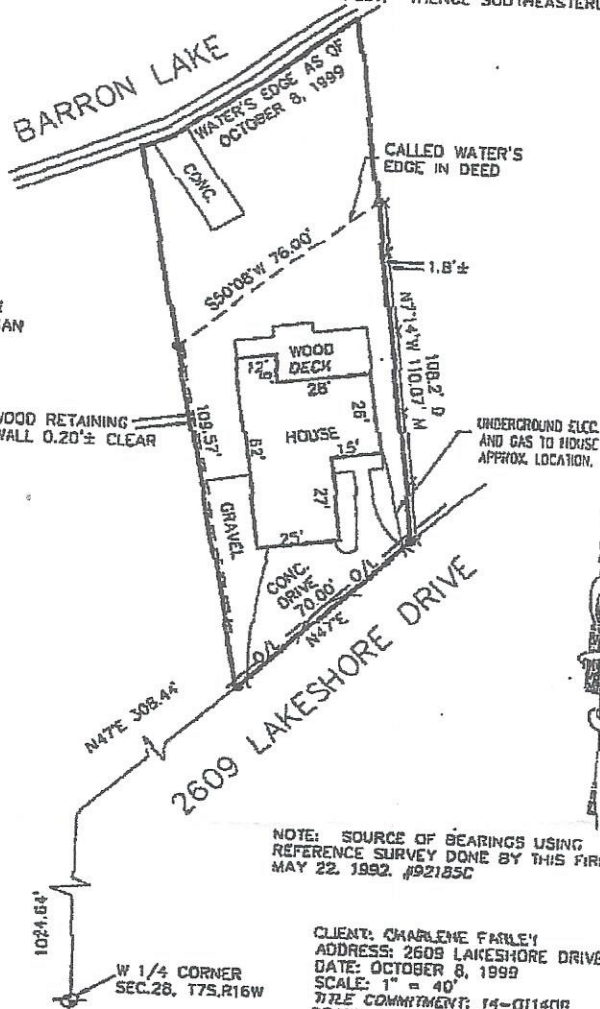


2609 Lakeshore Dr

CERTIFICATE OF SURVEY:

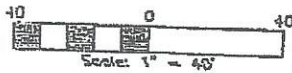
LAND SITUATED IN THE TOWNSHIP OF HOWARD, COUNTY OF CASS, STATE OF MICHIGAN, AND IS DESCRIBED AS FOLLOWS:
A PIECE OF LAND COMMENCING AT A POINT 1024.64 FEET NORTH AND NORTH 47° EAST, 308.44 FEET FROM THE WEST QUARTER POST OF SECTION 28, TOWN 7 SOUTH, RANGE 16 WEST, WHICH IS THE PLACE OF BEGINNING OF THIS DESCRIPTION; THENCE NORTH 47° EAST, 70.00 FEET; THENCE NORTH 71° WEST, 108.20 FEET TO THE WATER'S EDGE OF BARRON LAKE; THENCE SOUTH 50°08' WEST 76.00 FEET; THENCE SOUTHEASTERLY TO THE PLACE OF BEGINNING.



LIBER 7, PAGE 19 IS A BLANKET EASEMENT TO INDIANA & MICHIGAN ELECTRIC COMPANY AND CAN NOT BE PLOTTED.

LEGEND

- IRON PIN SET
- ⊙ IRON PIN FOUND
- △ SPIKE SET
- ▲ SPIKE FOUND
- P.K. NAIL SET
- ⊙ P.K. NAIL FOUND
- CONC. MON. FOUND
- W MEASURES
- D DEED



NOTE: SOURCE OF BEARINGS USING REFERENCE SURVEY DONE BY THIS FIRM MAY 22, 1992. #92185C

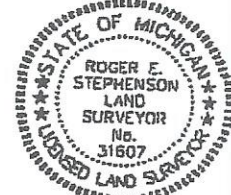
CLIENT: CHARLENE FARLEY
 ADDRESS: 2609 LAKESHORE DRIVE
 DATE: OCTOBER 8, 1999
 SCALE: 1" = 40'
 TITLE COMMITMENT: 14-011408
 DRAWN BY: TJS
 REVISED 10/25/99

NOTE: THIS SURVEY MADE FROM DESCRIPTION FURNISHED TO: CHARLENE FARLEY

I, ROGER E. STEPHENSON, A LICENSED LAND SURVEYOR IN THE STATE OF MICHIGAN HEREBY CERTIFY THAT THIS SURVEY WAS MADE BY ME OR UNDER MY DIRECT SUPERVISION AND THAT THERE ARE NO ENCROACHMENTS, KNOWN TO ME, OTHER THAN AS SHOWN.



