



EXTERMINATORS
PEST CONTROL SPECIALISTS
TPCL583

44597

601 SHANE • HOUSTON, TEXAS 77037 • DIAL (281) 447-6041

Name ~~Park Rock Construction~~ Turquoise Works LLC
Address 815 Red Oak St Phone _____
Premises Treated VIDOR TX 77662 Date 1-26-2021

SERVICE CONTRACT

This company agrees to render services for the following (✓) checked pests:

	(70) & TRAILER .062	AMOUNT
* Termites <u>SUB</u> <input checked="" type="checkbox"/>		
Roaches <input type="checkbox"/>		
Ants <input type="checkbox"/>		
Silver Fish <input type="checkbox"/>		
Spider <input type="checkbox"/>		
Moths <input type="checkbox"/>		
Ticks <input type="checkbox"/>		
Fleas <input type="checkbox"/>		
Bed bugs <input type="checkbox"/>		
Scorpions <input type="checkbox"/>		
Rats <input type="checkbox"/>		
Mice <input type="checkbox"/>		
Others <input type="checkbox"/>		
Tree Service <input type="checkbox"/>		
Yard Service <input type="checkbox"/>		
Attic <input type="checkbox"/>		
Commerical <input type="checkbox"/>		
Inspection Only <input type="checkbox"/>		
	Cash <input type="checkbox"/>	
	Terms <input checked="" type="checkbox"/> <u>MAIL</u>	
	Finance <input type="checkbox"/>	
	TOTAL	<u>525.00</u>

COMMENTS:

WBI PERMIT ISSUED

This contract is for a period of 12 mos. from 1-26-2021 to _____.

* The company will make regular inspections annually of the above described premises and will provide additional treatment as necessary to maintain good control of above described pests providing payments have been made as stipulated in this contract.

Quarterly/Yearly service fee \$ _____

This company reserves the right to cancel this contract if payments are not paid as agreed by customer.

*Licensed and Regulated by the
Texas Department of Agriculture
Structural Pest Control Service
P.O. Box 12847 - Austin, TX 78711-2847
Phone (866) 918-4481, Fax (888) 232-2567

NORTHLINE EXTERMINATORS

By: [Signature] CA 35789

I acknowledge receipt of "consumer information sheet" and copy of "service contract."

Date: _____

Time: _____

Client: _____

POST-CONSTRUCTION SUBTERRANEAN TERMITE, DRYWOOD TERMITE & RELATED WOOD DESTROYING INSECT TREATMENT DISCLOSURE DOCUMENT

PEST CONTROL COMPANY:

Name: NORTHLINE EXTERMINATORS TPCL# TP 583 Phone: 281-447-6041

Address: 601 SHANE City: HOUSTON State: TX Zip Code: 77037

CUSTOMER:

Name / Contact: PARK ROCK CONSTRUCTION TURQUOISE WORKS Phone: AUDREY

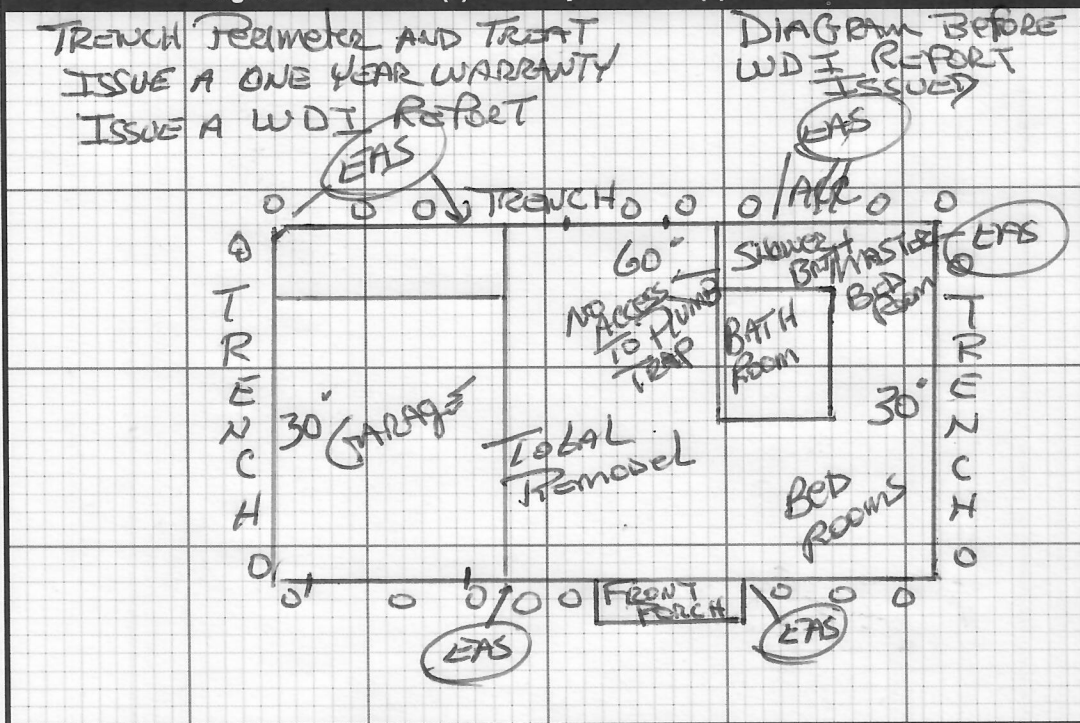
Address to be Treated: 815 RED OAK City: VIDOR State: TX Zip Code: 77662

Email: _____ Notes: WDI REPORT INSPECTION ALSO ISSUE

This disclosure document is provided with each written estimate for treatment of subterranean termites, drywood termites, powder post beetles, wood boring beetles or other related wood destroying insects (excluding carpenter ants). For all treatments there will be a diagram 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 pest control company or the Texas Department of Agriculture, P.O. Box 12847, Austin, Texas 78711-2847. Phone (866) 918-4481

TARGET PEST(S):
SUB Termites
AREA(S) OF ACTIVITY:
SEE DIAGRAM

Diagram of Structure(s) and Proposed Area(s) To Be Treated



AREA(S) TO BE TREATED:
Perimeter of Home

DISCLOSURE DATE & ESTIMATE DETAILS:
1-26-2021
575.00

Key To Diagram Symbols

Conditions Conducive for Infestation.....	C
Evidence of Infestation.....	E
Evidence of Active Infestation.....	A
Evidence of Previous Infestation.....	P
Evidence of Subterranean Termites.....	S
Evidence of Formosan Termites.....	F
Evidence of Wood Boring Beetles.....	W
Evidence of Powder Post Beetles.....	Y
Evidence of Drywood Termites.....	D
Evidence of Other WDI.....	V
Areas to be Drilled.....	X
Areas to be Trenched.....	O
Area to be Rodded.....	R
Area Bait Station to be Installed.....	BS
Area Physical Barrier to be Installed.....	BT

CONSTRUCTION TYPE:

- | | | | | |
|--|---|--|---|--|
| FOUNDATION:
<input checked="" type="checkbox"/> Slab
<input type="checkbox"/> Pier and Beam
Pier Type: _____
<input type="checkbox"/> Basement
<input type="checkbox"/> Other: _____ | SIDING:
<input type="checkbox"/> Wood
<input checked="" type="checkbox"/> Brick
<input type="checkbox"/> Stone
<input type="checkbox"/> Plaster
<input type="checkbox"/> Other: _____ | ROOF:
<input checked="" type="checkbox"/> Composition
<input type="checkbox"/> Wood Shingle
<input type="checkbox"/> Metal
<input type="checkbox"/> Tile
<input type="checkbox"/> Other: _____ | PRIMARY USE:
<input checked="" type="checkbox"/> Residence
<input type="checkbox"/> Public Building
<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial
<input type="checkbox"/> Other: _____ | INACCESSIBLE / OBSTRUCTED AREAS:
<input type="checkbox"/> <u>SHOWER</u>
<input type="checkbox"/> <u>BATH TUB TRAP</u>
<input type="checkbox"/> <u>(DRAINS)</u>
<input type="checkbox"/> |
|--|---|--|---|--|

PROPOSED TREATMENT TYPE & SPECIFICATIONS:

Subterranean Termite Post-Construction Treatment Types: Partial Spot Baiting System Barrier Pier and Beam Slab Construction (See definitions on back side)

Drywood Termite, Powder Post Beetle, Wood Boring Beetle or other related Wood Destroying Insect Treatment Type: Full Spot (See definitions on back side)

Approximate measurements of structure(s) to be treated: 180 linear ft 75 sq

A label of FARNAM TAR AUS SC. is attached. The concentration of termiticide or type of treatment to be applied at this location will be 0.06 % (circle one)

If a baiting system will be installed the minimum number of bait stations will be _____. If a physical barrier will be used, the amount of barrier will be: _____ sq ft cu ft

WARRANTY & ATTACHMENTS:

Warranty information (if any) including area covered, time period of warranty, renewal options and cost, the obligations of the contracting parties, and conditions that could develop which would void the warranty is attached. If the warranty does not include the entire structure treated, the areas included in the warranty are: (specify): _____

