

F O R T R E S S

Pest Control

INVOICE

281-236-7043 LIC. 11632
 7006 Shady Arbor, Houston, TX 77040
Your critter-getter-ridder company

Name _____
 Address 4386 EAST MEADOW DR
 City SUGAR LAKE Zip 77479
 Home Phone _____
 Work Phone _____

Billing Name _____
 Address _____
 City _____ Zip _____
 Phone _____
 Tenant's Name _____
 Home Phone _____
 Work Phone _____

- New Termite Service
- Monthly Pest
- Rodent Control
- Fungus/Vapo
- Yard Service
- Yard Renewal
- Monthly Pest Renewal
- Touch up/Extra Service
- Termite Re-Treat
- Quarterly Pest
- Pre-Treatment
- Termite Odd-Job
- Pest Odd-Job
- Termite Renewal
- Quarterly Pest Renewal
- WDI Report

SERVICE PRICE \$ 105.00
 SALES TAX \$ 8.66
 TOTAL \$ 113.66
 Paid c.f.# 184

Materials Used: NA

NAME					
%					
AMOUNT					

Check each target pest

- Fire Ants
- Carpenter Ants
- Pharaoh Ants
- House Ants
- Silverfish
- Fire Brats
- Scorpions
- Brown Recluse Spider
- Black Widow Spider
- American Roaches
- Oriental Roaches
- German Roaches
- Brown Banded Roaches
- Smokey Brown Roaches

- Ticks
- Carpet Beetles
- Earwigs
- Crickets
- Roof Rats
- Norway Rats
- House Mice
- Fleas
- Pill Bugs
- Subterranean Termites

SPECIAL INSTRUCTIONS:

Bobbi 0554079 6-30-18 6-30-18
 Authorized Representative Date Customer Signature Date

Licensed and Regulated by the Texas Department of Agriculture, Structural Pest Control Service
 PO Box 12847, Austin, Texas 78711-2847 • 512-305-8250

RETURNED CHECK CHARGE \$25.00

4306 EAST MEADOW DR
Inspected Address

SUGARCAMP
City

77479
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. FORTRESS PEST CONTROL 1B. 11632 SPCS Business License Number
 Name of Inspection Company
 1C. 7006 SHALBY ARBOR Holt City 77040 State TX 281-236-7043 Telephone No.
 Address of Inspection Company
 1D. Bob Ditz Name of Inspector (Please Print) 1E. Certified Applicator Technician

2. NA 3. 6-30-18
 Case Number (VA/FHA/Other) Inspection Date

4A. [Signature] Seller Agent Buyer Management Co. Other
 Name of Person Purchasing Inspection
 4B. NA Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgage 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. HOUSE - GARAGE
 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: WHILE VOID'S UNDER ANY + ALL FLOOR COVERINGS

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:
 Wood to Ground Contact (G) Formboards left in place (I)
 Debris under or around structure (K) Footing too low or soil line too high (L) Wood Rot (M)
 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: _____
 Excessive Moisture (J)
 Heavy Foliage (N)

8. Inspection Reveals Visible Evidence in or on the structure:
 8A. Subterranean Termites Active Infestation Yes No Previous Infestation Yes No
 8B. Drywood Termites Yes No Yes No
 8C. Formosan Termites Yes No Yes No
 8D. Carpenter Ants Yes No Yes No
 8E. Other Wood Destroying Insects Yes No
 Specify: _____

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

8G. Visible evidence of: _____ has been observed in the following areas: _____

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)

SPCST-4 (Rev. 09/01/07) Licensed and Regulated by the Texas Department of Agriculture
 PO Box 12847, Austin, Texas 78711-2847
 Phone 866-918-4481 Fax 888-232-2567
 Buyer's Initials: XFER