Roger E. Stephenson
 ROGER E. STEPHENSON, LLS #31607



e mail: sls@stephensonlls.com

MADE OFFICE 27873 White Street • Cassopolis, Michigan 49831 • Office 616 / 445-4903 • Fax: 616 / 445-8510
VICKSBURG BRANCH 625 West Prairie St. • Vicksburg, Michigan 49097 • Office: 616 / 649-1036 • Fax: 616 / 445-8510
GRANGER BRANCH 51225 Bittersweet Rd. • Granger, Indiana 46530 • Office: 219 / 273-9233 • Fax: 616 / 445-8510
NILES BRANCH 1105 North Front St. • Niles, Michigan 49120 • Office 616 / 687-1787 • Fax 616 / 445-8510

SHEET 1 OF 1 SHEETS
99015C

EXHIBIT B

Howard Township, Cass County, Michigan, described as follows:

Commencing at a point 1024.64 feet North and North 47 degrees East, 308.44 feet from the West Quarter post of Section 28, Town 7 South, Range 16 West, which is the place of beginning of this description; thence North 47 degrees East, 70 feet; thence North 7 degrees 14 minutes West, 108.2 feet to the water's edge of Barron Lake; thence South 50 degrees 08 minutes West, 76 feet; thence Southeasterly to the place of beginning.

Seller's Disclosure Statement

Property Address 2609 Lake Shore, Niles MI MICHIGAN
Street City, Village or Township

Purpose of Statement: This statement is a disclosure of the condition of the property in compliance with the Seller Disclosure Act. This statement is a disclosure of the condition and information concerning the property, known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering or any other specific area related to the construction or condition of the improvements on the property or the land. Also, unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. **This statement is not a warranty of any kind by the Seller or by any Agent representing the Seller in this transaction, and is not a substitute for any inspections or warranties the Buyer may wish to obtain.**

Seller's Disclosure: The Seller discloses the following information with the knowledge that even though this is not a warranty, the Seller specifically makes the following representations based on the Seller's knowledge at the signing of this document. Upon receiving this statement from the Seller, the Seller's Agent is required to provide a copy to the Buyer or the Agent of the Buyer. The Seller authorizes its Agent(s) to provide a copy of this statement to any prospective Buyer in connection with any actual or anticipated sale of property. The following are representations made solely by the Seller and are not the representations of the Seller's Agent(s), if any. **THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.**

Instructions to the Seller: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is required. (4) Complete this form yourself. (5) If some items do not apply to your property, check NOT AVAILABLE. If you do not know the facts, check UNKNOWN. FAILURE TO PROVIDE A PURCHASER WITH A SIGNED DISCLOSURE STATEMENT WILL ENABLE A PURCHASER TO TERMINATE AN OTHERWISE BINDING PURCHASE AGREEMENT.

Appliances/Systems/Services: The items below are in working order. (The items listed below are included in the sale of the property only if the purchase agreement so provides.)

	Yes	No	Unknown	Not Available		Yes	No	Unknown	Not Available
Range/oven	X				Washer	X			
Dishwasher	X				Dryer	X			
Refrigerator	X				Lawn sprinkler system				X
Hood/fan				X	Water heater	X			
Disposal	X				Plumbing system	X			
TV antenna, TV rotor & controls	Wired per				Water softener/conditioner	X			
Electrical system	X				Well & pump	X			
Garage door opener & remote control	X				Septic Tank & drain field				X
Alarm system	WIRED				Sump pump	X			
Intercom				X	City water system				X
Central vacuum				X	City sewer system	X			
Attic fan				X	Central air conditioning	X			
Pool heater, wall liner & equipment				X	Central heating system	X			
Microwave	X				Wall furnace				X
Trash compactor				X	Humidifier				X
Ceiling fan	X				Electronic air filter				X
Sauna/hot tub				X	Solar heating system				X
					Fireplace & chimney	X			
					Wood burning system				X

Explanation (attach additional sheets if necessary): _____

UNLESS OTHERWISE AGREED, ALL HOUSEHOLD APPLIANCES ARE SOLD IN WORKING ORDER EXCEPT AS NOTED, WITHOUT WARRANTY BEYOND DATE OF CLOSING.

