

Termite Treatment Information

The below information is in regard to termite treatment service at the property. Following this cover-page is:

- *Protection Termite Control* – Termite Inspection Report on October 25, 2018 / Subterranean termite tube discovered in guest house. No termite activity noted in the main house.
- *Protection Termite Control* – Treatment Proposal / note that the Seller contracted to have the guest house treated with “Option A” that includes a one-year warranty to treat and warrant the guest house. The Buyer can extend the termite treatment warranty coverage up to 5-years, at its option at closing.
- *Atomic Pest Control, LLC* - termite treatment receipt and two-year warranty for treatment performed on the guest house in 2015.



7155 W. Campo Bello Dr. Suite #B160
Glendale, AZ 85308
Phone: 602-569-3111 Fax: 602-795-7413
<http://www.protectiontermitecontrol.com>
ProtectionTermite@gmail.com
License# 8362

Cover Page

Date : 10/25/2018

Customer Number: 4005

Work Order Number: 152403

35635 N Meander Way
Carefree, AZ 85377



Inspector Steve Brees

Inspection Date

10/25/2018

Thank you for choosing Protection Termite Control to perform your service.

In this document you will find:

Arizona Official State Termite Inspection Report (WDIIR)

Termite Treatment Proposal

If you have any questions, please contact our office at 602-569-3111.

Thank You,

Steve Brees / Lic #: 130428

Findings Information

Any findings that have been noted on a termite inspection report can cause closing issues. Loans such as VA, FHA, and Conventional loans are the most common and could prevent funding. It is recommended that all necessary parties in the transaction be clear on what will need to be fixed. Being proactive early on will ensure a smoother transaction. Within the termite industry, we are governed by the Pest Management Division (hereafter referred to as PMD), and per the PMD, we are required to mark according to what is found at the property, whether it be old or new.

Wood Destroying Insects: SU-Subterranean Termites, DR-Drywood Termites, BE- Beetles, CA-Carpenter Ants, DA-Damp Wood Termites, OW- Other Wood Destroying Insects. Should any evidence of any of these be found at time of the inspection, it will be marked as necessary. Evidence consists of: damage, markings, tubes, trails, stains, and/or frass. The PMD requires that box 8A be marked even if the observed evidence is deemed to be old or new.

Faulty Grade (FG): Should faulty grade be found at time of the inspection, it will be marked as necessary. Examples of this includes but is not limited to soil at/or above floor level, any sunken rooms, tubs and basements are noted as faulty grade, pool decks, patios, yard and abutting slab sloping toward structure, wood or stucco at or below grade, and raised planters against structure. Many of these are common building practices. The PMD requires that all faulty grade be marked even if the observed grade is deemed to be by builders' practice.

Earth to wood (EC) (PA): Examples of this includes but is not limited to trees touching structure, plants touching structure, fences, form boards, trellis/lattice, support posts and anything of this sort abutting structure, and any type of wood in soil. The PMD requires that all earth to wood be marked even if the observed areas are by design.

Excessive Moisture (EM): Per the rules and regulations that we are governed by, the EM box is to be marked if any visible evidence of excessive moisture is seen. Examples of this includes but is not limited to any plumbing leaks, any moisture on or around home, and any water stains on home deemed old or new. Common areas that are noted are but are not limited to, patio covers, roof eaves, under sinks, around water heaters, water softeners, ceilings, garage floors and any detached structures.

Inaccessible Areas (IA): These are areas that cannot be seen and/or inspected properly. The most common but not limited to is under and behind cabinets and appliances, under all floorings, under any rugs on floor, under and behind furniture, stored item, and all personal items, under and behind stored items in garage, storage and around home. Attics are often inaccessible because of slopes, insulation, clearance, duct work and stored items.

