

Pro's Pest Control Service, Inc.

Environmental Specialists - Serving a 4 Parish Area

147 Eden Isles Drive • Slidell, LA 70458 • 985-643-7437 • Toll Free 1-866-647-3787

www.ProsPest.com

(Annual Subterranean Termite Inspection and Agreement)

Owner's Name St. James Place #2 Condo Assn. Phone 504-236-0933 (Amy)
Property Location 436-442 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig 5/28/13
mailing: 526 Cedarwood Dr., Mandeville, LA 70471

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Construction Type: ☒ Slab ☐ Pier ☐ Slab/Pier ☐ Other _____
Visible evidence of subterranean termites ☐ were noted ☒ were not noted

Date: 6/26 20 14 Material used _____ Approximate gallons used _____ Amount Paid \$ _____

Inspector Ryley P. [Signature]

Inspector's comments if any: _____

Signature (Accepted) _____ Customer Original _____ Verbal Approval By: A. Verret Office Copy _____

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Owner's Name St. James Place #2 Condo Assn. Phone 504-236-0933 (Amy)
Property Location 518-524 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig 5/28/13
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Sincerely,

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Inspector Rogel P. [Signature]

Inspector's comments if any: _____

Signature _____
(Accepted) _____

Customer Original

Verbal Approval By: A. Verret
Office Copy

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(Annual Subterranean Termite Inspection and Agreement)

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Property Location 526-532 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig. 5/29/13
mailing: 526 Cedarwood Dr., Mandeville, LA 70471

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Inspector R. P. [Signature]

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(Annual Subterranean Termite Inspection and Agreement)

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Property Location 534-536 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville LA 70471 Amount \$ 75.00
Remarks or Directions orig. 5/29/13
mailing: 526 Cedarwood Dr., Mandeville, LA 70471

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(Annual Subterranean Termite Inspection and Agreement)

Owner's Name St. James Place #2 Condo Assn. Phone 504-236-0933 (Amy)
Property Location 546-548 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig. 5/29/13
Mailing: 526 Cedarwood Dr., Mandeville, LA 70471

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Property Location 538-544 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75⁰⁰
Remarks or Directions orig 6/3/13
mailing: 526 Cedarwood Dr., Mandeville, LA 70471

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Inspector R. L. Ryan

Inspector's comments if any _____

Signature _____
(Accepted) _____

Customer Original

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Property Location 514-516 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig: 6/3/13
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(Annual Subterranean Termite Inspection and Agreement)

Owner's Name St. James Place #2 Condo Assn. Phone 504-236-0933 (Amy)
Property Location 432-434 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig 6/6/13
mailing: 526 Cedarwood Dr., Mandeville, LA 70471

The inspection described herein has been made on the basis of visible evidence in readily accessible areas. This report is based on observations and opinions of our inspector. It must be noted that all buildings have structural members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestation and/or damage without dismantling part of the structure being inspected. Pro's Pest Control Service, Inc. does not dismantle for the purpose of termite inspections and/or renewals.

Termites may appear at any time so it is important that we be contacted so we can find the source. Termites may survive above the ground (untreated areas) if moisture conditions exist. Therefore, a spot treatment is not unusual. If we feel your home needs retreatment, we will retreat at no extra cost to you provided you keep up your annual inspection.

The owner warrants full cooperation with Pro's Pest Control Service, Inc. during the life of this contract, and agrees to maintain the area treated free from any factor contributing to infestation, such as wood, trash, lumber or direct wood-soil contact in the area treated, and agrees not to make any alterations or additions to the structure or soil without notifying Pro's Pest Control Service, Inc. prior to alterations, and agrees to eliminate faulty plumbing, leaks, and dampness from drains, condensation or leaks from the roof or otherwise into, onto, or under said area treated. At no time will damage caused to any portion of the structure, even by active termite infestation, be the responsibility of Pro's Pest Control Service, Inc.

An attached garage or carport is considered a part of the house under contract and no fences, garages, or other out buildings are included in this agreement unless specified in writing. Owner agrees that any additions or alterations to the building shall not be covered by this nor will any reinfestation originating from such additions, unless the additions are treated by Pro's Pest Control Service, Inc. at additional cost to the owner. Should a reinfestation occur in any portion of the building covered by the Contract, Pro's Pest Control Service, Inc. agrees to treat such infested portions within thirty (30) working days of discovery of such reinfestation without additional charge to the owner. Pro's Pest Control Service, Inc. agrees to exercise care in applying the treatment in order to avoid damage to shrubs or vegetation.

