



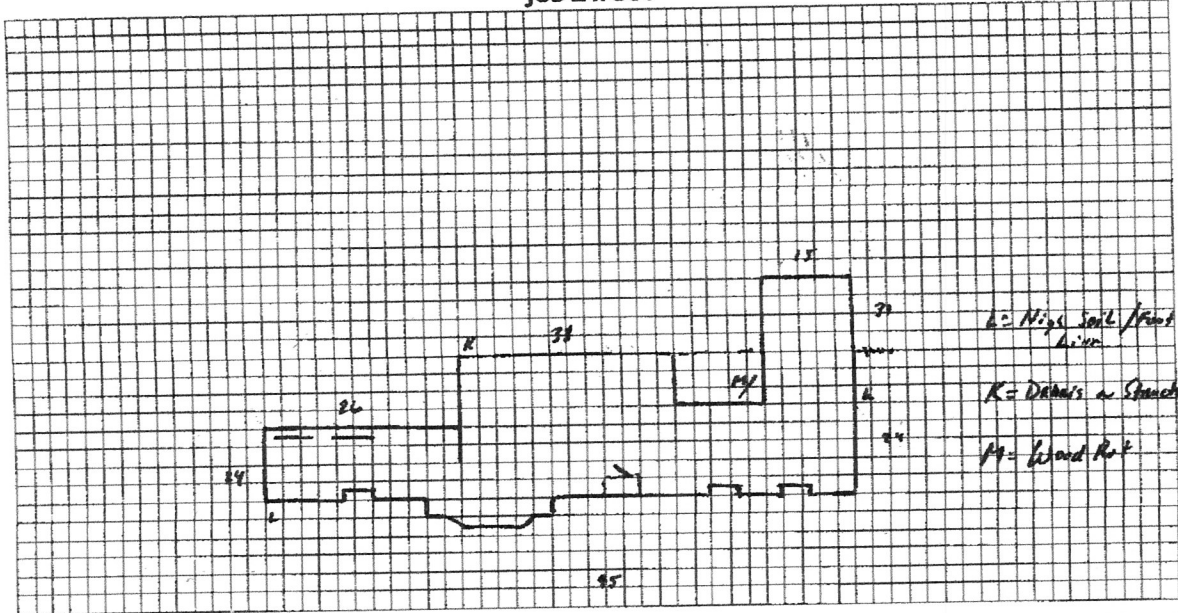
HOUSTON FUMIGATION SYSTEMS, INC.

2219 BLALOCK, HOUSTON, TEXAS 77080 (713) 468-0492
ANNUAL TERMITE CONTROL SERVICE AGREEMENT

TPCL 6841

NAME: Joe Diaz COMMUNITY: _____
 SERVICE ADDRESS: 11930 Parker Bough HOME PHONE: 832-203-6198
Houston, TX 77024 BUSINESS PHONE: _____
 STRUCTURE(S): House & Garage USE: Residence
 NAME OF INSPECTOR: Charles Carter LICENSE OR CA# 0763966 DATE: 7-18-19

JOB LAYOUT



"S" Subterranean Termites "D" Drywood Termites "C" Conductive Conditions "P" Wood Boring Beetles

WERE ANY AREAS OF THE PROPERTY OBSTRUCTED OR INACCESSIBLE? YES NO

The obstructed or inaccessible areas include, but are not limited, to the following:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Attic | <input type="checkbox"/> Sub Floors | <input checked="" type="checkbox"/> Eaves | <input checked="" type="checkbox"/> Wall Coverings |
| <input type="checkbox"/> Deck | <input type="checkbox"/> Heavy Foliage | <input type="checkbox"/> Planter Box(es) Abutting Structure | <input checked="" type="checkbox"/> Stored Articles |
| <input type="checkbox"/> Soil Grade Too High | <input type="checkbox"/> Plumbing Areas | <input type="checkbox"/> Crawl Space | <input checked="" type="checkbox"/> Furniture |
| <input checked="" type="checkbox"/> Insulated Area of Attic | <input type="checkbox"/> Slab Joints | <input type="checkbox"/> Weepholes | <input checked="" type="checkbox"/> Appliances |
| <input type="checkbox"/> Floor Coverings | <input type="checkbox"/> Other: _____ | | |