Arizona Department of Agriculture Pest Management Division WOOD DESTROYING INSECT INSPECTION REPORT agriculture.az.gov		1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 10/25/2018
		1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIIR # 152403
		1C. <input checked="" type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER	1E. TARF #
NOTE: Pursuant to: A.R.S. § 3-3633 (A) This form must be completed only by a Certified Applicator.			
2. READ CAREFULLY PRIOR TO COMPLETING THIS PEST MANAGEMENT DIVISION (PMD) FORM 1. The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company. 2. Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings, furniture, or stored articles. In Item 7, the Inspector shall list those obstructions or areas which inhibited the inspection. 3. Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed. 4. When visible evidence is observed, wood-destroying insects causing such evidence shall be listed in Item 8A and the visible damage resulting from such infestation shall be noted in Item 8D. 5. When treatment is indicated in Item 8C, the insects treated shall be named and the date of treatment indicated. The application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of a warranty. Warranty information shall also be entered in Item 10. (<i>Proper control measures are those which are allowed by PMD Statute/Rule, or the label for the chemical used</i>). 6. Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form, (e.g., earth-wood contact, faulty grade, insufficient ventilation, etc.). 7. All supplemental reports shall be completed within (30) days of the date of the original report.			
3A. NAME OF INSPECTION COMPANY Protection Termite Control		5A. NAME OF PROPERTY OWNER/SELLER Sandford Burman	
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 7155 W. Campo Bello Dr. Suite #B160, Glendale, AZ, 85308		5B. PROPERTY ADDRESS (Street, City, ZIP) 35635 N Meander Way, Carefree, AZ, 85377	
3C. TELEPHONE NUMBER (Include Area Code)	4. BUSINESS LICENSE # 8362	6A. INSPECTED STRUCTURES House and Guest House	
6B. LIST ALL UN-INSPECTED STRUCTURES 3 locked closets, garage, basement and pantry			
7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.) Under & behind all flooring, wall & window coverings, inside walls, and behind bath & kitchen back splashes. Also see page 2.			
8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Section (11) before completing): <input checked="" type="checkbox"/> A. Visible evidence of wood-destroying insects was observed. Describe evidence observed: <u>Subterranean termite tube - See Diagram/See Photos</u> Type of Wood-Destroying Insects observed: <u>Subterranean Termites</u> <input type="checkbox"/> B. No visible evidence of infestation from wood-destroying insects was observed. <input type="checkbox"/> C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): _____ <input type="checkbox"/> D. Visible damage due to _____ was observed in the following areas: _____ _____ <input type="checkbox"/> E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): _____			
9. DAMAGE OBSERVED, IF ANY <input type="checkbox"/> A. Will be or has been corrected by this company. <input type="checkbox"/> B. Will not be corrected by this company. <input type="checkbox"/> C. It is recommended that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.		10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.) <u>Treatment only covers detached guest house not main house</u> (Number of additional attachments to this report.) _____ Page(s)	
11. STATEMENT OF INSPECTOR A. The inspection covered the readily accessible areas of the above listed structures, including attics and crawl spaces that permitted entry. B. Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood-destroying insects. C. Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed. D. The inspection did not include areas that were obstructed or inaccessible at the time of inspection. E. Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this property. I do further state that neither I, nor the company for which I am acting, is associated in any way with any party to this transaction.			
12A. SIGNATURE OF INSPECTOR 		12B. INSPECTOR'S LICENSE NUMBER 130428	12C. DATE 10/25/2018
STATEMENT OF PURCHASER I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM AND HAVE READ PAGE (1, 2, & 3) OF THIS FORM. I UNDERSTAND THAT THIS IS NOT A STRUCTURAL DAMAGE, FUNGI/MOLD REPORT, OR A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSECTS AND I CAN CONSIDER ASSESSMENT BY A LICENSED STRUCTURAL CONTRACTOR OR FUNGI/MOLD INSPECTOR FOR ANY STRUCTURAL DAMAGE OR FUNGI/MOLD CONCERN.			
13. SIGNATURE OF PURCHASER			14. DATE