_____ A copy of the consumer information sheet has been made available to the appropriate party.

[Signature] CA35789 Summ & Pickett 1-26-2021
Signature of Certified Applicator or Technician Completing Estimate Printed Name & License # Date
Signature of Customer Verifying Receipt of This Document _____ Date

NORTHLINE EXTERMINATORS
601 Shane Drive Houston, Texas 77037

Telephone: (281) 447-6041
Service Contract
T.P.C.L. No. 583

Licensed and Regulated by the
Structural Pest Control Board
1106 Clayton Lane Suite 100LW
Austin, Texas 78723 (512)451-7200

~~PARK ROCK CONSTRUCTION~~
TURQUOISE WORKS

THIS CONTRACT is entered into between the NORTHLINE EXTERMINATORS and _____
_____ the owner or real estate agent of the building located at _____
VIDOR TX 77662 815 RED OAK ST
(City) (State) (Street) (Phone)

THE TERMS OF THE CONTRACT ARE AS FOLLOWS:

- (1.) The contractor agrees to treat the above described building with the Northline System of termite control which is in accordance with the latest technical methods.
- (2.) The contractor agrees to render such further treatment as are necessary to control subterranean termites during the duration of this contract.
- (3.) The contractor agrees to remove all rubbish, debris, clay tunnels, and trash from under the above described building.
- (4.) REPAIR WORK NONE

(5.) On completion of initial treatment the owner agrees to pay the contractor \$ 575.00

as follows: MAIL
The contractor agrees to make a thorough re-inspection within 12 months after treatment and annually thereafter and take the necessary measures to control subterranean termites should re-infestation be found or not, for 1 consecutive years for the annual fee of \$ 0, payable when re-inspections or retreatments are made.

- (6.) OWNER agrees not to store wood, paper, or other cellulose materials which might furnish food for termites under the house, and to repair promptly any plumbing leaks or other conditions arising after the execution of this contract, which might cause the collection of moisture under the house.
- (7.) It is agreed between the parties to this contract that the prices quoted herein are subject to change in the discretion of the contractor if he is to render these services to any additions made to the above described building after the execution of this contract.
- (8.) It is understood and agreed between the parties of this contract that the contract embodies the entire agreement between the parties and no covenant, Agreement or Representation, oral or written, expressed or implied, shall limit, modify or qualify the terms of this contract and its provisions.
- (9.) It is agreed between the parties that this contract is not assignable, but in case of sale of the above described building, the purchaser shall have the privilege of entering a new contract for the unexpired terms of this contract at the same rate.
- (10.) The contractor will not be responsible for cracks, crevices, or defected spots on concrete slabs or such.
- (11.) It is agreed the liability of the Pest Control Operator shall be limited to and fixed as a sum equal to the amount as stated on the warranty. Said amount shall be the only damages that can be claimed or obtained by the person to whom this warranty is being made, or by any person or persons in privity thereto and shall constitute liquidated damages.

REMARKS: CONCRETE SLAB FOUNDATION - TOTAL
REMODEL - SUB. TERMITES RIGHT OF FRONT PORCH - RIGHT BACK
CORNER Right Side - Left Back Corner - Back of House AT A/C UNIT

EXECUTED IN DUPLICATE THIS _____ DAY OF _____,

Contractor [Signature] CA35789 _____
Owner or Agent _____

Address _____

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

The conditions conducive to insect infestation reported in 7A & 7B:

9. Will be or has been mechanically corrected by inspecting company:

Yes No

If "Yes," specify corrections: _____

9A. Corrective treatment recommended for active infestation or evidence of previous infestation with no prior treatment as identified in Section 8. (Refer to Part G, H, and I, Scope of Inspection):

Yes No

9B. A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows:

Yes No

Specify reason:

Refer to Scope of Inspection Part J

10A. This company has treated or is treating the structure for the following wood destroying insects:

SUBTERRANEAN TERMITES

If treating for subterranean termites, the treatment was:

Partial Spot Bait Other

If treating for drywood termites or related insects, the treatment was:

Full Limited

10B. 1-26-2021

Date of Treatment by Inspecting Company

SUB. TERMITES

Common Name of Insect

TAURUS SC.