CONDITIONS CONDUCTIVE TO WOOD DESTROYING INSECTS

Conductive Conditions include, but are not limited to:

- | | | |
|--|---|--|
| <input type="checkbox"/> Wood to Ground Contact (G) | <input type="checkbox"/> Formboards Left in Place (I) | <input checked="" type="checkbox"/> Wood Rot (M) |
| <input checked="" type="checkbox"/> Debris Under or Around Structure (K) | <input checked="" type="checkbox"/> Footing Too Low or Soil Line too High (L) | <input type="checkbox"/> Wooden Fences in Contact with Structure (R) |
| <input type="checkbox"/> Planter Box(es) Abutting Structure (O) | <input type="checkbox"/> Wood Pile in Contact with Structure (Q) | <input type="checkbox"/> Heavy Foliage (N) |
| <input type="checkbox"/> Insufficient Ventilation (T) | <input type="checkbox"/> Excessive Moisture (J) | |
| <input type="checkbox"/> Other: _____ | | |

INSPECTION REVEALS VISIBLE EVIDENCE IN OR ON STRUCTURE:

	Active Infestation	Previous Infestation	Previous Treatment
Subterranean Termites	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drywood Termites	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Formosan Termites	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Carpenter Ants	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Wood Destroying Insects: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: Sealer

Visible evidence of: None at this time has been observed in the following areas: N/A

PLEASE REVIEW THIS GRAPH UPON COMPLETION OF YOUR ANNUAL DRYWOOD RENEWAL INSPECTION. IT IS VERY IMPORTANT THAT YOU, AS A HOMEOWNER, MAKE ANY NECESSARY REPAIRS TO YOUR HOME TO AVOID ANY COSTLY REPAIRS CAUSED BY DRYWOOD TERMITES.

Estimate for treatment of any additions to the structure: \$ _____ Customer: _____

From: Jun Qian [REDACTED]
Subject: Fw: Invoice 273098 - 11930 Broken Bough termite inspection 2019
Date: Feb 28, 2020 at 1:35:44 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachelle@longpointpest.com <rachelle@longpointpest.com>
Sent: Thursday, February 27, 2020 4:33 PM
To: jqian [REDACTED]
Subject: Invoice 273098

Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024	Service Address [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024
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Invoice # 273098
Invoice Date 07/12/2019
Service Date 07/12/2019

Technician
License #
Target Pest
Terms NET 30
Purchase Order

Service	Description	Price
TERM SRV AGRMNT	ANNUAL TERMITE SERVICE AGREEME	\$230.00

Subtotal	<u>\$230.00</u>
Tax	<u>\$18.98</u>
Total	<u>\$248.98</u>
Amount Paid	\$248.98
Balance	\$0.00

Thank you for your business! If you have any questions, please call us.

Order/Service
Instructions

From: Jun Qian [REDACTED]
Subject: Fw: Invoice 263425 - 11930 Broken Bough termite inspection 2018
Date: Feb 28, 2020 at 1:35:09 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachelle@longpointpest.com <rachelle@longpointpest.com>
Sent: Thursday, February 27, 2020 4:33 PM
To: jqian2001@hotmail.com; jqian2001@hotmail.com
Subject: Invoice 263425



Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709]

JUN QIAN
11930 BROKEN BOUGH
HOUSTON, TX 77024

Service Address [105709]

JUN QIAN
11930 BROKEN BOUGH
HOUSTON, TX 77024

Invoice # 263425
Invoice Date 08/04/2018
Service Date 08/04/2018

Technician
License #
Target Pest
Terms NET 30
Purchase Order

Service	Description	Price
TERM SRV AGRMNT	ANNUAL TERMITE SERVICE	\$230.00

AGREEME

Subtotal	<u>\$230.00</u>
Tax	<u>\$18.98</u>
Total	<u>\$248.98</u>
Amount Paid	\$248.98
Balance	\$0.00

Thank you for your business! If you have any questions, please call us.