PROPERTY NAME/ADDRESS 35635 N Meander Way, Carefree, AZ, 85377	DATE OF INSPECTION 10/25/2018				
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input checked="" type="checkbox"/> Vacant <input type="checkbox"/> Occupied <input type="checkbox"/> Unfurnished <input checked="" type="checkbox"/> Furnished					
<u>CONDITIONS CONDUCTIVE TO INFESTATION</u>					
15. WOOD TO EARTH CONTACT (EC) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Pier Posts <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Trellis </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____ </td> </tr> </table> Comments: See diagram/See photos		<input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post	<input type="checkbox"/> Pier Posts <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Trellis	<input checked="" type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____	
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16. EXCESSIVE CELLULOSE DEBRIS (CD) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> Comments:					
17. FAULTY GRADES (FG) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Wood siding below grade </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 24" above grade <input checked="" type="checkbox"/> Other Basement </td> </tr> </table> Comments: Below grade by builder design, common construction practice		<input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Wood siding below grade	<input checked="" type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 24" above grade <input checked="" type="checkbox"/> Other Basement		
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18. EXCESSIVE MOISTURE (EM) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain conditions conducive)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking </td> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Water Damage <input checked="" type="checkbox"/> Water Stain <input checked="" type="checkbox"/> Improper Condensate Drainage </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____ </td> </tr> </table> Comments: See Diagram/See Photos		<input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking	<input checked="" type="checkbox"/> Water Damage <input checked="" type="checkbox"/> Water Stain <input checked="" type="checkbox"/> Improper Condensate Drainage	<input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak	<input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____
<input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking	<input checked="" type="checkbox"/> Water Damage <input checked="" type="checkbox"/> Water Stain <input checked="" type="checkbox"/> Improper Condensate Drainage	<input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak	<input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____		
19. INACCESSIBLE AREAS (IA) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, check mark and explain)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Attic – All <input type="checkbox"/> Attic – Joists <input type="checkbox"/> Attic – Partial <input checked="" type="checkbox"/> Plumbing Traps <input type="checkbox"/> Other _____ </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input checked="" type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles </td> </tr> </table> Comments: ATTIC OBSTRUCTED - Flat roof; PLUMBING TRAPS - None; FLOORS - Floor Coverings; WALLS - Covered; AREAS OBSTRUCTED - Behind furniture items throughout home;		<input checked="" type="checkbox"/> Attic – All <input type="checkbox"/> Attic – Joists <input type="checkbox"/> Attic – Partial <input checked="" type="checkbox"/> Plumbing Traps <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings	<input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input checked="" type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles	
<input checked="" type="checkbox"/> Attic – All <input type="checkbox"/> Attic – Joists <input type="checkbox"/> Attic – Partial <input checked="" type="checkbox"/> Plumbing Traps <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings	<input type="checkbox"/> Sub/Crawl Space Area -- Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input checked="" type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles			
20. EVIDENCE OF PREVIOUS TREATMENT <input type="checkbox"/> BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment. <input type="checkbox"/> BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission. Account Number: _____ Date of Initial Treatment: _____ Target Pest: _____ Warranty Expiration Date: _____ Other: _____					
Pest Control Inspector's Additional Comments - Vacant Home: Home was vacant at time of inspection. Some areas on this property were inaccessible at the time of the inspection. This includes but is not limited inside walls, under floors, under and behind all cabinets, under and behind appliances, under insulation and in low areas inside attic. Under and behind any vegetation such as plants and trees around home. The client should be aware that if plants and trees are trimmed or any remodeling takes place that there could be hidden damage and/or problems.;					