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: N/A

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: SEE GRAPH

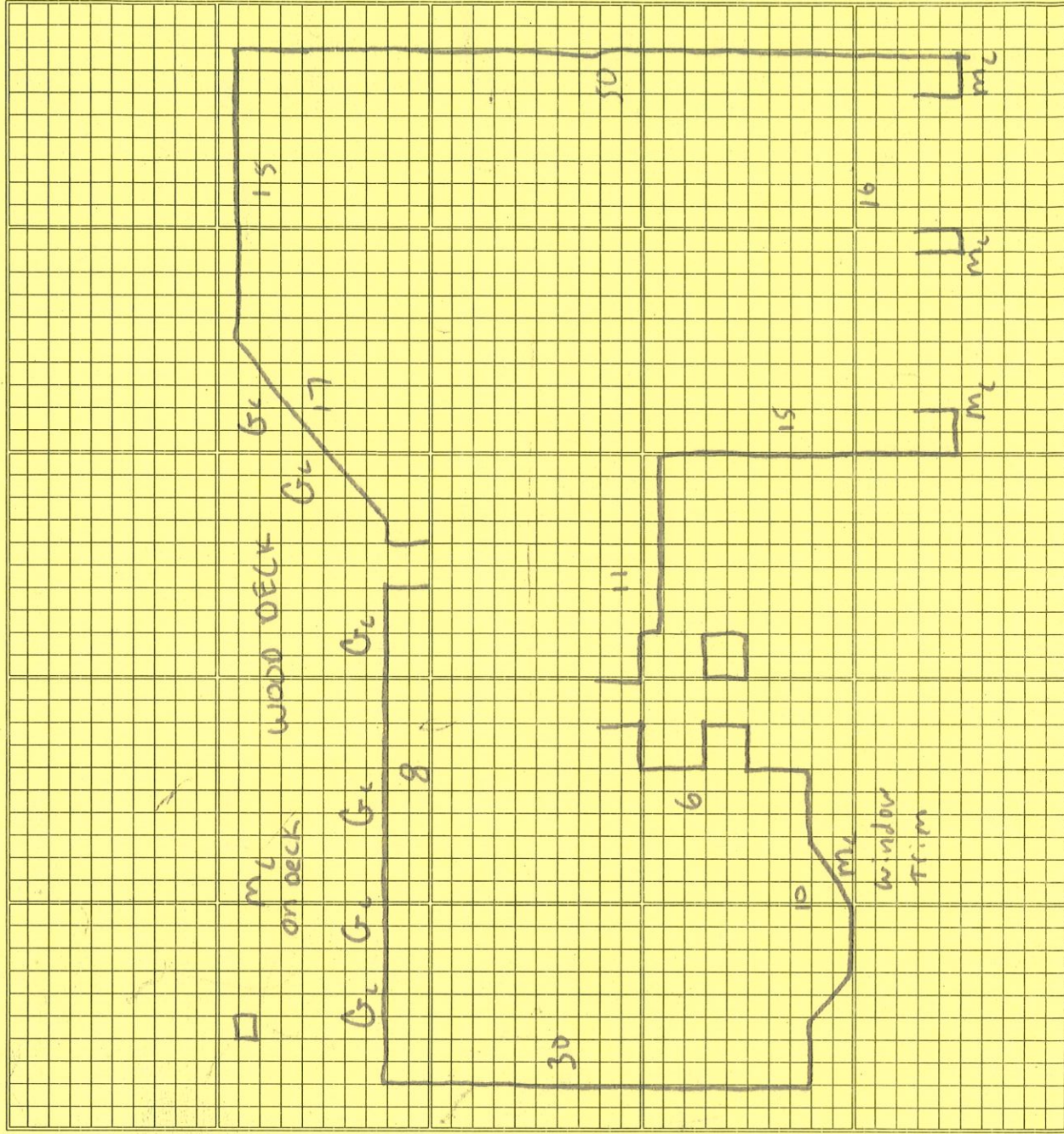
Refer to Scope of Inspection Part J

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 Bait Other
 If treating for drywood termites or related insects, the treatment was: Full Limited
N/A

10B. Date of Treatment by Inspecting Company _____ Common Name of Insect _____
 This company has a contract or warranty in effect for control of the following wood destroying insects:
 Yes No List Insects: 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-Conductive Conditions; B-Wood Boring Beetles;
 H-Carpenter Ants; Other(s) - Specify _____



Additional Comments: CUT BACK TREE BRANCHES FROM HOUSE

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: [Signature] 0554079 6-30-18
 11A. Inspector

Approved: [Signature] 0561195
 11B. Certified Applicator and Certified Applicator License Number

12A. Notice of Inspection Was Posted At or Near:
 Electric Breaker Box
 Water Heater Closet
 Bath Trap Access
 Beneath the Kitchen Sink

12B. Date Posted: 6-30-18

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.
 Signature of Purchaser of Property or their Designee: [Signature] Date: 6-30-18

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:

Yes No

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):

