

PROPERTY NAME/ADDRESS 2625 N Val Vista	DATE OF INSPECTION 3-17-08
CONDITIONS CONDUCTIVE TO INFESTATION	
15. Wood to Earth Contact <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, check appropriate conditions: <input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Pier Posts <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Porch Post <input type="checkbox"/> Trellis(es) Comments: _____	
16. Excessive Cellulose Debris <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Comments: _____	
17. Faulty Grades <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, check appropriate conditions: <input type="checkbox"/> Slope; surface water tends to drain toward house <input checked="" type="checkbox"/> Floor level at or below grade <input checked="" type="checkbox"/> Wood siding or stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 12" above grade Comments: Basement	
18. Excessive Moisture <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, check appropriate conditions: <input type="checkbox"/> Water Leak--Plumbing <input type="checkbox"/> Insufficient Ventilation--Attic <input type="checkbox"/> Water Leak--Roof <input type="checkbox"/> Insufficient Ventilation--Crawl <input type="checkbox"/> Water Leak--Crawl Space <input type="checkbox"/> Dry Rot Present Comments: _____	
19. INACCESSIBLE AREAS	
AREA <input type="checkbox"/> Attic--All <input type="checkbox"/> Attic--Joists <input checked="" type="checkbox"/> Attic--Partial <input checked="" type="checkbox"/> Plumbing Trap(s) <input checked="" type="checkbox"/> Floors <input checked="" type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceiling(s) <input type="checkbox"/> Sub Area--Clearance <input type="checkbox"/> Sub Area--Access <input type="checkbox"/> Other (Specify where and why.): _____	REASON INSULATION COVERING COVERING COVERING
<input checked="" type="checkbox"/> Areas obstructed by furniture and/or stored articles: Storage Areas and Closets	
Comments: _____	

20. EVIDENCE OF PREVIOUS TREATMENT

BY ANOTHER COMPANY: While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment.

BY THE INSPECTING COMPANY: Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission.

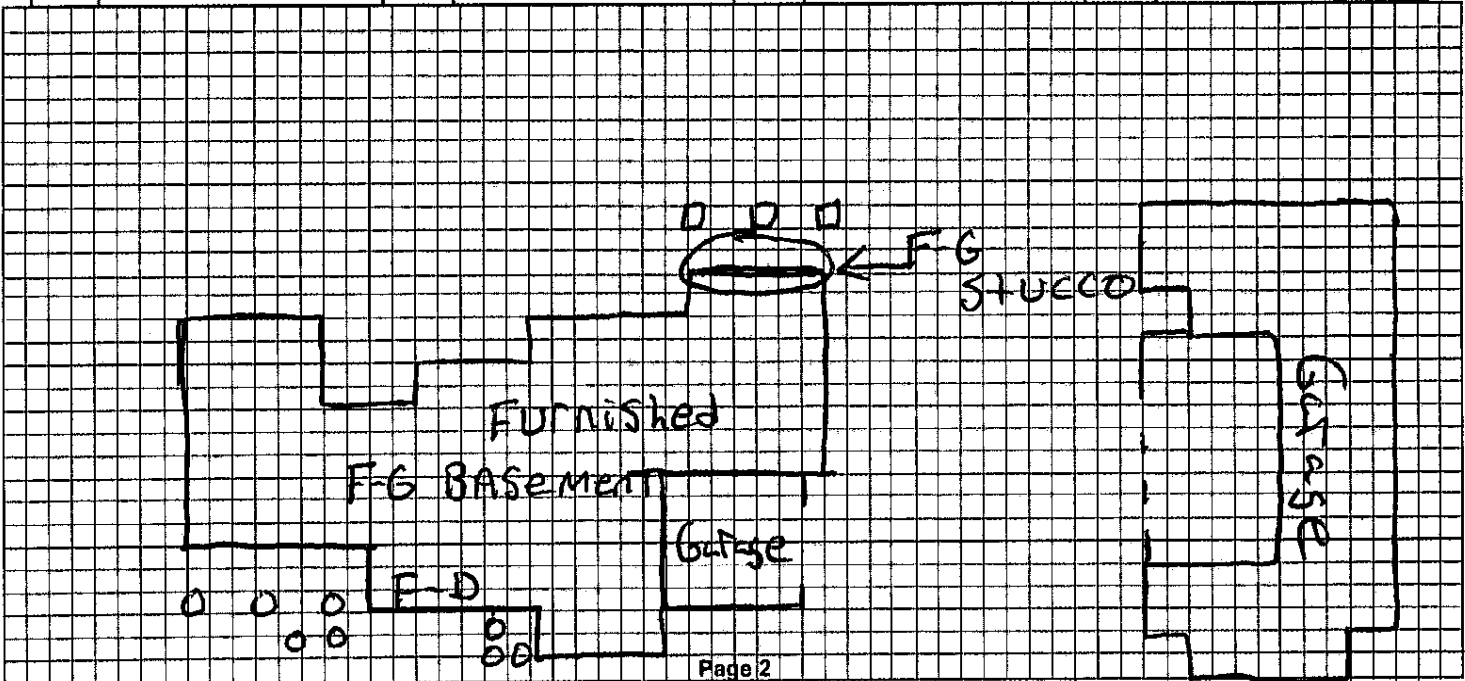
Account Number: _____ Date of Initial Treatment: _____

Target Pest: _____ Warranty Expiration Date: _____

OTHER: _____

ADDITIONAL INFORMATION ABOUT TERMITE TREATMENTS AND/OR INSPECTIONS OF THIS PROPERTY MAY BE AVAILABLE FROM THE ARIZONA STRUCTURAL PEST CONTROL COMMISSION (ASPC).