PROPERTY NAME/ADDRESS

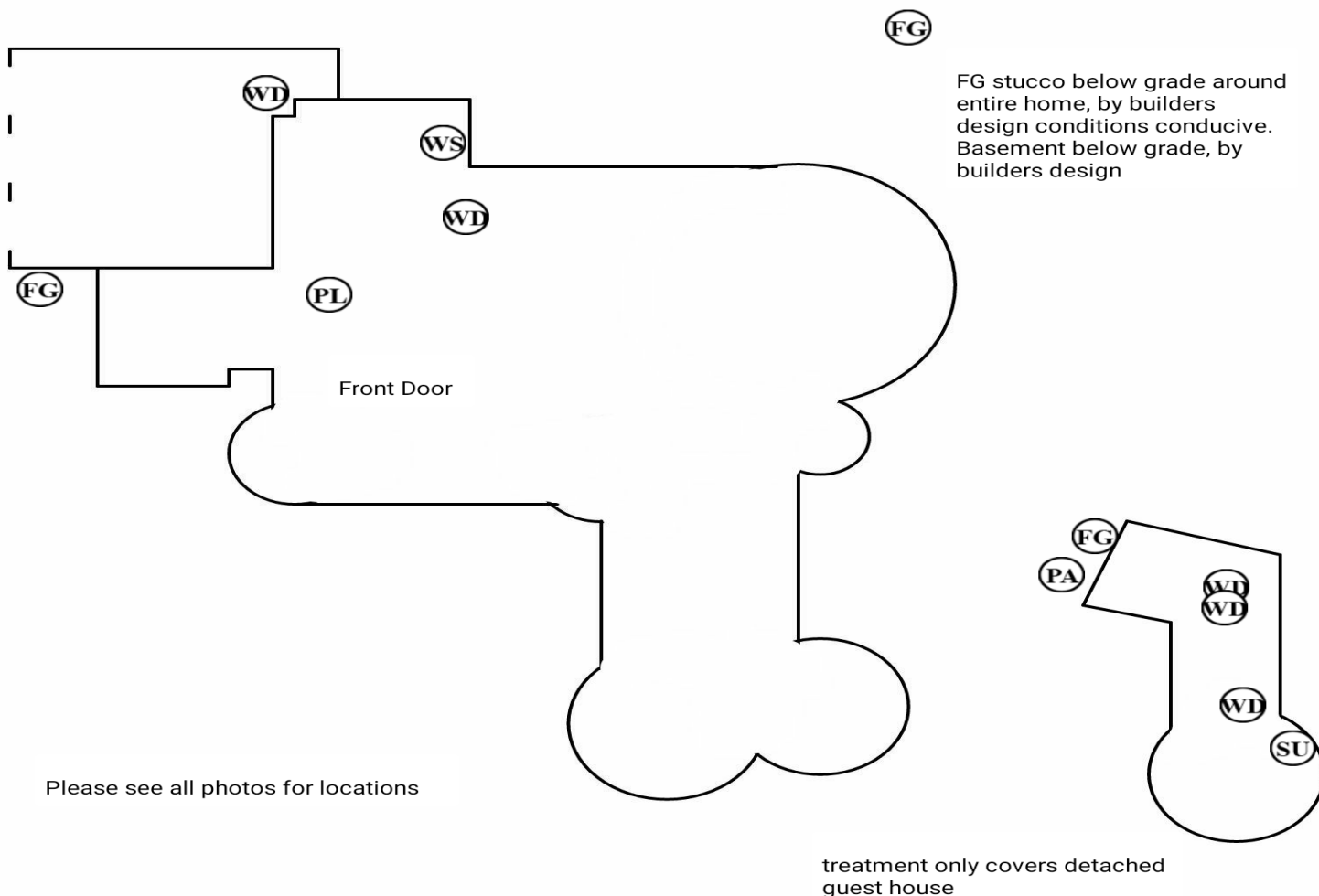
35635 N Meander Way, Carefree, AZ, 85377

DATE OF INSPECTION

10/25/2018

GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)



This structure has IA, please see comments on page 2 box 19 of AZ WDIIR Form

PURSUANT TO: A.A.C. R3-8-501 (E)(5)(o) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE (3) AND CHECK (✓) MARKED BELOW FOR ANY ITEMS WHICH ARE NOTED ON PAGES (1) AND (2)

✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)
X	SU Subterranean Termites			OW Other Wood Destroying Insects (*)	X	X	OB Obstructions		X	WD Water Damage	
	DR Drywood Termites	X		FG Faulty Grade	X		IA Inaccessible Areas		X	WS Water Stains	
	DA Dampwood Termites	X		EC Wood To Earth Contact			IV Inadequate Ventilation			RL Roof Leaks	
	BE Wood Destroying Beetles			CD Cellulose Debris			PL Plumbing Leaks		X	EM Excessive Moisture	
	CA Carpenter Ants	X		PA Plantings Abutting Structure			SP Sprinkler Hitting Structure			FI Further Inspection Needed	
(*) Other Wood Destroying Insects											



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Picture Page
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FG planterbox front of garage



WD garage ceiling, tested dry at time of inspection



Cabinets along garage walls



FG planterbox front of detached guest house



PA plants abutting detached guest house



WD detached guest house bathroom ceiling, tested dry at time of inspection



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WD detached guest house wall bathroom area, tested dry at time of inspection



WD detached guest house wall bathroom area, tested dry at time of inspection



View of guest house



WD detached guest house wall



SU termite tube detached guest house wall



View of inside of home



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View of inside of home



View of inside of home



PL improper condensation line drainage



View of inside of home



WS NE bedroom ceiling, tested dry at time of inspection



View of inside of home



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Picture Page

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35635 N Meander Way, Carefree, AZ 85377



