytime Phone:
City:	, State:, Country:	, Zip:	Evening Phone:
Unmarried Married; F	full Name of Spouse:		_ E-mail
NAME:			I have no middle name.
First	Middle Last		1 have a middle initial(s) only.
Address:	, Apt. No	·	Daytime Phone:
City:	, State:, Country:	, Zip:	Evening Phone:
Unmarried Married; F	ull Name of Spouse:		E-mail:
			on a separate sheet, and attach it to this Contract.
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Sign:

Phone No.

Date: _

Print name: