

HOUSTON / S & H DISTRIBUTING

2202 FM 1960 W. HOUSTON TX 77090
281-444-4733

Quote Number: ES008403
PO Number:

Date: Jul 18, 2020 10:15 AM
Salesperson: STEPHEN MYLES

Sold To:
MIKE WOODS
18716 WICHITA TRAIL
MAGNOLIA#, TX 77355 County HARRIS
763.350.5267
WOODSM1986@GMAIL.COM

Ship To:
MIKE WOODS
18716 WICHITA TRAIL
MAGNOLIA, TX. 77355
HOUSTON*, TX County HARRIS

Item	Qty	Unit Price	Amount
None			
LAWSON - LEGENDS COLLECTION: CHURCHILL	1,011.5	\$2.95	\$2,983.93
34 BOXES	SF		
WPC / SPC / CORE PLANK	920	\$1.50	\$1,380.00
DISPOSAL FEE: TO BE DETERMINED	1	\$50.00	\$50.00
STAIN TO MATCH SHOE MOLD (UNFINISHED): STAIN TO MATCH SHOE MOLD (UNFINISHED)	256	\$1.00	\$256.00
FLOOR PREP 25LB	10	\$40.00	\$400.00
MOVE FURNITURE	3	\$50.00	\$150.00
DISTANCE CHARGE 45-60	1	\$75.00	\$75.00
PROCESSING FEE	1	\$170.90	\$170.90
LAWSON - LEGENDS COLLECTION: CHURCHILL - TMOLD	32	\$2.50	\$80.00
OPTION 2 - UNIVERSAL FLOORING: RIVER COLLECTION - RIO GRANDE	0	\$0.00	\$0.00
This Option would be an additional =\$340.00			
OPTION 3 - BBW FLOORING: SOLUX CORE - EMERALD CITY	0	\$0.00	\$0.00
No additional charges.			
	None:		\$5,545.83

Material:	\$3,369.93
Services:	\$2,175.90
Sales Tax:	\$278.02
Quote Total:	\$5,823.85

Terms and Conditions:

CUSTOMER READ BEFORE SIGNING: Customer understands that there may be a dye-lot variation from sample. Seller is not responsible for chips, dents, or conditions of existing moulding, doors, jambs or fixtures. Room must be clear of obstacles at time of installation. Seller is not responsible for cutting doors. Seller is not responsible for customers measurements. Seller is not responsible for manufacturer or shipper delays. Seams are visible. Unforeseen structural problems upon installation may change the amount due of this invoice. Deposits are non-refundable. Industry Standard - 1 year warranty. Warranty void if not paid in full. Not responsible for dust and debris caused by removal of old flooring. 25% restocking fee for canceled orders. There is a 5 carton minimum for the 25% restocking fee, and anything below 5 cartons can not be returned. Any orders older than 6 months of signed invoice are non-refundable. Company does not reimburse for customer to take off work. Company is not responsible for connecting electric, gas, plumbing or any other service not mentioned in the contract. Payment in full is expected unless prior arrangements have been made and noted on contract.

Quote Number: ES008403
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Quote

Customer: MIKE WOODS
Page 1 of 3



Only 1%-2% of the roofing contractors in North America have achieved Master Elite status! Based on their uncompromising commitment to the highest standards in sales, service and installation, they have pledged to ensure that each customer receives their "best choice" in roofing.

1-855-ROOF-1-FAST
Roof1Construction@gmail.com

AGREEMENT

Name <u>Mike & Kelly Woods</u>	Insurance Co.	Date <u>5/20/2020</u>
Address <u>18716 Wichita Trail</u>	Mortgage Co.	Account #
City, State and Zip Code <u>Magnolia TX 77355</u>	Adjuster	Claim # <u>202004240069</u>
Phone # Mobile <u>763-350-5267</u>	Wk./Hm	Representative <u>Scott</u>
Cell # <u>713-539-5377</u>	Cell # <u>713-539-5377</u>	
Email		

SPECIFICATIONS

ROOF Per Insurance scope

- Tear off: Yes No 1 # layers roofing
- Install Underlayment: 15lb 30lb Synthetic Feltbuster
- Install: GAF Timberline Brand Shingles
- Style: High Def HDZ Year: lifetime
- Color: Weather Wood #Sqs: 33-67
- Ice and water Shield 15 ft from eaves & 15 ft from valley
- Install new Drip Edge 15x15 color: Black
- Install Roof Pipe Boots: 6 1.5" 2 2" 3 3" 4 4" 5 5"
- Valley: Open Closed Type: closed cut
- Ridge: 3-Tab Ridgevent: (YN) 28 LF
- Roof Pitch: 8 /12 #Stories: 1
- Open Soffit: Yes No Vaulted Ceilings: Yes No
- Redeck: Yes No Air Hawks/Turbine

- DAMAGED WOOD** (Replaced as needed at additional cost)
- Remove & Replace Plywood Decking @ \$75.00 / sheet
 - SPECIAL Any rotten decking will be replaced @ zero charge

WARRANTY

- Roof 7 yr. Workmanship Only
- Siding _____ yr. Workmanship Only
- Gutters _____ yr. Workmanship Only
- Add 50 yr System Plus warranty \$ _____
- Add 50 yr Silver Pledge warranty \$ _____
- Add 50 yr Gold Pledge warranty \$ _____

ADDITIONAL SPECIFICATIONS

- Placement of Materials: Left side
- Emergency Repairs: _____
- Existing Interior Damage: Yes No
- Roll yard and Driveway with magnetic nail sweeper
- Clean up and haul away work debris

PROMISED Instructions

Upgraded HDZ, Feltbuster, Cobra Ridge Vent III, pro-stator, Ice & water shield, 6 nails per shingle

? Add Z-Ridge like Mr Voss house Add \$434⁰⁰ DS
MW
Yes X No
Customer keeps \$1,851⁰⁰ for the fence we are not doing

GUTTERS & DOWNSPOUTS Per Insurance scope

- Remove & Replace LF 5" Gutters _____ LF 2x3 Downspouts
- Remove & Replace LF 6" Gutters _____ LF 3x4 Downspouts
- Color: _____ Install Leaf Screens: Yes No

PAYMENT SCHEDULE

Agreement Amount Working off Insurance summary
\$ 9,703.85
Fill-In After Insurance Approval

Out of pocket customer is responsible for _____
\$ _____

Work NOT being Completed _____

Cash Price \$ _____
Not Insurance Work

Job Upgrades

Upgrade Amount \$ _____

Final Agreement Amount \$ 9,703.85

First check is due after roof is completed. Second check is due when remaining promises are completed and/or second check arrives to homeowner.

IF WE DO NOT GET THE WORK APPROVED BY YOUR INSURANCE COMPANY, THIS AGREEMENT IS NULL AND VOID.

ROOF 1 in most cases works for the insurance proceeds only, unless otherwise noticed on this agreement. If overhead and profit is given to the claim, either up front or negotiated, it will be added to ROOF 1's agreement acting as a general contractor. This amount is considered part of ROOF 1's proceeds unless otherwise noted.

IN WITNESS WHEREOF Buyer(s) acknowledge receipt of a completed copy of this Agreement on the day and year written below. 1/WI: have read, understand and accept the terms included on the front of this Agreement.

DocuSigned by: _____ Date: 5/20/2020

Approved by: [Signature] Date: _____
2EB7324EA8C544E Customer Signature

Roof 1 Sales Rep.: [Signature] Date: 5-20-2020
Sales Rep Signature

freddy
NORTHWEST GUTTERS & CONSTRUCTION LLC

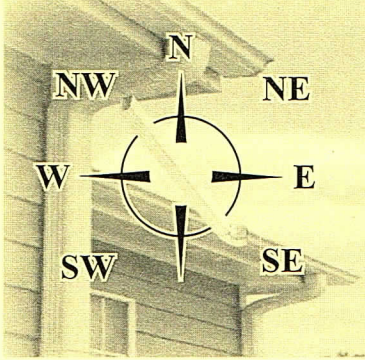
11903 Rolling Stream Dr. Tomball, Tx 77375
 Office: 281-425-5386
 customerservice@northwestguttersconstruction.com



PROPOSAL AND FINAL INVOICE

Name: Mike Woods Date: 7-24-20
 Street: 18716 Wirlida trail
 City: Magnolia State: TX Zip: 77355
 Day Phone: (763) 350-5267 Evening: _____
 Email: woodsml1986@gmail.com
 Color: Ru. Ashin
 Start Date: open