Property conditions, improvements and additional information:

1. **Basement/Crawlspace:** Has there been evidence of water? yes no _____
 If yes, please explain: Outside faucet leaked, repaired
2. **Insulation:** Describe, if known: unknown
 Urea formaldehyde Foam Insulation (UFFI) is installed? yes _____ no _____
 unknown
3. **Roof:** Leaks? yes _____ no
 Approximate age if known: _____
4. **Well:** Type of well (depth/diameter, age and repair history, if known): 5" well; submersible pump
 Has the water been tested? yes no _____
 If yes, date of last report/results: 1/16/2025
5. **Septic tanks/drain fields:** Condition, if known: Municipal sewer
6. **Heating system:** Type/approximate age: gas forced air
7. **Plumbing system:** Type: copper _____ galvanized _____ other _____
 Any known problems? no
8. **Electrical system:** Any known problems? 200 amp, no
9. **History of infestation,** if any: (termites, carpenter ants, etc.) previous owner had exterminator for termites under front porch. Our inspection determined they were dead, had service use 21 pods to trap, more found

Seller's Initials Buyer's Initials

Seller's Disclosure Statement

Property Address: 2609 Lake Shore, Niles MI MICHIGAN
Street City, Village or Township

10. **Environmental problems:** Are you aware of any substances, materials or products that may be an environmental hazard such as, but not limited to, asbestos, radon gas, formaldehyde, lead-based paint, fuel or chemical storage tanks and contaminated soil on property.
 unknown _____ yes _____ no
- If yes, please explain: _____
11. Flood Insurance: Do you have flood insurance on the property? unknown _____ yes _____ no
12. Mineral Rights: Do you own the mineral rights? unknown _____ yes no _____

Other items: Are you aware of any of the following:

1. Features of the property shared in common with the adjoining landowners, such as walls, fences, roads and driveways, or other features whose use or responsibility for maintenance may have an effect on the property? unknown _____ yes _____ no
2. Any encroachments, easements, zoning violations or nonconforming uses? unknown _____ yes _____ no
3. Any "common areas" (facilities like pools, tennis courts, walkways, or other areas co-owned with others), or a homeowners' association that has any authority over the property? unknown _____ yes _____ no
4. Structural modifications, alterations, or repairs made without necessary permits or licensed contractors? unknown _____ yes _____ no
5. Settling, flooding, drainage, structural, or grading problems? unknown _____ yes _____ no
6. Major damage to the property from fire, wind, floods, or landslides? unknown _____ yes _____ no
7. Any underground storage tanks? unknown _____ yes _____ no
8. Farm or farm operation in the vicinity; or proximity to a landfill, airport, shooting range, etc. unknown _____ yes _____ no
9. Any outstanding utility assessments or fees, including any natural gas main extension surcharge? unknown _____ yes _____ no
10. Any outstanding municipal assessments or fees? unknown _____ yes _____ no
11. Any pending litigation that could affect the property or the Seller's right to convey the property? unknown _____ yes _____ no

If the answer to any of these questions is yes, please explain. Attach additional sheets, if necessary: Voluntary lake assoc., lake well on tax bill;

The Seller has lived in the residence on the property from 2nd Home (date) to _____ (date).
 The Seller has owned the property since November 19, 2010 (date).
 The Seller has indicated above the condition of all the items based on information known to the Seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, Seller will immediately disclose the changes to Buyer. In no event shall the parties hold the Broker liable for any representations not directly made by the Broker or Broker's Agent.

Seller certifies that the information in this statement is true and correct to the best of Seller's knowledge as of the date of Seller's signature.

BUYER SHOULD OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO MORE FULLY DETERMINE THE CONDITION OF THE PROPERTY. THESE INSPECTIONS SHOULD TAKE INDOOR AIR AND WATER QUALITY INTO ACCOUNT, AS WELL AS ANY EVIDENCE OF UNUSUALLY HIGH LEVELS OF POTENTIAL ALLERGENS INCLUDING, BUT NOT LIMITED TO, HOUSEHOLD MOLD, MILDEW AND BACTERIA.