Name of Pesticide, Bait or Other Method

This company has a contract or warranty in effect for control of the following wood destroying insects:

Yes No

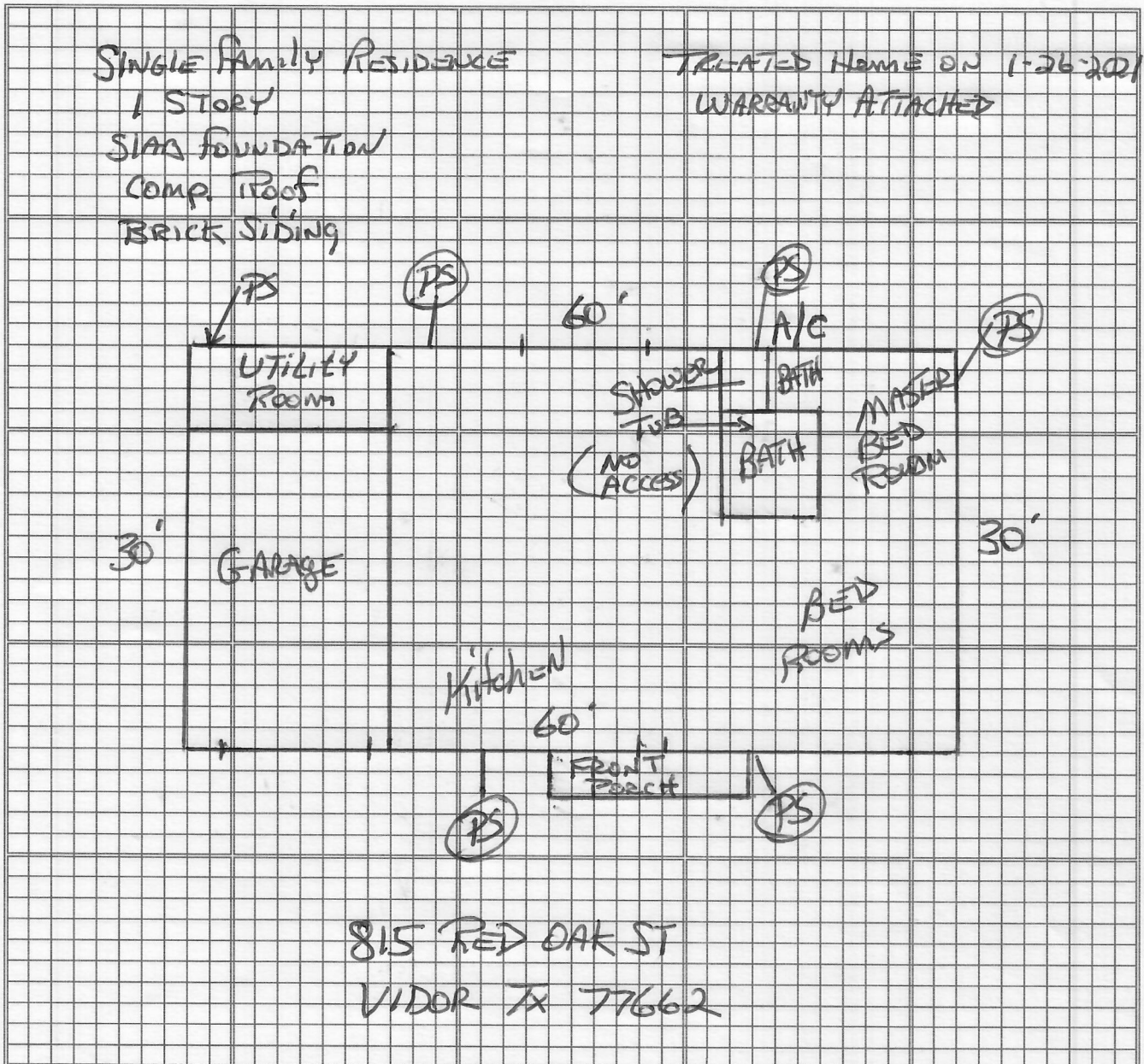
List Insects:

SUB TERMITE WARRANTY

If "Yes", copy(ies) of warranty and treatment diagram must be attached.

Diagram of Structure(s) Inspected

The inspector must draw a diagram including approximate perimeter measurements and indicate active or previous infestation and type of insect by using the following codes: E-Evidence of Infestation, A-Active; P-Previous; D-Drywood Termites; S-Subterranean Termites; F-Formosan Termites; C-Conducive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify _____



TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

815 RED OAK ST
Inspected Address

VIDOR
City

77662
Zip Code

SCOPE OF INSPECTION

- A. This inspection covers only the multi-family structure, primary dwelling or place of business. Sheds, detached garages, lean-tos, fences, guest houses or any other structure will not be included in this inspection report unless specifically noted in Section 5 of this report.
B. This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection. Examples of inaccessible areas include but are not limited to (1) areas concealed by wall coverings, furniture, equipment and stored articles and (2) any portion of the structure in which inspection would necessitate removing or defacing any part of the structure(s) (including the surface appearance of the structure). Inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection but which may be revealed in the course of repair or replacement work.
C. Due to the characteristics and behavior of various wood destroying insects, it may not always be possible to determine the presence of infestation without defacing or removing parts of the structure being inspected. Previous damage to trim, wall surface, etc., is frequently repaired prior to the inspection with putty, spackling, tape or other decorative devices. Damage that has been concealed or repaired may not be visible except by defacing the surface appearance. The WDI inspecting company cannot guarantee or determine that work performed by a previous pest control company, as indicated by visual evidence of previous treatment; has rendered the pest(s) inactive.
D. If visible evidence of active or previous infestation of listed wood destroying insects is reported, it should be assumed that some degree of damage is present.
E. If visible evidence is reported, it does not imply that damage should be repaired or replaced. Inspectors of the inspection company usually are not engineers or builders qualified to give an opinion regarding the degree of structural damage. Evaluation of damage and any corrective action should be performed by a qualified expert.
F. THIS IS NOT A STRUCTURAL DAMAGE REPORT OR A WARRANTY AS TO THE ABSENCE OF WOOD DESTROYING INSECTS.
G. If termite treatment (including pesticides, baits or other methods) has been recommended, the treating company must provide a diagram of the structure(s) inspected and proposed for treatment, label of pesticides to be used and complete details of warranty (if any). At a minimum, the warranty must specify which areas of the structure(s) are covered by warranty, renewal options and approval by a certified applicator in the termite category. Information regarding treatment and any warranties should be provided by the party contracting for such services to any prospective buyers of the property. The inspecting company has no duty to provide such information to any person other than the contracting party.
H. There are a variety of termite control options offered by pest control companies. These options will vary in cost, efficacy, areas treated, warranties, treatment techniques and renewal options.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended. Corrective treatment may only be recommended if (1) there is visible evidence of an active infestation in or on the structure, (2) there is visible evidence of a previous infestation with no evidence of a prior treatment.
J. If treatment is recommended based solely on the presence of conducive conditions, a preventive treatment or correction of conducive conditions may be recommended. The buyer and seller should be aware that there may be a variety of different strategies to correct the conducive condition(s). These corrective measures can vary greatly in cost and effectiveness and may or may not require the services of a licensed pest control operator. There may be instances where the inspector will recommend correction of the conducive conditions by either mechanical alteration or cultural changes. Mechanical alteration may be in some instances the most economical method to correct conducive conditions. If this inspection report recommends any type of treatment and you have any questions about this, you may contact the inspector involved, another licensed pest control operator for a second opinion, and/or the Structural Pest Control Service of the Texas Department of Agriculture.

1A. NORTHLINE EXTERMINATORS 1B. TP583
Name of Inspection Company SPCS Business License Number
1C. 601 SHANE HOUSTON TX 77037 281-447-6041
Address of Inspection Company City State Zip Telephone No.
1D. Jimmy Pickett 1E. Certified Applicator (check one)
Name of Inspector (Please Print) Technician

2. Case Number (VA/FHA/Other) 3. 1-26-2021
Inspection Date

4A. TURQUOISE WORKS LLC. Seller Agent Buyer Management Co. Other
Name of Person Purchasing Inspection
4B. EASTMAN CAPITAL
Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgagee Purchaser of Service Seller Agent Buyer
(Under the Structural Pest Control regulations only the purchaser of the service is required to receive a copy)

The structure(s) listed below were inspected in accordance with the official inspection procedures adopted by the Texas Department of Agriculture Structural Pest Control Service. This report is made subject to the conditions listed under the Scope of Inspection. A diagram must be attached including all structures inspected.

5. SINGLE FAMILY RESIDENCE (HOME)
List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)

6A. Were any areas of the property obstructed or inaccessible? Yes No
(Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.
6B. The obstructed or inaccessible areas include but are not limited to the following:
Attic Insulated area of attic Plumbing Areas Planter box abutting structure
Deck Sub Floors Slab Joints Craw Space
Soil Grade Too High Heavy Foliage Eaves Weepholes
Other Specify:

7A. Conditions conducive to wood destroying insect infestation: Yes No
(Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.

7B. Conducive Conditions include but are not limited to:
Debris under or around structure (K) Wood to Ground Contact (G) Formboards left in place (I) Excessive Moisture (J)
Plaster on abutting structure (L) Footing too low or soil line too high (L) Wood Rot (M) Heavy Foliage (N)
Wood in Contact with Structure (O) Wooden Fences in Contact with the Structure (P)