**40-YEAR WARRANTY ON MATERIAL
 3-YEAR NO-LEAK GUARANTEE**



Gutters 5" 6"
 GUTTER REPAIR
 LEAFGUARD OPTION

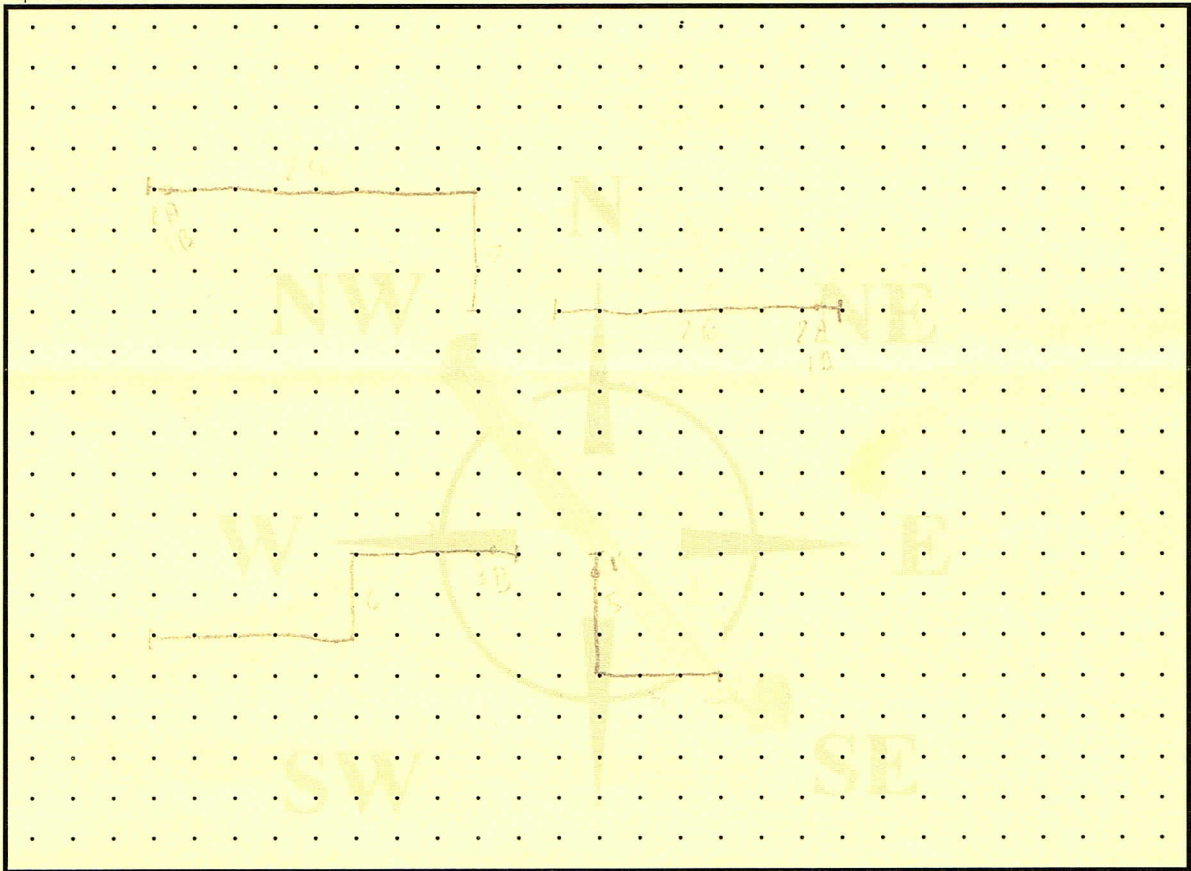
Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance upon above work.

WORK ORDER

- _____ Coil
- _____ Down Spouts
- _____ A elbows
- _____ B elbows
- _____ Left end caps
- _____ Right end caps
- _____ Offsets
- _____ Outlets
- _____ Outside Strip Miters
- _____ Inside Strip Miters
- _____ Outside Bay Miters
- _____ Inside Bay Miters
- _____ Outside Box Miters
- _____ Inside Box Miters
- _____ Leaf Screen
- _____ Gutter Helmets

Gutters _____
 Endcaps, Strips & Downspouts _____
 Total _____

Gutters _____
 Endcaps, Strips & Downspouts _____
 Total _____



Title to (the Goods) shall remain vested in (the seller) and shall not pass to (the Buyer) until the purchase price for (The Goods) has been paid in full and received by (The Seller). Until title to (the Goods) passes: (The Seller) shall have authority to retake, sell or otherwise deal with and or dispose of all or any part of (The Goods): (The Seller) and its agents and employees shall be entitled at any time and without the need to give notice earlier upon any property upon which (The Goods) or any part are stored, or upon which (The Seller) reasonably believes them to be kept; (The Buyer) shall store or mark (The Goods) in a manner reasonably satisfactory to (The Seller) indicating that title to (The Goods) remains vested in (The Seller); and (The Buyer) shall issue (The Goods) to their full replacement value, and arrange for (The Seller) to be noted on the policy of insurance as the loss payee.

All materials are guaranteed to be as specified and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner.

for the sum of \$ 2,600.00

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

NOTE: This proposal may be withdrawn by us if not accepted within 30 day.

I have been informed of my 3 day right to cancel rights.

Submitted by Alfredo Torres

Foreman _____

Accepted Date _____

Signature Kelly Woods

TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

18716 Wichita Trail

Magnolia

77355

Inspected Address

City

Zip

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.
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.
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.
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).
H. There are a variety of termite control options offered by pest control companies.
I. There are some specific guidelines as to when it is appropriate for corrective treatment to be recommended.
J. If treatment is recommended base solely on the presence of conducive conditions, a preventive treatment may only be recommended.

EXCELLENCE IN PEST CONTROL

TPCL # 13059

1A. Name of Inspection Company: 17547 INDIAN TRAIL PORTER TEXAS 77357 281-354-4426
1B. SPCB Business License Number: 77357
1C. Address of Inspection Company: 17547 INDIAN TRAIL PORTER TEXAS 77357
1D. Name of Inspector (Please Print): Matt Osu
1E. Certified Applicator: [checked] Technician: [checked]
2. Case Number (VA/FHA/Other): Unknown
3. Inspection Date:

4A. Name of Person Purchasing Inspection: Seller [] Agent [] Buyer [checked] Management Co. [] Other []
4B. Owner/Seller: Unknown
4C. REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [] Seller [] Agent [] Buyer [checked]

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

5. List structure(s) inspected that may include residence, detached garages and other structures on the property. (Refer to Part A, Scope of Inspection)
1 Story Residence on slab

6A. Were any areas of the property obstructed or inaccessible? Yes [checked] No []

6B. The obstructed or inaccessible areas include but are not limited to the following:
Attic [] Insulated area of attic [checked] Plumbing Areas [checked] Planter box abutting structure []
Deck [] Sub Floors [] Slab Joints [] Crawl Space []
Soil Grade Too High [] Heavy Foilage [] Eaves [checked] Weepholes []
Other [] Specify:

7A. Conditions conducive to wood destroying insect infestation: Yes [] No [checked]

7B. Conducive Conditions include but are not limited to:
Wood to Ground Contact (G) [] Formboards left in place (I) [] Excessive Moisture (J) []
Debris under or around structure (K) [] Footing too low or soil line too high (L) [] Wood Rot (M) [] Heavy Foilage (N) []
Planter box abutting structure (O) [] Wood Pile in Contact with Structure (Q) [] Wooden Fence in Contact with the structure (R) []
Insufficient ventilation (T) [] Other (C) [] Specify:

8. Inspection reveals visible evidence in or on the structure:
8A. Subterranean Termites: Active Infestation Yes [] No [checked] Previous Infestation Yes [] No [checked] Previous Treatment Yes [checked] No []
8B. Drywood Termites: Active Infestation Yes [] No [checked] Previous Infestation Yes [] No [checked] Previous Treatment Yes [] No [checked]
8C. Formosan termites: Active Infestation Yes [] No [checked] Previous Infestation Yes [] No [checked] Previous Treatment Yes [] No [checked]
8D. Carpenter Ants: Active Infestation Yes [] No [checked] Previous Infestation Yes [] No [checked] Previous Treatment Yes [] No [checked]
8E. Other Wood Destroying Insects: Active Infestation Yes [] No [checked] Previous Infestation Yes [] No [checked] Previous Treatment Yes [] No [checked]

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other method) identified: Bait Stations,

8G. Visible evidence of: None has been observed in the following areas: None

If there is visible evidence of active or previous infestation, it must be noted. The type of insect(s) must be listed in the first blank and all identified infested areas of the property inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