BUYER IS ADVISED THAT CERTAIN INFORMATION COMPILED PURSUANT TO THE SEX OFFENDERS REGISTRATION ACT, 1994 PA 295, MCL 28.721 TO 28.732 IS AVAILABLE TO THE PUBLIC. BUYERS SEEKING SUCH INFORMATION SHOULD CONTACT THE APPROPRIATE LOCAL LAW ENFORCEMENT AGENCY OR SHERIFF'S DEPARTMENT DIRECTLY.

BUYER IS ALSO ADVISED THAT THE STATE EQUALIZED VALUE OF THE PROPERTY, PRINCIPAL RESIDENCE EXEMPTION INFORMATION AND OTHER REAL PROPERTY TAX INFORMATION IS AVAILABLE FROM THE APPROPRIATE LOCAL ASSESSOR'S OFFICE. **BUYER SHOULD NOT ASSUME THAT BUYER'S FUTURE TAX BILLS ON THE PROPERTY WILL BE THE SAME AS THE SELLER'S PRESENT TAX BILLS. UNDER MICHIGAN LAW, REAL PROPERTY TAX OBLIGATIONS CAN CHANGE SIGNIFICANTLY WHEN PROPERTY IS TRANSFERRED.**

Seller Jess M Cahill Date 1/28/25
 Seller Darlene J. Cahill Date 1-28-25

Buyer has read and acknowledges receipt of this statement.

Buyer _____ Date _____ Time _____
 Buyer _____ Date _____ Time _____

Disclaimer: This form is provided as a service of the Michigan Association of REALTORS®. Please review both the form and details of the particular transaction to ensure that each section is appropriate for the transaction. The Michigan Association of REALTORS® is not responsible for use or misuse of the form for misrepresentation for for warranties made in connection with the form.

800.336.3201
fax 888.336.3201
services@garrettlabs.com



garrett laboratories, inc.

p.o. box 645 nils, michigan 49120
garrettlabs.com since 1971

WATER ANALYSIS

CLIENT: JERDON REAL ESTATE

LAB#: W5521

SAMPLE ADDRESS: 2609 LAKESHORE, NILES MI 49120
(OWNER: JIM CAHILL)

COLLECTION DATE/TIME: 2025-01-16 - 03:20:00PM

COLLECTION BY: THOMAS F JERDON

RESULTS

SAMPLE TYPE: ROUTINE DISTRIBUTION SYSTEM

SAMPLE SITE: KITCHEN SINK FAUCET

COLIFORMS: NEGATIVE /100mL

E COLI: NEGATIVE /100mL

NITRATE/NITRITE NITROGEN: <1.0 mg/L

SUBMITTED BY: Carol Morris

Digitally signed by Carol Morris
DN: cn=Carol Morris, o=Garrett Laboratories, ou,
email=services@garrettlabs.com, c=US
Date: 2025.01.20 08:43:03 -05'00'

REPORT DATE: 01/20/2025

FEDERAL & STATE STANDARDS: COLIFORMS NEGATIVE PER 100mL

CERTIFICATION # 8003 NITRATE NITROGEN <10.0 mg/L

ARSENIC AND LEAD TEST PERFORMED BY
LABORATORY IN-C-71-01 MI-9926

ARSENIC: <0.010 mg/L (10 ug/L)
LEAD: <0.015 mg/L (15 ug/L)

Coliforms Date Time: 01/16/2025 3:45 PM

Colitag

By: BEG

E Coli Date Time: 01/16/2025 3:45 PM

Colitag

By: BEG

Nitrate/Nitrites Date Time Tested: 01/16/2025 1714

Easy Chem Analyzer

By: CEJ

Wood Destroying Insect Inspection Report

Notice: Please read important consumer information on page 2.