YES	CODE	SEE DIAGRAM BELOW	YES	CODE	SEE DIAGRAM BELOW	YES	CODE	SEE DIAGRAM BELOW	YES	CODE	SEE DIAGRAM BELOW
	S--	SUBTERRANEAN TERMITES		B--	BETTER-OTHER WOOD PESTS		Z--	DAMPWOOD TERMITES		EM--	EXCESSIVE MOISTURE
	K--	DRYWOOD TERMITES	<input checked="" type="checkbox"/>	FG--	FAULTY GRADE LEVELS		PL--	PLUMBING LEAKS	<input checked="" type="checkbox"/>	IA--	INACCESSIBLE AREAS
	DR--	DRY ROT		EC--	EARTH-WOOD CONTACTS		CD--	CELLULOSE DEBRIS		FI--	FURTHER INSPECTION RECOM.



ARIZONA STRUCTURAL PEST CONTROL COMMISSION WOOD-DESTROYING INSECT INSPECTION REPORT THIS IS NOT A FUNGI/MOLD INSPECTION REPORT	1A. VA/HUD/FHA CASE #	2. DATE OF INSPECTION 3-17-08
	1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WIR #
	1C. PURPOSE OF REPORT <input checked="" type="checkbox"/> Sale <input type="checkbox"/> Refinancing <input type="checkbox"/> Other	1E. TARF #

IT IS NOT ALWAYS POSSIBLE TO DETECT EVIDENCE OF WOOD-DESTROYING INSECT INFESTATION. READ THIS INSPECTION REPORT IN ITS ENTIRETY.

READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

- The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company.
- When treatment is indicated in Item 8C, the insects treated will be named and the date, an application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of a warranty. Warranty information should also be entered in Item 10. Proper control measures are those which follow acceptable industry practices.
- If visible evidence is found, wood-destroying insects causing such evidence will be listed in Item 8A and visible damage resulting from such infestation will be noted in Item 8D.
- Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings and furniture or stored articles. In Item 7, the inspector should list those obstructions or areas which inhibited the inspection.
- Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed.
- Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form, (e.g., earth-wood contact, faulty grades, insufficient ventilation, etc.).
- Any supplemental reports must be done within 30 days of the original report.

3A. NAME OF INSPECTION COMPANY Arizona Exterminating Company	5A. NAME OF PROPERTY OWNER/SELLER
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) P.O. Box 5156 Mesa, AZ 85211-5156	5B. ADDRESS OF PROPERTY (Street, City, ZIP) 2625 N Val Vista Mesa AZ 85213
3C. TELEPHONE NUMBER (Include Area Code) 480-969-7383	4. BUSINESS LICENSE # C-4045-A
6B. STRUCTURE(S) NOT INSPECTED None	6A. STRUCTURE(S) INSPECTED Residence

7-10. FINDINGS

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (Also see Item 19, page 2.)
Cabinets Built Behind Appliances

8. BASED ON CAREFUL VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Item 11A before completing):

A. Visible evidence of wood-destroying insects was observed.
Evidence observed: _____
Insects observed: _____

B. No visible evidence of infestation from wood-destroying insects was observed.

C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): _____

D. Visible damage due to _____ was observed in the following areas: _____

E. Visible evidence of previous treatment was observed. List evidence. (Also see Item 20, page 2.) _____

9. DAMAGE OBSERVED ABOVE, IF ANY (Check One): <input type="checkbox"/> A. Will be/has been corrected by this company. <input type="checkbox"/> B. Will be corrected by another company (see attached contract). <input type="checkbox"/> C. Will not be corrected by this company. Recommend that damage be evaluated by a qualified building expert and that needed repairs be made. <input type="checkbox"/> D. Will not be corrected by this company.	10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.) Furnished Attachments _____ page(s)
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11. STATEMENT OF INSPECTOR

- The inspection covered the readily accessible areas of the above listed structure(s), including attics and crawl spaces which permitted entry. Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood-destroying insects. Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.
- The inspection did not include areas which were obstructed or inaccessible at the time of inspection. (See Instruction 4 and Item 7 above.)
- THIS IS NOT A STRUCTURAL DAMAGE REPORT. NEITHER IS THIS A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSECTS.
- Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this 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.
- There is always important information on the second page of this form.

12A. SIGNATURE OF INSPECTOR 	12B. INSPECTOR'S LICENSE NUMBER 040172	12C. DATE 3-17-08
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13-14. STATEMENT OF PURCHASER

I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM. I HAVE READ PAGE TWO OF THIS FORM.

13. SIGNATURE OF PURCHASER	14. DATE
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