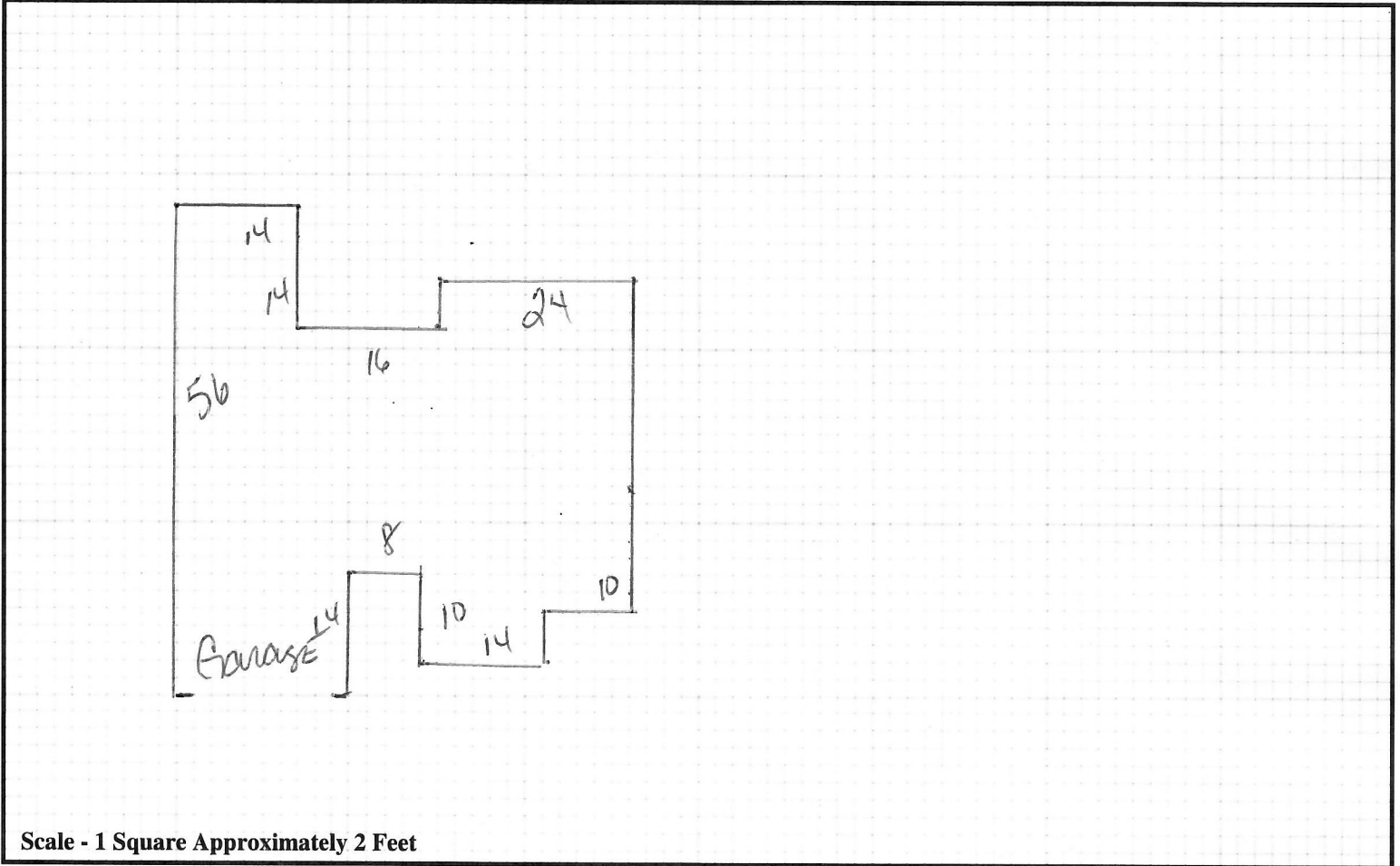
TEXAS OFFICIAL WOOD DESTROYING INSECT REPORT

9. The conditions conducive to insect infestation reported in 7A & 7B: 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: NONE
 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. NONE Date of Treatment by Inspecting Company _____ NONE Common Name of Insect _____ NONE 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 If "Yes," copy(ies) of warranty and treatment diagram must be attached.
 List Insects: _____

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 FT = Formosan Termites
 C = Conducive Condition B = Wood Boring Beetles H = Carpenter Ants S = Subterranean Termites Other(s) – Specify



Additional Comments _____

Neither I nor the company for which I am acting have had, presently have, or contemplate having any interest in the 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.

Signatures: _____
 11A. _____ Inspector

Approved: License # 0561390 _____
 11B. _____ Certified Applicator and Certified App licator License Number

Notice of Inspection Was Posted At or Near
 12A. Electric Breaker Box []
 Water Heater Closet []
 Bath Trap Access []
 Beneath the Kitchen Sink
 12B. Date Posted 8/20/19

Statement of Purchaser

I have received the original or a legible copy of this form. I have read and understand any recommendations made. I have also read and understand the "Scope of Inspection." I understand that my inspector may provide additional information as an addendum to this report. If additional information is attached, list number of pages: 0

Signature of Purchaser of Property or their Designee _____ Date _____