Order/Service
Instructions

From: Jun Qian [REDACTED]
Subject: Fw: Invoice 252525 - 11930 Broken Bough termite inspection 2017
Date: Feb 28, 2020 at 1:34:34 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachelle@longpointpest.com <rachelle@longpointpest.com>
Sent: Thursday, February 27, 2020 4:33 PM
To: jqian2001@hotmail.com, jqian2001@hotmail.com
Subject: Invoice 252525

Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024	Service Address [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024
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Invoice # 252525
Invoice Date 07/29/2017
Service Date 07/29/2017

Technician
License #
Target Pest
Terms NET 30
Purchase Order

Service	Description	Price
TERM SRV AGRMNT	ANNUAL TERMITE SERVICE	\$230.00

AGREEME

Subtotal	<u>\$230.00</u>
Tax	<u>\$18.98</u>
Total	<u>\$248.98</u>
Amount Paid	\$248.98
Balance	\$0.00

Thank you for your business! If you have any questions, please call us.

**Order/Service
Instructions**

During the time of this inspection there was no drywood termite activity found..

From: Jun Qian [REDACTED]
Subject: Fw: Invoice 240937 - 11930 Broken Bough termite inspection 2016
Date: Feb 28, 2020 at 1:34:02 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachelle@longpointpest.com <rachelle@longpointpest.com>
Sent: Thursday, February 27, 2020 4:32 PM
To: jqian2001@ [REDACTED]
Subject: Invoice 240937

Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024	Service Address [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024
--	--

Invoice #	240937	Technician	
Invoice Date	07/16/2016	License #	
Service Date	07/16/2016	Target Pest	
		Terms	NET 30
		Purchase Order	

Service	Description	Price
	ANNUAL TERMITE SERVICE	

TERM SRV AGRMNT

AGREEME

\$230.00

Subtotal \$230.00

Tax \$18.98

Total \$248.98

Amount Paid \$248.98

Balance \$0.00

Thank you for your business! If you have any questions, please call us.

Order/Service
Instructions

From: Jun Qian [REDACTED]
Subject: Fw: Invoice 229907 - 11930 Broken Bough termite inspection 2015
Date: Feb 28, 2020 at 1:33:28 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachel@longpointpest.com <rachel@longpointpest.com>
Sent: Thursday, February 27, 2020 4:32 PM
To: jqian [REDACTED] <jqian2001@hotmail.com>
Subject: Invoice 229907

Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024	Service Address [105709] JUN QIAN 11930 BROKEN BOUGH HOUSTON, TX 77024
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Invoice #	229907	Technician	
Invoice Date	07/11/2015	License #	
Service Date	07/11/2015	Target Pest	
		Terms	NET 30
		Purchase Order	

Service	Description	Price
TERM SRV AGRMNT	ANNUAL TERMITE SERVICE AGREEME	\$230.00

Subtotal	<u>\$230.00</u>
Tax	\$18.98
Total	<u><u>\$248.98</u></u>
Amount Paid	\$248.98
Balance	\$0.00

Thank you for your business! If you have any questions, please call us.

Order/Service Instructions	Houston Fumigation unpaid Cleared
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From: Jun Qian [REDACTED]
Subject: Fw: Invoice 218994 - 11930 Broken Bough termite inspection 2014
Date: Feb 28, 2020 at 1:32:38 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachele@longpointpest.com <rachele@longpointpest.com>
Sent: Friday, February 28, 2020 11:19 AM
To: jqian2001@hotmail.com <jqian2001@hotmail.com>
Subject: Invoice 218994

Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709] Jun Qian 11930 BROKEN BOUGH HOUSTON, TX 77024	Service Address [105709] Jun Qian 11930 BROKEN BOUGH HOUSTON, TX 77024
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Invoice #	218994	Technician	
Invoice Date	08/02/2014	License #	
Service Date	08/02/2014	Target Pest	
		Terms	NET 30
		Purchase Order	

Service	Description	Price
TERM SRV AGRMNT	ANNUAL TERMITE SERVICE AGREEME	\$230.00

Subtotal	<u>\$230.00</u>
Tax	<u>\$18.98</u>
Total	<u>\$248.98</u>
Amount Paid	\$248.98
Balance	\$0.00

Thank you for your business! If you have any questions, please call us.