This inspection may continue in force on an annual basis after the expiration, at the option of both parties, for a fee to be negotiated at the time of the renewal.

It is recommended that retreatment be performed every 5 years after the initial treatment due to the residual effects of the termiticide. This will be done at a discounted rate provided you maintain your renewal. We will annually inspect your home and apply an insecticide as needed.

Sincerely,

Construction Type: ☒ Slab ☐ Pier ☐ Slab/Pier ☐ Other _____
Visible evidence of subterranean termites ☐ were noted ☒ were not noted

Date: 6/26 20 14 Material used _____ Approximate gallons used _____ Amount Paid \$ _____

Inspector B. R. [Signature]

Inspector's comments if any: _____

Signature (Accepted) _____ Customer Original _____ Verbal Approval By: A. Verret Office Copy _____

Pro's Pest Control Service, Inc.

Environmental Specialists - Serving a 4 Parish Area

147 Eden Isles Drive • Slidell, LA 70458 • 985-643-7437 • Toll Free 1-866-647-3787

www.ProsPest.com

(Annual Subterranean Termite Inspection and Agreement)

Owner's Name St. James Place #2 Condo Assn. Phone (504) 236-0933 (Amy)
Property Location 422-424 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig 6/6/13
Mailing: 526 Cedarwood Dr., Mandeville, LA 70471

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Construction Type: ☒ Slab ☐ Pier ☐ Slab/Pier ☐ Other _____
Visible evidence of subterranean termites ☐ were noted ☒ were not noted

Date: 6/26 20 14 Material used _____ Approximate gallons used _____ Amount Paid \$ _____

Inspector R.C. Payne

Inspector's comments if any: _____

Signature _____
(Accepted) Customer Original

Verbal Approval By: A. Verret
Office Copy

Pro's Pest Control Service, Inc.

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www.ProsPest.com

(Annual Subterranean Termite Inspection and Agreement)

Owner's Name St. James Place #2 Condo Assn. Phone 504-236-0933 (Amy)
Property Location 444 - 448 Cedarwood Dr. Wk. Phone _____
City, State, Zip Mandeville, LA 70471 Amount \$ 75.00
Remarks or Directions orig. 6/7/13
mailing: 526 Cedarwood Dr., Mandeville, LA 70471

The inspection described herein has been made on the basis of visible evidence in readily accessible areas. This report is based on observations and opinions of our inspector. It must be noted that all buildings have structural members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestation and/or damage without dismantling part of the structure being inspected. Pro's Pest Control Service, Inc. does not dismantle for the purpose of termite inspections and/or renewals.

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Construction Type: ☒ Slab ☐ Pier ☐ Slab/Pier ☐ Other _____
Visible evidence of subterranean termites ☐ were noted ☒ were not noted

Date: 6/26 20 14 Material used _____ Approximate gallons used _____ Amount Paid \$ _____

Inspector Roy P. Verret

Inspector's comments if any: _____

Signature _____
(Accepted) Customer Original

Verbal Approval By: A. Verret
Office Copy

Pro's Pest Control Service, Inc.

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www.ProPest.com

(Annual Subterranean Termite Inspection and Agreement)

Owner's Name St. James Place #8 Condo Assn.

Property Location 496 - 430 Cedarwood Dr.

City, State, Zip Mandeville, LA 70471

Remarks or Directions Aug. 6/7/13

Mailing: 586 Cedarwood Dr., Mandeville, LA 70471

The inspection described herein has been made on the basis of visible evidence in readily accessible areas. This report is based on observations and opinions of our inspector. It must be noted that all buildings have structural members which are not visible or accessible for inspection. It is not always possible to determine the presence of infestation and/or damage without dismantling part of the structure being inspected. Pro's Pest Control Service, Inc. does not dismantle for the purpose of termite inspections and/or renewals.

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Construction Type: ☒ Slab ☐ Pier ☐ Slab/Pier ☐ Other ☐ Visible evidence of subterranean termites ☒ were noted ☐ were not noted

Date: 8/6/13 20 14 Inspector [Signature] Inspector's comments if any: _____

Signature _____ Customer Original _____ Verbal Approval By: A. Verret Office Copy _____