Section I. General Information

Inspection Company, Address & Phone
 Niles Exterminating, Co. LLC
 P.O. Box 1172
 Niles, MI 49120
 269-683-2266

Company's Business Lic. No.
 11015

Date of Inspection
 11-2-10

Address of Property Inspected
 2609 Lakeshore Dr
 Niles, MI

Inspector's Name, Signature & Certification, Registration, or Lic. #

Craig Runyon

Craig Runyon

C005770034

Structure(s) Inspected

Home & Garage only

Section II. Inspection Findings

This report is indicative of the condition of the above identified structure(s) on the date of inspection and is not to be construed as a guarantee or warranty against latent, concealed, or future infestations or defects. Based on a careful visual inspection of the readily accessible areas of the structure(s) inspected:

- A. No visible evidence of wood destroying insects was observed.
- B. Visible evidence of wood destroying insects was observed as follows:
 - 1. Live insects (description and location):

2. Dead insects, insect parts, frass, shelter tubes, exit holes, or staining (description and location): *tubes on floor joint in crawl space North wall Old Termite shelter*

3. Visible damage from wood destroying insects was noted as follows (description and location):

NOTE: This is not a structural damage report. If box B above is checked, it should be understood that some degree of damage, including hidden damage, may be present: If any questions arise regarding damage indicated by this report, it is recommended that the buyer or any interested parties contact a qualified structural professional to determine the extent of damage and the need for repairs.

Yes No It appears that the structure(s) or a portion thereof may have been previously treated. Visible evidence of possible previous treatment:

Treated by Leonard's EXT 2 yrs ago

The inspecting company can give no assurances with regard to work done by other companies. The company that performed the treatment should be contacted for information on treatment and any warranty or service agreement which may be in place.

Section III. Recommendations

No treatment recommended: (Explain if Box B in Section II is checked)

No Live activity

Recommend treatment for the control of:

Section IV. Obstructions and Inaccessible Areas

The following areas of the structure(s) inspected were obstructed or inaccessible:

- Basement
- Crawlspace *5*
- Main Level
- Attic
- Garage *1, 3, 6, 7*
- Exterior
- Porch
- Addition
- Other

The inspector may write out obstructions or use the following optional key:

- | | |
|-------------------------|---------------------------------------|
| 1. Fixed ceiling | 13. Only visual access |
| 2. Suspended ceiling | 14. Cluttered condition |
| 3. Fixed wall covering | 15. Standing water |
| 4. Floor covering | 16. Dense vegetation |
| 5. Insulation | 17. Exterior siding |
| 6. Cabinets or shelving | 18. Window well covers |
| 7. Stored items | 19. Wood pile |
| 8. Furnishings | 20. Snow |
| 9. Appliances | 21. Unsafe conditions |
| 10. No access or entry | 22. Rigid foam board |
| 11. Limited access | 23. Synthetic stucco |
| 12. No access beneath | 24. Duct work, plumbing and/or wiring |

Section V. Additional Comments and Attachments (these are an integral part of the report)

Attachments _____

Signature of Seller(s) or Owner(s) if refinancing. Seller acknowledges that all information regarding W.D.I. infestation, damage, repair, and treatment history has been disclosed to the buyer.

Signature of Buyer. The undersigned hereby acknowledges receipt of a copy of both page 1 and page 2 of this report and understands the information reported.

Howard Twp
S. Barton Lake
N Shady Shores



Just do
and leave
message

Scheduled 8/7/13
8-9AM

8-6-13
2:00PM B32131182

Sentricon* Subterranean Termite Monitoring Agreement

~~Stamp~~
06/15 474 James M. Cahill

Name Jim Cahill Monitoring Service Fee 535⁰⁰
 Address 16049 Penny Lane Continuing Service Fee _____
 City, State, Zip Homer Glen, IL 60491 Contact Person _____
 Service Address 2609 Lakeshore Dr Structure(s) Covered entire house + shed
Niles, MI 49120
 Phone Number 708-912-9270 (c)
708-301-1329 (H)

The Sentricon* Subterranean Termite Monitoring Program is a subterranean termite early warning/detection system. The implementation of this program is not indicative of current termite infestation or activity within the structure(s) or on the property. Rose Pest Solutions ("Rose") is authorized by the above named person ("Client") and agrees to administer Sentricon* Colony Elimination System for the monitoring and elimination of subterranean termites. The Sentricon* Colony Elimination System was developed by and is a registered trademark of Dow AgroSciences LLC.