NA

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

SEE GRAPH

Yes No

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

NA

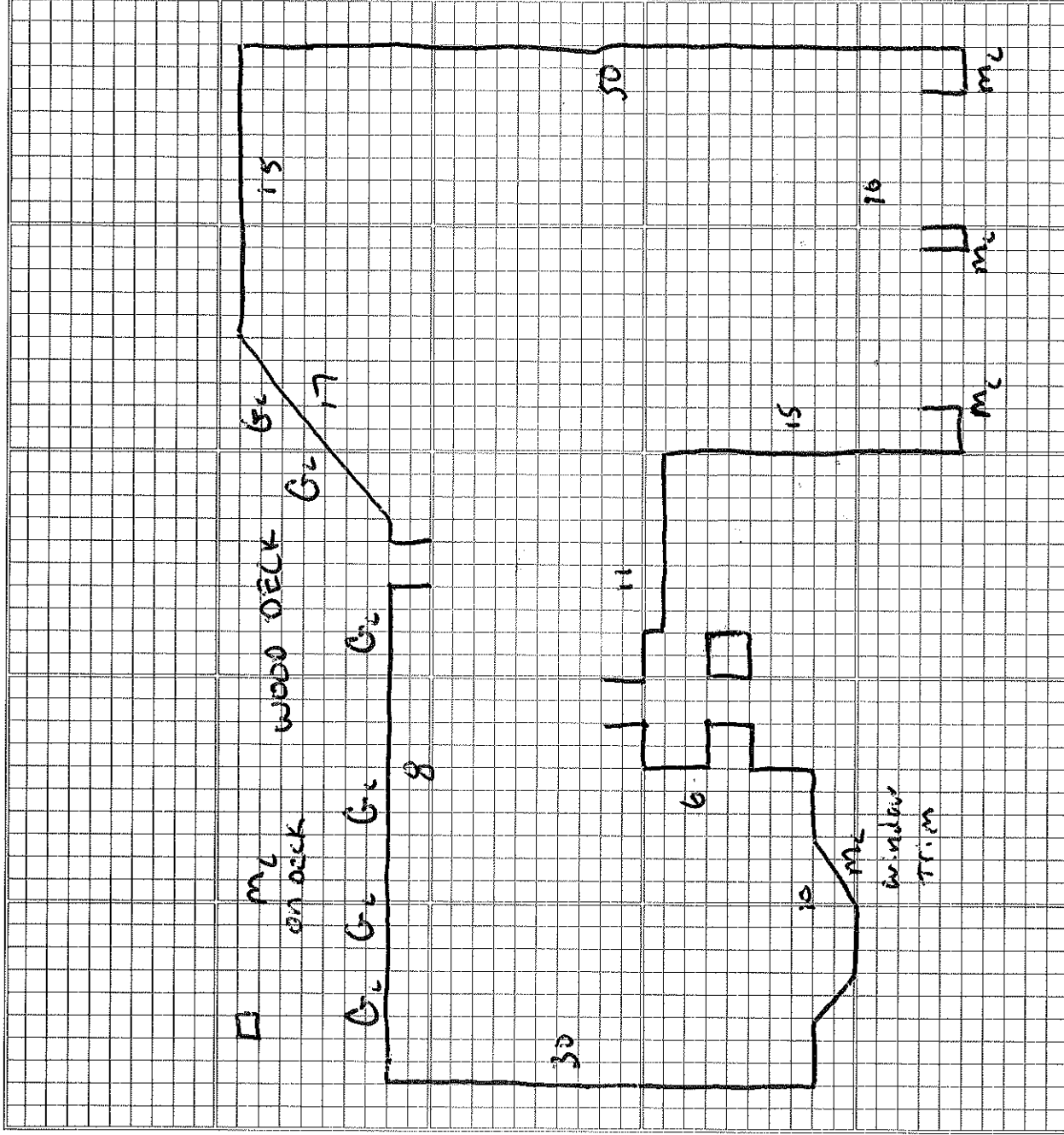
10B. Date of Treatment by Inspecting Company: Common Name of Insect: This company has a contract or warranty in effect for control of the following wood destroying insects: If "yes", copy(ies) of warranty and treatment diagram must be attached.

NA NA

Name of Pesticide, Bait or Other Method: NA

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-Conductive Conditions; B-Wood Boring Beetles; H-Carpenter Ants; Other(s) - Specify



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Signatures: 11A. Inspector: [Signature] 0534079 6-30-18

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] 0561195- Certified Applicator and Certified Applicator License Number

12B. Date Posted: 6-30-18 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: NA

Signature of Purchaser: [Signature] Date: 6-30-18

4306 EAST MEADOW DR
Inspected Address

SUGARLAND
City

77479
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.
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- 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.
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1A. FORTRESS PEST CONTROL 1B. 11632 SPCS Business License Number

1C. 7006 SHALBY ARLSON 77040 281-236-7043
Address of Inspection Company City State Zip Telephone No.

1D. Bob Ditz 0534679
Name of Inspector (Please Print) E. Certified Applicator Technician Telephone No.

2. N/A 3. 6-30-18
Case Number (WAFHA/Other) Inspection Date

4A. [Signature] Seller Agent Buyer Management Co. Other
Name of Person Purchasing Inspection

4B. N/A Owner/Seller

4C. REPORT FORWARDED TO: Title Company or Mortgage 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. HOLES IN WALLS
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 Crawl Space
Soil Grade Too High Heavy Foliage Eaves Weepholes
Other Specify: WALLS HOLES IN ANY + ALL FLOOR COVERINGS

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:
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 Foliage (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 Yes No Previous Infestation Yes No Previous Treatment Yes No
8B. Drywood Termites Yes No Yes No Yes No
8C. Formosan Termites Yes No Yes No Yes No
8D. Carpenter Ants Yes No Yes No Yes No
8E. Other Wood Destroying Insects Yes No Yes No

Specify: _____

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

8G. Visible evidence of: _____ has been observed in the following areas: _____

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)

SPCS/T-4 (Rev. 09/01/07) Licensed and Regulated by the Texas Department of Agriculture
PO Box 12847, Austin, Texas 78711-2847
Phone 866-918-4481 Fax 888-232-2567

Buyer's Initials
[Signature]