Order/Service Houston Fumigation
Instructions unpaid

From: Jun Qian [REDACTED]
Subject: Fw: Invoice 207737 - 11930 Broken Bough termite inspection 2013
Date: Feb 28, 2020 at 1:32:02 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige
paige.jones@compass.com, Yao Shen [REDACTED]

From: rachelle@longpointpest.com <rachelle@longpointpest.com>
Sent: Friday, February 28, 2020 11:19 AM
To: jqian2001@hotmail.com
Subject: Invoice 207737



Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709]

Jun Qian
11930 BROKEN BOUGH
HOUSTON, TX 77024

Service Address [105709]

Jun Qian
11930 BROKEN BOUGH
HOUSTON, TX 77024

Invoice # 207737
Invoice Date 08/10/2013
Service Date 08/10/2013

Technician
License #
Target Pest
Terms NET 30
Purchase Order

Service	Description	Price
TERM SRV AGRMNT	ANNUAL TERMITE SERVICE	\$230.00

AGREEME

Subtotal	<u>\$230.00</u>
Tax	\$18.98
Total	<u><u>\$248.98</u></u>
Amount Paid	\$248.98
Balance	\$0.00

Thank you for your business! If you have any questions, please call us.

Order/Service
Instructions

From: Jun Qian [REDACTED]
Subject: Fw: Invoice C209303 - 11930 Broken Bough termite treatment invoice
Date: Feb 28, 2020 at 1:30:54 PM
To: Cassandra Craig cassandra.craig@compass.com
Cc: Rowley, Carol carol.rowley@compass.com, Jones, Paige paige.jones@compass.com, Yao Shen [REDACTED]

From: rachelle@longpointpest.com <rachelle@longpointpest.com>
Sent: Friday, February 28, 2020 11:18 AM
To: jqian7001@hotmail.com, jian.2004@hotmail.com
Subject: Invoice C209303



Houston Fumigation Systems, Inc.
P.O. Box 802522
Houston, TX 77280
713-468-0492

INVOICE

Bill To [105709] TERRY J. BREUER 11930 BROKEN BOUGH HOUSTON, TX 77024	Service Address [105709] TERRY J. BREUER 11930 BROKEN BOUGH HOUSTON, TX 77024
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Invoice #	C209303	Technician	
Invoice Date	06/04/2012	License #	
Service Date	06/04/2012	Target Pest	
		Terms	NET 30 DAYS
		Purchase Order	

Service	Description	Price
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DRYWOOD FUM

DRYWOOD FUMIGATION

Thank you for your business! If you have any questions, please call us.

Order/Service
Instructions

Houston Fumigation Systems, Inc.

P.O. BOX 802522 - HOUSTON, TEXAS 77280-2522 - (713) 468-2883
2219 BLALOCK RD. - HOUSTON, TEXAS 77080

TPCL 6841

Annual Service Agreement

Owner: Terry J. Breuer

Address: 11930 Broken Bough, Houston, TX 77024

Description of Real Property: House and Garage

Check one: Commercial Property _____ Area enclosed with outside walls: /

Private Residence X 2,857 Sq. Ft. 46,000 Cubic Feet

Location of Real Property 11930 Broken Bough

For the sum of \$ 2,489.75, Houston Fumigation, Inc. has agreed with the owner names herewith to treat the following described real property against existing pest check as per graph attached. Dry-Wood Termites X Powder-Post Beetles _____ Other _____ This Service Agreement shall be in force for 1 year from date of treatment, and may be renewed annually by the owner paying annual reinspection fees of \$ 248.98 to Houston Fumigation, Inc. making annual inspections as agreed in paragraph 1 of this Service Agreement. Houston Fumigation, Inc., by this Service Agreement further agrees, that any additional treatment needed for the above listed pest, will be performed without charge to the owner.

