## INVOICE



| 22136 Westheimer Pkv<br>Katy, Texas 77450<br>Office: 832-656-4208<br>bptermite@yahoo.com |               |              |                                       | Date: 1   23   18         |
|--|---------------|--------------|---------------------------------------|---------------------------|
| Bill To:   |               | Service To:  | Barry Oak<br>,0039 Bord<br>touston, T | es<br>ley Dr.<br>*. 77042 |
| Service Description  |               | WDI<br>Tox   | Report<br>Included                    | Amount                    |
| Quantity Products  | Concentration | Location     | Tar <sub>(</sub>                      | get Pests                 |
| Signature: D   |               | Serviced By: | my Boker                              | Paid 20,000<br>Visa       |

Thanks for Your Business!

barry, oakes 5 egmail, com Jennifer cromer @att.net

|     |  |  | TEXAS OFFICIAL   | _ WOOD DESTR   | OYING INSECT   | REPORT   | Page 1 of 2  |
|-----|--|--|--|--|--|--|--|
| 10  | 039  | Bordley  | Dr.  | ŀ  | touston  |  | 77042  |
| •   |  | Inspected Address  |  |  | City   |  | Zip Code   |
| /IS | UAL I  | NSPECTIO   | N  | SCOPE OF INSPE   | CTION  |  |  |
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| 10  |                             |                                       |                               | (2017 000 0 100                       |
|---|-----------------------------|---------------------------------------|-------------------------------|---------------------------------------|
| Address of Inspection Company   | City                        | State                                 | <b>Z</b> ip                   | Telephone No.                         |
| BRENT A. MUSSER-/ JOHNNY BAKER  |                             | 1E. Certified Applic                  | cator 🕱 (check one)           |                                       |
| Name of Inspector (Please Print)  |                             | Technician                            |                               |                                       |
| WKnown  |                             |                                       | 122)1                         | · ·                                   |
| Case Number (VA/FHA/Other)  | 3                           |                                       |                               | <u> </u>                              |
| Case (Variation (Variation)   |                             | Inspection Dat                        | 9 \                           |                                       |
| a barry bakes   | Seller □                    | Agent □ Buyer 🞾                       | Management Co. D              | Other 🗀                               |
| Name of Person Purchasing Inspection  |                             | agona = Dayor                         | Management oo.                | Onler d                               |
| Mknown  |                             |                                       |                               |                                       |
| Owner/Seller  |                             |                                       |                               |                                       |
| O DEPORT FORWARDER TO THE O   |                             |                                       |                               |                                       |
| C.REPORT FORWARDED TO: Title Company or Mortgagee  P (Under the Structural Pest Control regulations only the purcha | urchaser of Service         | l Seller □ Age                        | ent Buyer 🛣                   |                                       |
| (Chost the chactaral rest control regulations only the paterial   | ser of the service is re    | equired to receive a copy             | )                             |                                       |
| he structure(s) listed below were inspected in accordance with the officia  | al inspection procedur      | es adopted by the Texas               | Department of Agricultur      | re Structural Pest Control Servic     |
| this report is made subject to the conditions listed under the Scope of Ins   | spection. A diagram n       | nust be attached includin             | g all structures inspected    | d.                                    |
|   | e ond                       | _ lowo-c                              | re                            |                                       |
| st structure(s) inspected that may include residence, detached garages  | and other structures o      | n the property. (Refer to             | Part A, Scope of Inspe-       | ction)                                |
| A.Were any areas of the property obstructed or inaccessible? Yes  | ^                           |                                       |                               |                                       |
| Refer to Part B & C, Scope of Inspection) If "Yes" specify in 6B.   | C No 1                      |                                       |                               |                                       |
|   |                             |                                       |                               |                                       |
| B.The obstructed or inaccessible areas include but are not limited to the ttic  Insulated area of attic  Fiur       | following:<br>mbing Areas 🛸 | Diantor hav abutting a                | twistern Cl                   |                                       |
| eck 🖸 Sub Floors 🗅 Slab   | b Joints                    | Planter box abutting s<br>Crawl Space |                               |                                       |
| oil Grade Too High 🔌 Heavy Foliage 🗆 Eav  |                             | Weepholes                             | Ō                             |                                       |
| ther Specify: INSIDE WALLS, ATTI  | ic (Partial)                |                                       | <del>_</del>                  |                                       |
|   |                             |                                       |                               |                                       |
| A.Conditions conducive to wood destroying insect infestation: Yes   | ¶ No Ci                     |                                       |                               |                                       |
| Refer to Part J, Scope of Inspection) If "Yes" specify in 7B.   | LON                         |                                       |                               |                                       |
| B.Conducive Conditions include but are not limited to:  |                             |                                       |                               |                                       |
| Wood to Ground Contact  |                             | Formboards left in pl                 | ace (I) 🗀                     | Excessive Moisture (J)                |
| ebris under or around structure (K)  Footing too low or soil line wood Pile in Contact with                         | too high (L)                | Wood Rot (M)                          | `` <b>_</b>                   | Heavy Foliage (N)                     |
| sufficient ventilation (T)  | Structure (Q)               |                                       | entact with the Structure     | • /                                   |
| - Saler (o)   | □ оре                       | city                                  | <u> </u>                      |                                       |
|   |                             |                                       |                               | <del></del>                           |
|   |                             |                                       |                               |                                       |
| Inspection Reveals Visible Evidence in or on the structure:<br>A.Subterranean Termites                              | Active Infesta              |                                       | vious Infestation             | Previous Treatment                    |
| B.Drywood Termites  |                             |                                       | No U                          | Yes 🗀 No 🔀                            |
| C.Formosan Termites   | Yes D No                    |                                       | No <b>X</b> : □ No <b>X</b> : | Yes ⊒ No Sar<br>Yes ⊒ No Sax          |
| D.Carpenter Ants  | Yes 🖵 No                    | Yes                                   | ;⊔ No.1Swe                    | Yes J No 🔀                            |
| E.Other Wood Destroying Insects  Specify:   | Yes 🗔 No                    | Yes                                   | □ No 🎉                        | Yes 🕽 No 🛰                            |
|   |                             |                                       | _                             | _                                     |
| E.Explanation of signs of previous treatment (including pesticides, baits, a  | existing treatment stic     | kers or other methods) i              | dentified:                    | <del></del>                           |
|   |                             |                                       |                               | · · · · · · · · · · · · · · · · · · · |
| amili Cila Lanzilas   |                             |                                       |                               |                                       |
| 3. Visible evidence of: ACU: SUB. + Comiter has been obser  | rved in the following a     | reas:                                 | arogh                         | (avage)                               |