1. **Monitoring Service.** Rose, for a period of one (1) year, in accordance with published directions by Dow AgroSciences LLC, will:
 - A. Install the Sentricon* Colony Elimination System in the soil around the perimeter of the structure(s) covered above (hereafter, whether one or more, called the "structure(s)").
 - B. Monitor the System as needed for one year from the date installed.
 - C. Replace, relocate and add additional stations as deemed appropriate.
2. **Continuing Service.** Following the one (1) year Monitoring Service, Rose will extend service annually for four (4) additional years to the purchaser for \$ 199⁰⁰ for each additional year. Rose, in accordance with published directions by Dow AgroSciences LLC, will continue to monitor for subterranean termite activity as follows:
 - A. Continue monitoring the System as needed for additional one-year increments.
 - B. Replace, relocate and add additional stations as deemed appropriate.
 The Continuing Service Program may be annually renewed for additional one-year increments after the fifth (5th) anniversary of this agreement, if agreed upon each year by both parties by the anniversary date of this agreement, under the terms and conditions to be determined at that time.

ANY ADDITIONAL PROVISIONS ATTACHED HERETO, INCLUDING THE OTHER TERMS AND CONDITIONS FROM THE REVERSE SIDE AND THE INSPECTION GRAPH DATED _____, ARE PART OF THIS AGREEMENT. (Date) (Client's Initials)

3. Additional Provisions

- A. Rose will administer the Sentricon* Colony Elimination System according to published specifications of Dow AgroSciences LLC and all applicable laws and regulations. However, Rose cannot guarantee the results and consequently will not be responsible for:
 - I. any infestation or any past, present, or future damage to the structures or their contents caused by subterranean termites, or
 - II. any costs or consequential losses to, or incurred by, the Client as a result of any such infestation or damage.
- B. Installation of Sentricon* stations requires drilling of soil and/or pavement. Rose will exercise care to avoid damage to marked underground utility, water, and sprinkler lines. However, the Client agrees that Rose is not responsible for costs or consequential losses related to damage of underground utility, water and sprinkler lines which are unmarked or inaccurately marked.
- C. In the event of additions or alterations to the structure(s) listed above, or disturbances of the Sentricon* System, Client must give prior written notice and arrange with Rose for additional service at Client's expense. Such additions, alterations, or disturbances may require an adjustment to the investment for the Continuing Service Program.
- D. In the event of the sale of the aforementioned structure(s), the purchaser shall have the option of entering into a new agreement covering the unexpired portion of this agreement at the rates herein set forth.
- E. The Monitoring and Continuing Service programs may be canceled at any time upon receipt by Rose of written notice from the owner. In such cancellations, all Sentricon* components will be removed by Rose.

4. Ownership of The Sentricon* Colony Elimination System.

- A. All of the components of the Sentricon system ("Components") are and will remain the property of Dow AgroSciences LLC. The Client has no rights to any of the Components, other than the right to their use as installed by Rose on the Client's premises under this Agreement.
- B. On expiration or termination of this Agreement, Rose and Dow AgroSciences LLC or their representatives are authorized by the Client to retrieve from the Client's premises the Stations and other Components contained therein for appropriate disposition.

5. Payment

- A. The Monitoring Service fee is due in full prior to initial installation.
- B. The Continuing Service fee is due in full within 60 days of the anniversary notice. If continuing service fee is not paid according to these terms, this agreement expires on the anniversary date.

6. Miscellaneous

By execution of this agreement, the Client acknowledges the receipt of a copy hereof. This agreement, including the terms and conditions on the reverse side, inspection graph, provisions attached to, label, material safety data sheet and risk/benefit sheet, sets forth the entire understanding of the parties as to the subject matter hereof, and no agreement or representation, whether oral or written, expressed or implied, shall limit, modify, or supplement the terms of this agreement.
 Dated _____ Client Initials _____

NOTICE: YOU, THE OWNER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SIMPLY CONTACT OUR OFFICE IF YOU WISH TO DO SO.