WD NE guest bathroom ceiling, tested dry at time of inspection



View of inside of home



View of inside of home

Treatment Proposal

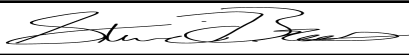


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Protecting your
investment for
years to come

<p>Date: <u>10/25/2018</u></p> <p>Inspector: <u>Steve Brees</u></p> <p>Signature: <u></u></p> <p>Lic #: <u>130428</u> Report #: <u>152403</u></p> <p><u>Contact Role:</u></p> <p>Name: <u>Sandford Burman</u></p> <p>Address: <u>35635 N Meander Way</u></p> <p>City/State/Zip: <u>Carefree, AZ 85377</u></p> <p>Phone: _____</p> <p>Email: <u>scottsdale-desertinspections@gmail.com</u></p>	<p><u>Organisms to control</u></p> <p>(Check all that apply)</p> <p><input checked="" type="checkbox"/> Subterranean Termites</p> <p><input type="checkbox"/> Drywood Termites</p> <p><input type="checkbox"/> Carpenter Ants</p> <p><input type="checkbox"/> Beetles</p> <p><input type="checkbox"/> Other</p> <p><u>Type of Treatment</u></p> <p><input checked="" type="checkbox"/> Corrective</p> <p><input type="checkbox"/> Preventative</p> <p><input type="checkbox"/> Evidence of Previous Treatment</p> <p><u>Effective Alt. Treatment</u></p> <p>Water: <input checked="" type="checkbox"/> On <input type="checkbox"/> Off</p> <p>Electricity: <input checked="" type="checkbox"/> On <input type="checkbox"/> Off</p>
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Please note : that all electricity and water must be on to treat structure.

Option A with DOMINION 2L

(See page 2 for details)

\$480.00 1 year warranty

\$535.00 2 year warranty

\$670.00 5 year warranty

Option B with Termidor SC

(See page 2 for details)

\$580.00 1 year warranty

\$635.00 2 year warranty

\$770.00 5 year warranty

*** Protection Termite will beat any competitor's written proposal by 10% ***

Please read information on all forms

Treatment Proposal



Protection Termite Control

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Ph: 602-569-3111 F: 602-795-7413
Email: ProtectionTermite@gmail.com
License # 8362



