

12169 MAJEN Inspected Address

TC City

77590 Zip Code

SCOPE OF INSPECTION

- A This inspection covers only the multi-family structure, primary dwelling or place of business...
B This inspection is limited to those parts of the structure(s) that are visible and accessible at the time of the inspection...
C This inspection does not cover any condition or damage which was not visible in or on the structure(s) at time of inspection...
D If visible evidence of active or previous infestation of listed wood destroying insects is reported...
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 Inspected and proposed for treatment...
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 based solely on the presence of conducive conditions...

1A EXLEY BUTSIT Name of Inspection Company
1B 133297 SPCS Business License Number
1C 312 CEDAR LAKE DR, LIPSBY, TX 77583 Address of Inspection Company
1D NADI BASHIR Name of Inspector (Please Print)
1E Certified Applicator (check one) Technician
2 N/A Case Number (VA, FHA, Other)
3 7-1-19 Inspection Date
4A MLS Mills Name of Person Purchasing Inspection
4B N/A Owner/Seller

4C REPORT FORWARDED TO: Title Company or Mortgagee [] Purchaser of Service [] Seller [] Agent [] Buyer []

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...

5. 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 []

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

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

- 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 Moss
Planter box abutting structure (O) [] Footing too low or soil line too high (L) [] Wood Rot (M) [] Heavy Foliage
Insufficient ventilation (T) [] Wood Pile in Contact with Structure (Q) [] Wooden Fence in Contact with the Structure (R) []
Specify: Very low crawl

8. Inspection Reveals Visible Evidence in or on the structure:

Table with 4 columns: Insect Type (8A-8E), Active Infestation (Yes/No), Previous Infestation (Yes/No), Previous Treat (Yes/No)

8F. Explanation of signs of previous treatment (including pesticides, baits, existing treatment stickers or other methods) identified: N/A

8G. Visible evidence of: N/A has been observed in the following areas: No Activity AT The time

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 inspected must be noted in the second blank. (Refer to Part D, E & F, Scope of Inspection)

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
 If "Yes," specify corrections N/A

Yes No

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

Yes No
 Yes No

9B A preventive treatment and/or correction of conducive conditions as identified in 7A & 7B is recommended as follows
 Specify reason N/A
 Refer to Scope of Inspection Part J

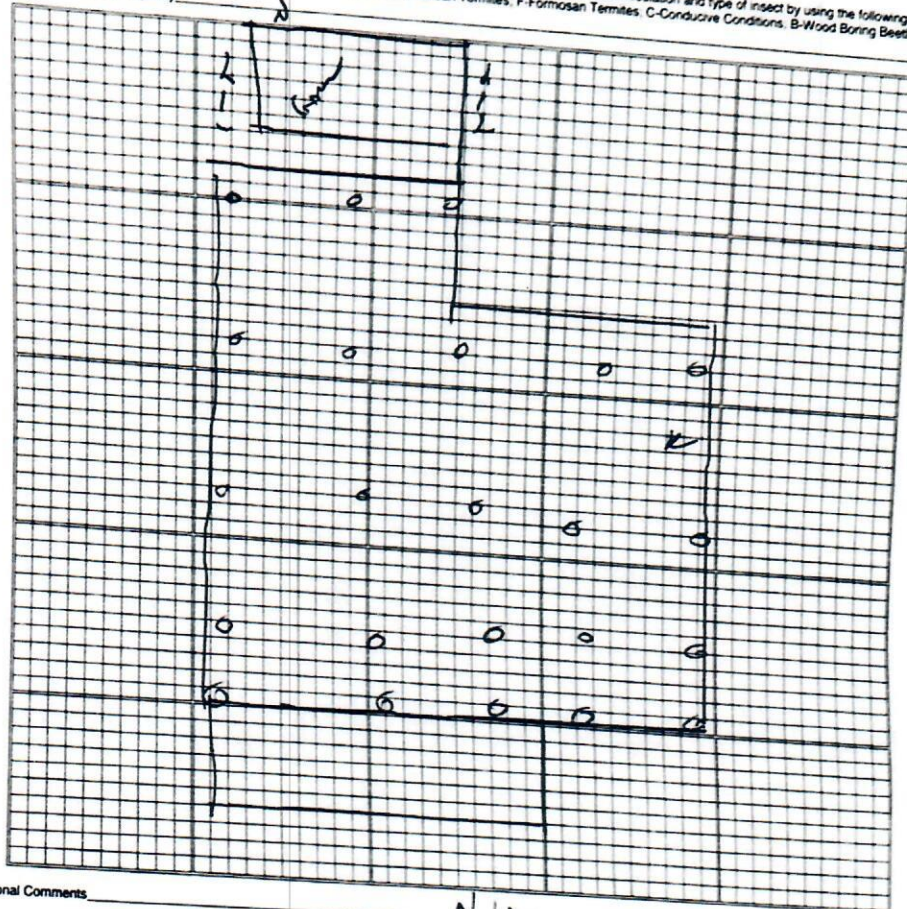
10A This company has treated or is treating the structure for the following wood destroying insects
 If treating for subterranean termites, the treatment was Partial Spot
 If treating for drywood termites or related insects, the treatment was Full Limited Bait Other

10B Date of Treatment by Inspecting Company N/A

This company has a contract or warranty in effect for control of the following wood destroying insects
 Yes No List Insects N/A
 Common Name of Insect N/A
 Name of Pesticide, Bait or Other Method N/A
 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



Additional Comments N/A

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 [Signature]
 Inspector

12A Notice of Inspection Was Posted At or Near

- Electric Breaker Box
- Water Heater Closet
- Bath Trap Access
- Beneath the Kitchen Sink

Approved
 11B [Signature] 318457
 Certified Applicator and Certified Applicator License Number

12B Date Posted 7-1-19
 Date

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 2-1-19
 Signature of Purchaser of Property or their Designee _____
 Date _____