The Contractor States that:

1. This Service Agreement shall remain in force from the contract date noted herein, provided that the undersigned contractor visually re-inspects the premises annually and provided that the owner pays the undersigned contractor an annual reinspection fee. Failure to pay the reinspection fee within 30 days after the anniversary of the contract date shall void this Service Agreement without the privilege of reinstatement.

2. If any time of reinspection, additions or alterations have been made or structural problem arises to the real property, which in the opinion of the contractor constitutes conditions suitable for re-infestation of the above checked pest, then such additions, alterations or described real property must be serviced by the undersigned contractor as soon as practical at the expense of the owner. If this is not done, the Service Agreement shall immediately become void.

3. The service Agreement is transferable to a new owner of the above described property for the remaining term of the old Service Agreement, provided the new owner complies with paragraph 1 and 2.

Owner Terry J. Breuer Contractor John Montgomery

Contract Date 6-4-12

Treatment Date 6-4-12

NOTE: THIS SERVICE AGREEMENT SPECIFICALLY EXCLUDES ANY WARRANTY EITHER EXPRESS OR IMPLIED FOR DAMAGE CAUSED BY THE EXISTING PEST CHECKED ABOVE. PAST, PRESENT OR FUTURE

LICENSED AND REGULATED BY THE TEXAS DEPARTMENT OF AGRICULTURE, STRUCTURAL PEST CONTROL SERVICE, P.O. BOX 12847, AUSTIN, TX 78711-2847 (512) 305-8250

Re-Order Form #09832 EAGLE SPECIALTY (281) 440-0600

TEXAS DRYWOOD TERMITE POST-CONSTRUCTION TREATMENT DISCLOSURE

SERVICE PROVIDER: **Long Point Pest Control, Inc.**
2219 Blalock Houston, Tx 77080

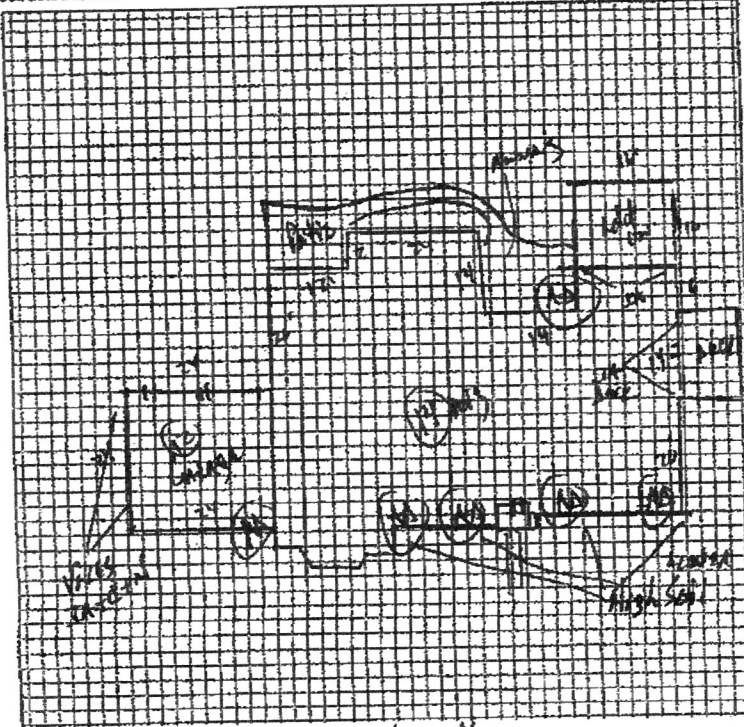
SERVICE PROVIDER PH# (713) 468-2883
 TPCL 706

NAME: Mr David John ADDRESS: 11930 Broken Branch
 CITY: Houston STATE: TX ZIP: 77024 PHONE: _____

AGREEMENT: Information provided includes the complete details of the agreement provided and the following: • Time Period of the Agreement • Renewal Options and Cost • Obligations of the Contracting Parties • Conditions that could develop which would void the agreement. If the agreement does not include the entire structure treated, the areas included in the agreement are: (specify) N/A

A copy of the consumer information sheet has also been provided. ADDITIONAL INFORMATION: Before conducting a termite treatment the company will present a complete termite treatment disclosure. In addition to the information listed above, the following must also be included but not be limited to: • ADDITIONS to the diagram that include areas of WDI evidence, conducive conditions, type of construction, construction details and inaccessible or obstructed areas.

