



ARDEN BEACHES, INC.
P.O. 'Box 365
Crownsville, MD 21032

_____ (YEAR) PROXY FORM

Shareholders (YOUR) Name: _____ Lot #: _____

Name of Proxy Holder (person voting for you): _____

is hereby authorized to cast my ABI votes in my name for the _____ Shareholder's meeting.

Your Signature

Your E-mail or Telephone Number



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