Protecting your investment for years to come

Name: Sandford Burman		Address: 35635 N Meander Way		Date: 10/25/2018
<input type="checkbox"/> Remove floor covering	<input type="checkbox"/> Drill patios	<input type="checkbox"/> Treat detached _____	<input type="checkbox"/> Flagstone	
<input checked="" type="checkbox"/> Drill along expansion joints	<input type="checkbox"/> Drill garage	<input type="checkbox"/> Treat patio post	<input type="checkbox"/> Drill Tile	
<input type="checkbox"/> Drill wood floor	<input type="checkbox"/> Use a long rod	<input type="checkbox"/> Drill foundation stem	<input type="checkbox"/> Sunken rooms	
<input checked="" type="checkbox"/> Treat infestation	<input checked="" type="checkbox"/> Trench all soil	<input type="checkbox"/> Additions	<input type="checkbox"/> Misc. to be moved by _____	
<input type="checkbox"/> Foam plumbing	<input type="checkbox"/> Treat block			
Foundation Type	Structure	Outside Slabs	Conditions Conducive To Infestation	
<input type="checkbox"/> Monolithic	Structures 1	<input type="checkbox"/> Concrete	<input type="checkbox"/> Cool Deck	<input type="checkbox"/> Wood to earth contact
<input type="checkbox"/> Post Tension	Levels 1	<input type="checkbox"/> Tile	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Debris under or around home
<input checked="" type="checkbox"/> Floating	Basement <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Flagstone	<input type="checkbox"/> Pavers	<input type="checkbox"/> Faulty Grade
<input type="checkbox"/> Other _____	Under Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Carpet	<input type="checkbox"/>	<input type="checkbox"/> Moisture problems
Recommendation from inspector: Treatment only covers detached guest house				
Proposed Treatments				
Option (A) <u>Termiticide: DOMINION 2L</u> <input checked="" type="checkbox"/> Trench and rod treat soil <input checked="" type="checkbox"/> Drill areas of activity <input checked="" type="checkbox"/> Drill patios <input type="checkbox"/> Drill garage <input checked="" type="checkbox"/> Drill stem wall <input checked="" type="checkbox"/> Foam all activity <input type="checkbox"/> Treat sunken rooms by drilling or injection <input checked="" type="checkbox"/> Approx. spacing of holes in slab to be 12'' - 24'' <input checked="" type="checkbox"/> All areas are based upon accessibility <u>\$480.00</u> Treatment +1 year warranty <u>\$535.00</u> Treatment +2 year warranty <u>\$670.00</u> Treatment +5 year warranty		Option (B) <u>Termiticide: Termidor SC</u> <input checked="" type="checkbox"/> Trench and rod treat soil <input checked="" type="checkbox"/> Drill areas of activity <input type="checkbox"/> Drill patios <input type="checkbox"/> Drill garage <input checked="" type="checkbox"/> Drill stem wall <input checked="" type="checkbox"/> Foam all activity <input type="checkbox"/> Treat sunken rooms by drilling or injection <input checked="" type="checkbox"/> Approx. spacing of holes in slab to be 12'' - 24'' <input checked="" type="checkbox"/> All areas are based upon accessibility <u>\$580.00</u> Treatment +1 year warranty <u>\$635.00</u> Treatment +2 year warranty <u>\$770.00</u> Treatment +5 year warranty		Other Treatment: <u>Termiticide:</u> <input type="checkbox"/> Foam all activity _____ 1 year warranty Crawl Space Treatment <input type="checkbox"/> Treat all soil under and around structure <input type="checkbox"/> All areas are based upon accessibility _____ 1 year warranty
Renewal Option: In addition to the treatment price, you may extend your warranty for: 1 year 4 year		Protection Termite reserves the right to adjust the renewal fee after the original warranty. In the event that payment is not received after 30 days of the treatment or by the date agreed upon by both parties, all warranties are void. Price is good for 30 days.		
APPROVAL: **Please allow at least 3 business days.		Choose your treatment option and warranty. <input type="checkbox"/> Option A <input type="checkbox"/> 1yr <input type="checkbox"/> Option B <input type="checkbox"/> 2yr <input type="checkbox"/> Other <input type="checkbox"/> 5yr		Date: _____ Signature: _____ Phone: _____

Treatment Proposal



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Protecting your investment for years to come

Name: Sandford Furman

Address: 35635 N Meander Way

Date: 10/25/2018

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Remove floor covering | <input type="checkbox"/> Drill patios | <input type="checkbox"/> Treat detached _____ | <input type="checkbox"/> Flagstone |
| <input checked="" type="checkbox"/> Drill along expansion joints | <input type="checkbox"/> Drill garage | <input type="checkbox"/> Treat patio post | <input type="checkbox"/> Drill Tile |
| <input type="checkbox"/> Drill wood floor | <input type="checkbox"/> Use a long rod | <input type="checkbox"/> Drill foundation stem | <input type="checkbox"/> Sunken rooms |
| <input checked="" type="checkbox"/> Treat infestation | <input checked="" type="checkbox"/> Trench all soil | <input type="checkbox"/> Additions | <input type="checkbox"/> Misc. to be moved by _____ |
| <input type="checkbox"/> Foam plumbing | <input type="checkbox"/> Treat block | | |

Foundation Type

- ☐ Monolithic
☐ Post Tension
☒ Floating
☐ Other _____

Structure

- Structures 1
Levels 1
Basement ☐ Yes ☒ No
Under Area ☐ Yes ☒ No

Outside Slabs

- ☐ Concrete ☐ Cool Deck
☐ Tile ☐ Asphalt
☒ Flagstone ☐ Pavers
☐ Carpet ☐

Conditions Conducive To Infestation

- ☐ Wood to earth contact
☐ Debris under or around home
☐ Faulty Grade
☐ Moisture problems

Recommendation from inspector: Treatment only covers detached guest house

Proposed Treatments

Option (A)