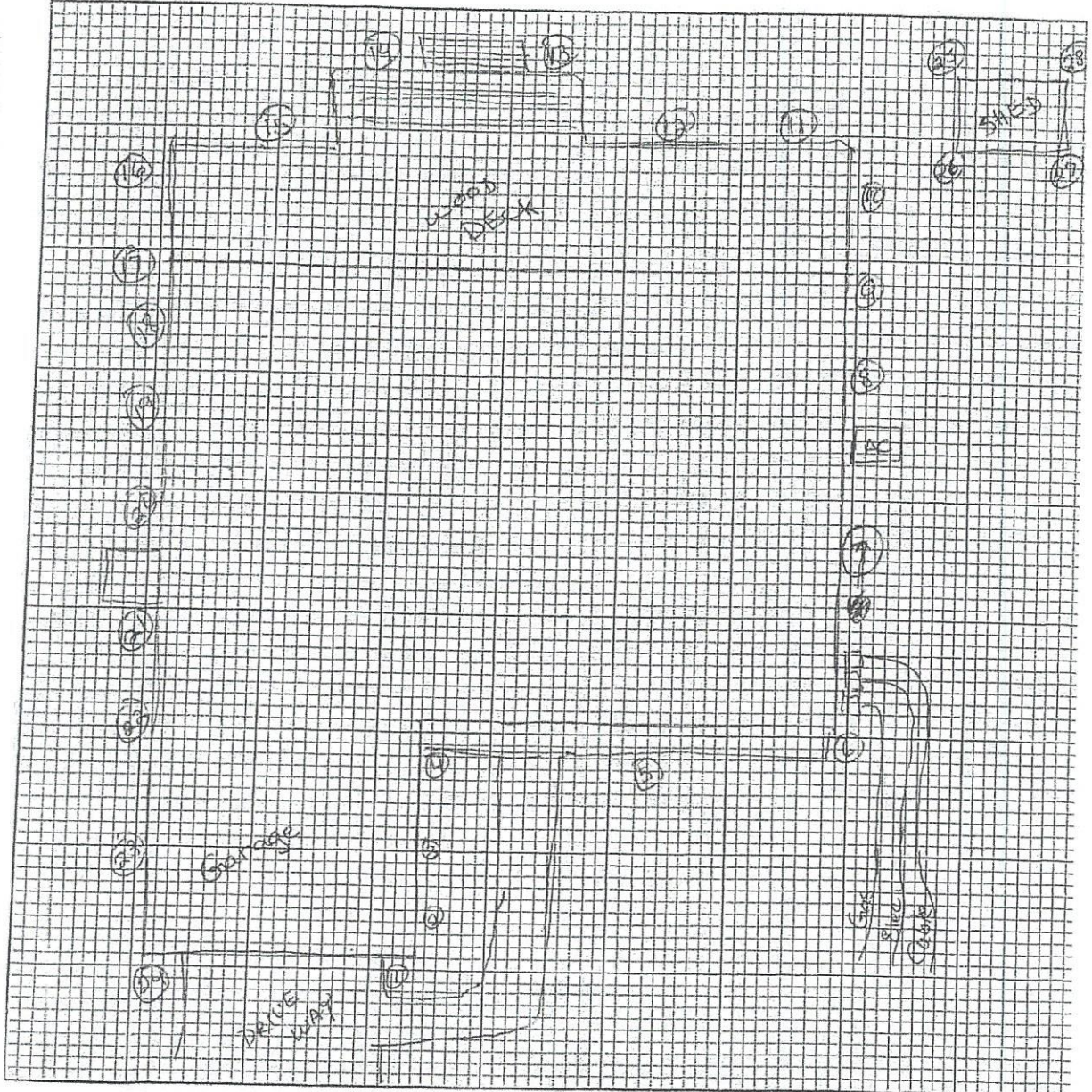
Executed in triplicate this 7th day of August, 2013

Rose Pest Solutions 2714 S. 11th St, Ste B Niles MI 49120 269-683-9129
 (Rose Address) (Phone)

By: A. [Signature] 6328 _____
 (Rose Representative) (Client)

56812051
 150318991
 582910051

PHONE: 708-712-7210
BILLING ADDRESS: 16049 Penny Lane ACCT# 150016285
CITY/STATE/ZIP: Homer Glen, IL 60491 DATE: 8-1-2013
SERVICE ADDRESS: 2609 Lakeshore Dr. Niles, MI 49120



NAME Jim Cahill ACCT # 150016285
 ADDRESS 2609 Lakeshore Dr., NILES, MI 49120

DATE	TECHNICIAN'S NOTES
8/09/13	Installed 28 Stations
9/26/13	No Activity
5/12/14	No Activity
10/02/14	No Activity
05/16/15	No Activity
10/30/15	No Activity
04/28/16	No Activity
10/11/16	No Activity
04/11/17	No Activity
09/20/17	No Activity
05/22/18	No Activity
09/01/18	No Activity - replaced deteriorated parts
04/18/19	No Activity
08/14/19	No Activity - replaced (1) deteriorated bit
03/27/20	No Activity - replaced deteriorated bit
09/04/20	No Activity
04/16/21	No Activity
06/22/22	No Activity
12/13/22	No Activity
9/19/23	No Activity
04/23/24	No Activity



