

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

Company Name Northwest Exterminating Company, Inc. License No. 98650
 Address 929 Buford Hwy. Buford, GA 30518
 Telephone Number (770) 614-0220 Date of Issuance 9-14-06
 Seller Keresa Hunt / Kevin Brown Inspector Jeremy Mix
 File No. _____ Purchaser(s) Prelist

SCOPE OF INSPECTION

An inspection of the below listed structure (s) was performed by a qualified inspector employed by this firm to determine the presence or Previous presence of an infestation of the listed organisms and is not intended to be a structural report. Neither is this a warranty as to Absence of wood destroying organisms. This report is subject to all conditions enumerated on the reverse side and is issued without Warranty or guarantee except as provided in rule 620-6-03 of the rules of the Georgia Structural Pest Control Act or subject to any Treatment guarantee specified below.

Main Structure HOUSE/BASEMENT
 Other Structures (Specify) NONE
 Address of Structure (s) 3925 Inman Park Lane Buford Ga. 30514

INSPECTION REVEALS VISIBLE EVIDENCE OF:

- Subterranean Termites
- Powder Post Beetles
- Wood Boring Beetles
- Dry Wood Termites
- Wood Decaying Fungus (Not Molds and Mildews)

FINDINGS

ACTIVE INFESTATION

PREVIOUS INFESTATION

Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Were any of the areas of the structure obscured or inaccessible? Yes No

If yes, list these areas (see item 3 on reverse side of form) Floor/wall coverings, siding, insulation, fixed ceiling, appliances/personal items Garage & Basement walls, Brick veneer, Storage

The following conditions conducive to infestation for wood destroying organisms were found at the time of inspection. The location of these conditions conducive to infestation are indicated on the attached diagram.

Wood to Earth = All Decking Components, Landscape Timber walls (SEE GRAPH)

Remarks / Additional Findings This is a Visual Inspection only
45th PAID CASH 1236

NOTE: If visible evidence of active or previous infestation is reported it should be assumed that some degree of damage is present and a diagram identifying the structure(s) inspected and showing the location of such evidence must be attached to this form. Evaluation of damage and any corrective action should be performed by a qualified inspector in the building trade approved by the purchaser and lending Agency.

TREATMENT

THE ABOVE DESCRIBED STRUCTURE (S) WAS TREATED BY THIS COMPANY AS FOLLOWS:

ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION	TYPE TREATMENT (chemical barrier, bait, wood treatment)
Subterranean Termites	<u>6-03</u>	<u>EXPIRED</u>	<u>CHEMICAL</u>
Powder Post Beetles	/	/	/
Wood Boring Beetles	/	/	/
Dry wood Termites	/	/	/
Wood Decaying Fungus	/	/	/

THE PRESENT TREATMENT WARRANTY (IES) IS:

- Transferable to any subsequent owner of the property upon payment of a fee on or before the expiration date.
- Not transferable to any subsequent owner of the property.
- The above structure (s) are not covered by a treatment contract with this company.

This structure has a current Exception Form II issued by this company YES NO

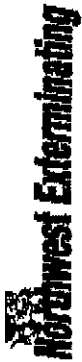
If yes, a copy must be attached as part of this report.

CERTIFICATION

This report is to certify that neither I nor the company has had or contemplates having any interest in the property involved, nor is acting in any association with any party to the transaction.

Signature of Designated Certified Operator _____ Signature of Purchaser or Legal Representative acknowledging receipt of Report _____

REVISED 10/05 - Replaces all previous editions WHITE - MORTGAGE COPY CANARY - PURCHASER COPY PINK - OFFICE COPY