Termiticide: DOMINION 2L

- ☒ Trench and rod treat soil
☒ Drill areas of activity
☒ Drill patios
☐ Drill garage
☒ Drill stem wall
☒ Foam all activity
☐ Treat sunken rooms by drilling or injection
☒ Approx. spacing of holes in slab to be 12'' - 24''
☒ All areas are based upon accessibility
\$480.00 Treatment +1 year warranty
\$535.00 Treatment +2 year warranty
\$670.00 Treatment +5 year warranty

Option (B)

Termiticide: Termidor SC

- ☒ Trench and rod treat soil
☒ Drill areas of activity
☐ Drill patios
☐ Drill garage
☒ Drill stem wall
☒ Foam all activity
☐ Treat sunken rooms by drilling or injection
☒ Approx. spacing of holes in slab to be 12'' - 24''
☒ All areas are based upon accessibility
\$580.00 Treatment +1 year warranty
\$635.00 Treatment +2 year warranty
\$770.00 Treatment +5 year warranty

Other Treatment:

Termiticide: _____

- ☐ Foam all activity
_____ 1 year warranty

Crawl Space Treatment

- ☐ Treat all soil under and around structure
☐ All areas are based upon accessibility
_____ 1 year warranty

Renewal Option:

In addition to the treatment price, you may extend your warranty for:
1 year
4 year

Protection Termite reserves the right to adjust the renewal fee after the original warranty.

In the event that payment is not received after 30 days of the treatment or by the date agreed upon by both parties, all warranties are void.

Price is good for 30 days.

APPROVAL:

**Please allow at least 3 business days.

Choose your treatment option and warranty.

- ☒ Option A ☒ 1yr
☐ Option B ☐ 2yr
☐ Other ☐ 5yr

Date: 11/1/2018

Signature: _____

Phone: _____

Treatment Proposal



Protection Termite Control

7155 W. Campo Bello Dr. Suite #B160
Glendale, AZ 85308
Ph: 602-569-3111 F: 602-795-7413
Email: ProtectionTermite@gmail.com
License # 8362



Protecting your
investment for
years to come

Name: **Sandford Burman**

Address: **35635 N Meander Way**

Date: **10/25/2018**

Key (see diagram below):

SU Subterranean Termites
DR Drywood Termites
DA Dampwood Termites
BE Wood Destroying Beetles
CA Carpenter Ants

OW Other Wood Destroying Insects (*)
FG Faulty Grade
EC Wood To Earth Contact
CD Cellulose Debris
PA Plantings Abutting Structure

OB Obstructions
IA Inaccessible Areas
IV Inadequate Ventilation
PL Plumbing Leaks
SP Sprinkler Hitting Structure

WD Water Damage
WS Water Stains
RL Roof Leaks
EM Excessive Moisture
FI Further Inspection Needed