Licensed and Regulated by the Texas Department of Agriculture PO Box 12847, Austin, Texas 78711-2847 Phone 866-918-4481 Fax 888-232-2567

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)

Buyer's Initials\_

| Common Name of Insect  Name of Pesticide, Barl or Other Memod  When the Common Name of Insect  Name of Pesticide, Barl or Other Memod  When the Common Name of Insect  If "Yes", copy(les) of warranty and treatment diagram must be statished.  If "Yes", copy(les) of warranty and treatment diagram must be statished.  Diagram of Structure(s) Inspected  special must draw a skagram instuding approximate permitter measurements and nacete achie to previous infestiation and type of insect by using the following codescience of infestiation. Andrew Previous, Disycool formities, S-Subhransean Termites, P-Formician Termities, C-Conducter Conducter Cond |                                 |                          |                       |               |                  |                |               |                 |                 |                 |                   |                  |                 | AL               | W             | 00       | D D     | ES         | TRO          | DYI               | NG              | INS             | ECI           | ΓRI              | EP            | OR.             | T             |        |            |              |              |                | Pa              | ge 2             | of 2   |
|--|---------------------------------|--------------------------|-----------------------|---------------|------------------|----------------|---------------|-----------------|-----------------|-----------------|-------------------|------------------|-----------------|------------------|---------------|----------|---------|------------|--------------|-------------------|-----------------|-----------------|---------------|------------------|---------------|-----------------|---------------|--------|------------|--------------|--------------|----------------|-----------------|------------------|--------|
| so determined in Section 2. Place to 1 part 0, 1, 1 part | lill be or                      | has                      | beer                  | n me          | chan             | ically         | cor           | recte           |                 |                 |                   |                  |                 | ·:               |               |          |         |            |              |                   |                 |                 |               |                  |               | Yes             | <u> </u>      | N      | <b>ć</b> ∘ | <b>×</b>     |              |                |                 |                  |        |
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| ther 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 in I am acting is associated in any way with any party to this transaction.    12A. Notice of Inspection Was Posted At or Near:   |                                 |                          |                       |               |                  | + +            | +             |                 |                 |                 |                   |                  |                 |                  |               |          |         |            |              | +++               | 1               | $\pm$           | +             | $\pm$            |               |                 | 1-            |        |            | +            |              | -              | +               | +-               |        |
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| Inspector  Oved:  Certified Applicator and Certified Applicator License Number  Statement of Purchaser  e received the original or a legible copy of this form. I have read and understand that my inspector may provide additional information as an addendum to this report.  Statement of Purchaser  e 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 Water Heater Close Bath Trap Access Beneath the Kitchen Sink Bath Trap A |                                 | H                        |                       | +-            |                  | +              | 4             | $\blacksquare$  | -               |                 | 1                 | H                | <del> </del>    |                  | 1             |          | _       |            |              | +1                | -               |                 | 11            | 1                |               | -               | -             |        | -          | -            |              | _              |                 |                  |        |
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| atures:    Inspector   |                                 |                          |                       |               |                  |                |               |                 |                 |                 | -                 |                  |                 |                  |               |          |         |            |              |                   |                 |                 |               |                  |               |                 |               |        |            |              |              |                | 1 =             | , 5              | ? =    |
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| ature of Purchaser of Property or their Designee:  Date:  2-23-2018  | nuerstan                        | ICI UTI                  | at my                 | y ins         | pecia            | or ma          | ıy pr         | oviae           | add             | tiona           | ıl ın <b>ı</b> oı | l have<br>rmatic | e rea<br>on as  | id and<br>s an a | d und         | derst    | and a   | anv r      | ecom         | men               | r<br>dation     | s ma            | de. I         | have             | also          | rea             | d an          | d und  | ders       | stand        | l the        | "Sco           | pe of           | Inspe            | ction. |
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