Date: 9-14-06

Inspector: S. NIX

Property Address: 3925 Inman Park Lane Buford Ga. 30514

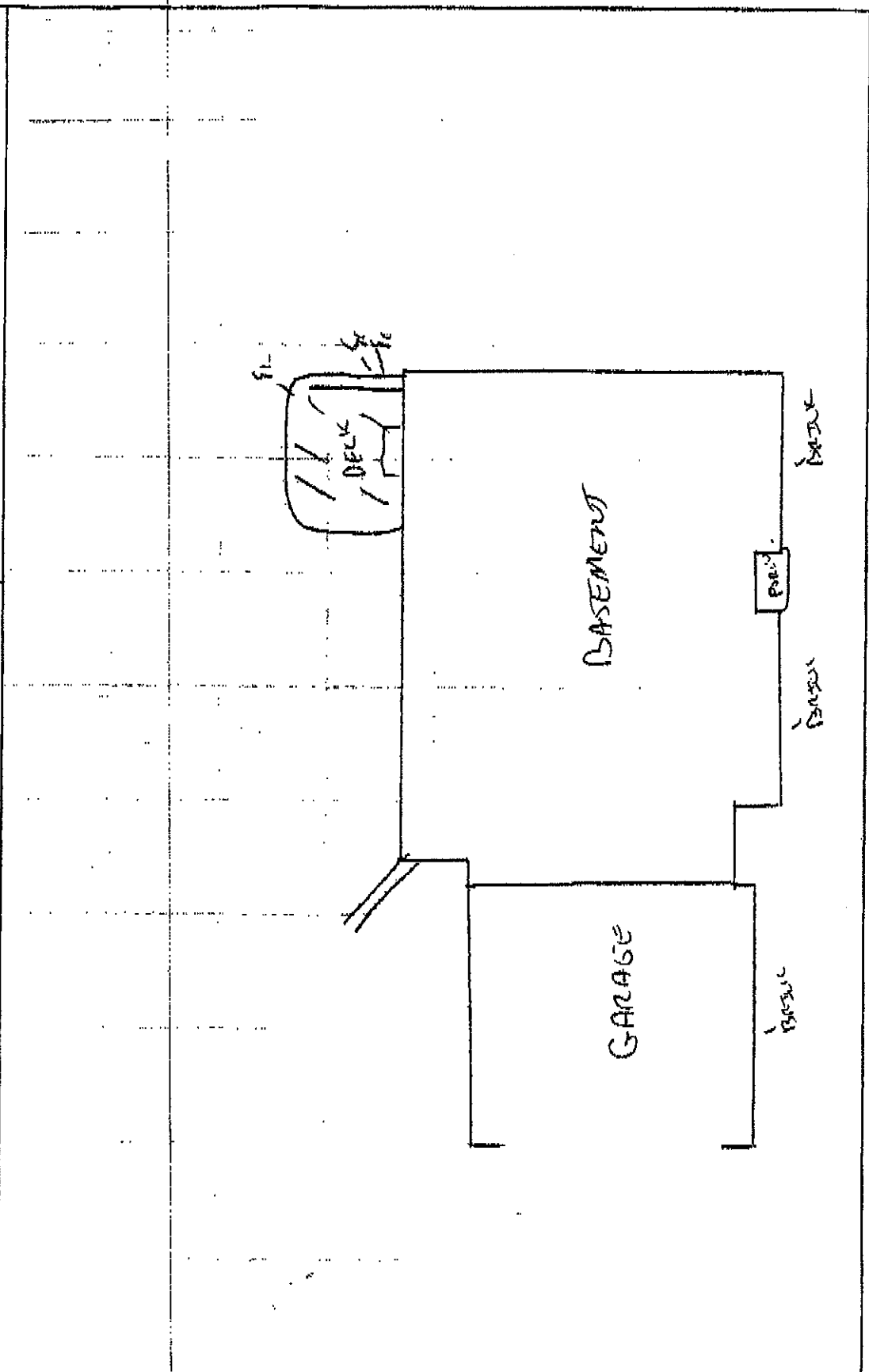
Owner: Teressa Harty & Kevin Brown Phone: H (678) 80-2780 W

Occupant: _____ Phone: H _____ W _____

Agent: _____ Co. _____ Phone: H _____ W _____

PRICE \$	REVERSAL PREMIUM \$	GUARANTEE	PICK UP CHECK TAKE LETTER	YES <input type="checkbox"/> NO <input type="checkbox"/>
GALLONS	TAKE GENERATOR YES <input type="checkbox"/> NO <input type="checkbox"/>	OUTSIDE POWER	APPOINTMENT DATE	YES <input type="checkbox"/> NO <input type="checkbox"/>
REMARKS				

570
F-4



Well <input type="checkbox"/> YES <input type="checkbox"/> NO	FT. AWAY
Foundation Walls <input type="checkbox"/> BLOCK <input checked="" type="checkbox"/> POURED <input type="checkbox"/> OTHER	
Type of Construction <input type="checkbox"/> CRAWL <input checked="" type="checkbox"/> BASEMENT <input type="checkbox"/> SLAB <input type="checkbox"/> FLOATING <input type="checkbox"/> SUPPORTED <input type="checkbox"/> MONOLITHIC	
Station Location (i.e. #1, #2, #3, ...etc.) <input type="checkbox"/> Subterranean Termites	
ST <input type="checkbox"/> Fungus	
F <input type="checkbox"/> Wood Borer	
WB <input type="checkbox"/> Powder Post Beetles	
PPB <input type="checkbox"/> Inaccessible Areas	
I <input type="checkbox"/> Shrub	
*	
Conductive Conditions <input checked="" type="checkbox"/> EC - Earth to Wood Contact <input type="checkbox"/> IV - Inadequate Ventilation <input type="checkbox"/> CD - Cellulose Debris in Crawl Space <input type="checkbox"/> M - Moisture Conditions	