D - Damage

XXX - Down Drill

--- - Trench soil

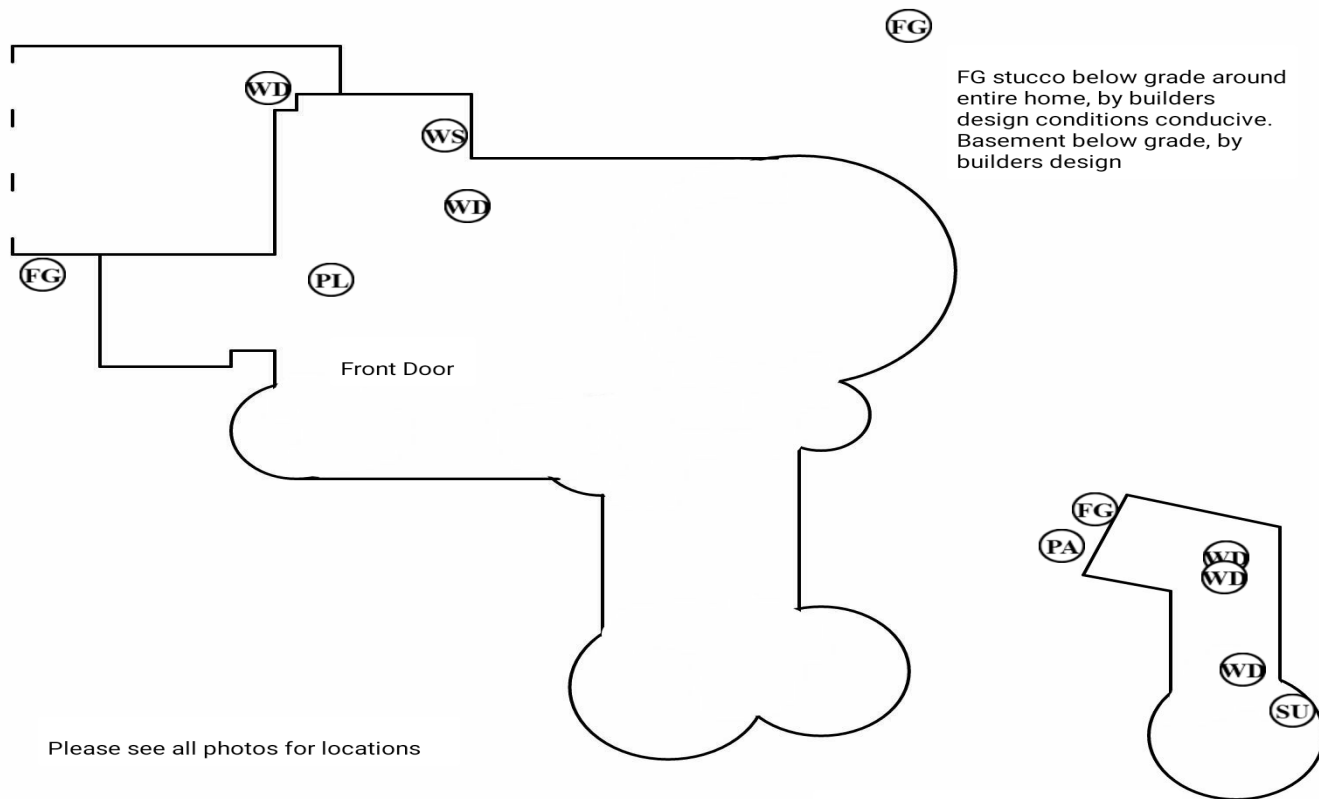
----- - Treating cracks

V - Vents

^^^ - Pipe in floor

-> - Stem wall drilled/Foam wall voids

Drawing not to scale



Please see all photos for locations

treatment only covers detached
guest house



ATOMIC PEST CONTROL, LLC

P.O. Box 7131 MESA, AZ 85216
Lic. #8140-B1, B2, B8
Office Phone # (480) 832-8888

65-200-400

3316

Date: 7-2-15

STRUCTURAL TREATMENT PROPOSAL / PRICE QUOTE / SERVICE AGREEMENT

This proposal made by Atomic Pest Control, LLC. Referred by Sonoran Pest Control

Name: Sandy Furman Phone: _____

Address: _____ City: _____ Zip: _____

Treatment Address: 35635 Meander way City: Carefree Zip: 85377

Customer #: _____ Bill to #: _____

Email: _____

FINDINGS

Live Infestation: X Evidence of previous infestation: _____ No activity: _____

Evidence of infestation or damage: Mud tubes in casita storage stairwell

Preventative: _____ Corrective: X Linear Ft: _____

Treatment is indicated for the control of: Subterranean Termites only

Treatment type: Post Pesticide / Agent or device: Termidor

Description of treatment: Trench & rod, inject, foam as needed

(For alternate treatment methods see worksheet. Refer to diagram for nature, location of evidence of infestation or damage and where treatment will be rendered.)

TOTAL CASH PRICE WILL BE AS FOLLOWS

Cost of treatment: \$ 1250.00

loss split treatment in January
Other charges: \$ -275.00

Optional repair work: \$ N/A

Method of Payment:

Total cash price: \$ 975.00

☐ Cash ☐ Credit Card ☐ Check # _____

Terms: _____

Warranty period: 2 years Renewal amount: \$ 200.00 per year

☒ entire house ☐ areas treated

AGREEMENT FOR SERVICE

Client understands, agrees to have Atomic Pest Control, LLC, perform the treatment proposed above on property. Client agrees to pay Atomic Pest Control, LLC, monies in the manner specified. In the event it becomes necessary to obtain legal counsel, in order to collect the above amount, Client agrees to personal responsibility for attorney's fees incurred by Atomic Pest Control, LLC.

[Signature]
CLIENT (PROPERTY OWNER / AGENT)

[Signature]
ATOMIC PEST CONTROL, LLC
REPRESENTATIVE

100535
LICENSE #