DESCRIPTION OF STRUCTURE(S)



DESIGNATION KEY	
Evidence of active infestation	A
Evidence of previous infestation	P
Subterranean Termites	S
Formosan Termites	F
Drywood Termites	D
Area to be Treated	T
Conducive conditions	C

NOTES: Termite Fumigation using Vikane Gas for Active Drywood Termites
Price - 2320.00
Tax - 189.75
Total - 2489.75

includes 11 year Warranty
Annual Renewal Fee 230.00
Life time Renewable
Transferable Warranty

99.8% 96%
 A label of Vikane Gas/Chlorpyrifos

Location to be Treated: House/porch
 _____ termite(s) or fumigant is enclosed. The concentration of the termite(s) or type of treatment to be applied at this location is 99.8% + 96%
 Estimated gallons/pounds 25 to 30 lbs Area of Present Wood Destroying Insect Activity marked AD on graph

(Use the following symbols on the diagram of the structure: C-Conducive Conditions; E-Evidence of Infestation; A-Active; P-Previous; D-Drywood; B-Wood Boring Beets)

Type of Treatment Full Limited

Approximate Measurements of the Structure(s) to be treated		PRIMARY USE:		INACCESSIBLE/ OBSTRUCTURE AREAS:
FOUNDATION:	SIDING:	ROOF:	<input checked="" type="checkbox"/> Residence	<u>Attic insulation</u>
<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> Wood	<input checked="" type="checkbox"/> Composition	<input type="checkbox"/> Public building	<u>Wall floor openings</u>
<input type="checkbox"/> Pier and Beam	<input type="checkbox"/> Brick	<input type="checkbox"/> Wood shingle	<input type="checkbox"/> Commercial	<u>Plumbing, slab, roof</u>
<input type="checkbox"/> Pier Type: _____	<input type="checkbox"/> Stone	<input type="checkbox"/> Metal	<input type="checkbox"/> Industrial	<u>High Soil</u>
<input type="checkbox"/> Basement	<input type="checkbox"/> Plaster	<input type="checkbox"/> Tile	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		

DEFINITIONS OF TREATMENT: A drywood termite or related insect treatment may be a full treatment or limited treatment. These types of treatments are defined as follows:

FULL TREATMENT: Generally defined as a treatment to control 100 percent of the insect infestation by tarpaulin fumigation or appropriate sealing method. A full treatment by fumigation is designed to eliminate every insect colony, both accessible and inaccessible. It should include the infested structure and all attached structures. Tarpaulin fumigation reaches every part of structure that may not be reached by other approved methods.

LIMITED TREATMENT: Any treatment less than full treatment. A treatment which has a limited and defined area that is intended to protect a specific location. Often there are adjacent areas susceptible to drywood termite or relate insect infestations which are not treated. Because of the nature of wood destroying insects, these untreated areas may continue to harbor drywood termites and unrelated insects throughout the structure without detection.

For all treatments there will be a graph showing exactly what will be treated. Treatment specifications and warranties for those treatments may vary widely. Review the pesticide label provided to you for minimum treatment specification. If you have any questions, contact the service provider or the Texas Department of Agriculture Structural Pest Control Service, P.O. Box 12847, Austin, Texas 78711 - 2847, Phone: (512) 305-8250 or 866-918-4481, Fax: 888-232-2567.

[Signature] Michael Adams CA#0559860PTSC 4-23-2012

 Title of Certified Applicator or Technician Printed Name of Certified Applicator or Technician Date Signature of customer verifying receipt of this document Date