Rose Pest Solutions
2714 South 11th St, Ste B
Niles, MI 49120-4420
269-683-9129

Service Inspection Report
Detailed Service Report
#150601036

Client: 150016285
JIM CAHILL
16049 PENNY LN
HOMER GLEN, IL 60491-8039

Phone: 708-912-9270 xCELL
Alt. Phone: 708-301-1329

Service Location: 150016285
JIM CAHILL
2609 LAKE SHORE DR
NILES, MI 49120-9513

Phone: 708-912-9270 xCELL
Alt. Phone: 708-301-1329
Mobile: 708-912-9270

Customer Signature:

Technician Signature:

Licenses/Certifications

MI - C002230441

Key Account

Eshawn Williams

Time In: 04/23/2024 03:55 PM **Terms:** NET 15 DAYS
Time Out: 04/23/2024 04:19 PM

Order #	Service Description	Quantity	Unit Cost	Amount
150601036	Sentricon Always Active	1.00		

Service Comments

Tech Comment: During my visit today checked and inspected all Sentricon stations. No activity was found at the time of the service. I put a new station in for #26 due to it being missing. For any additional information please contact the office. Thanks for choosing Rose.

Materials Summary

Material Applied	EPA #	Active Ingredient	Finished Quantity	Application Method	Application Rate
Recruit HD	Lot #	AI Concentration	Undiluted Quantity	Application Equipment	Sq/Cu/L Ft
	62719-508	Noviflumuron	1.000 Each	Bait Station	N/A
	N/A	15	150,000 Grams	Insect Bait Station	

Target Pests: Subterranean Termites
Areas Applied: SENTRICON

Open Conditions

No Conditions
Added or Updated
this Service

Severity
Responsibility

Created
Last Inspected

Conditions Resolved This Visit

No Conditions
Added or Updated
this Service

Severity
Responsibility

Created
Last Inspected

Pest Summary

None Noted

Quantity

Device Summary

Inground Station
- Totals

With Activity	Without Activity	Total Inspected
0	28	28
0	28	28

Device Exceptions		
Replaced	Removed	Skipped
1	0	0
1	0	0

Additional pest findings may have been observed. Please see conditions and comments for more details.

Printed: 01/27/2025

Page: 1/2



Rose Pest Solutions
 2714 South 11th St, Ste B
 Niles, MI 49120-4420
 269-683-9129

Service Inspection Report
Detailed Service Report
#150601036

Area Inspections

Area Inspected	Pest Findings	Time
Exterior		3:59 PM
Exterior -> SENTRICON		3:59 PM

Device Inspection Details

Area	Device Name	Device Type	Activity	Pest Findings	Time
Exterior -> SENTRICON					
1		Inground Station	None		
2		Inground Station	None		3:59 PM
3		Inground Station	None		4:09 PM
4		Inground Station	None		4:08 PM
5		Inground Station	None		4:07 PM
6		Inground Station	None		4:10 PM
7		Inground Station	None		4:11 PM
8		Inground Station	None		4:12 PM
9		Inground Station	None		4:07 PM
10		Inground Station	None		4:05 PM
11		Inground Station	None		4:05 PM
12		Inground Station	None		4:04 PM
13		Inground Station	None		4:04 PM
14		Inground Station	None		4:03 PM
15		Inground Station	None		4:03 PM
16		Inground Station	None		4:04 PM
17		Inground Station	None		4:01 PM
18		Inground Station	None		4:01 PM
19		Inground Station	None		4:01 PM
20		Inground Station	None		4:01 PM
21		Inground Station	None		4:01 PM
22		Inground Station	None		4:01 PM
23		Inground Station	None		4:02 PM
24		Inground Station	None		4:00 PM
25		Inground Station	None		4:00 PM
26		Inground Station	None		4:14 PM
		Inground Station	Replaced		4:16 PM
27	Replaced - Comment: Missing	Inground Station	None		4:12 PM
28		Inground Station	None		4:14 PM

Total Devices: 28 **Skipped:** 0 **No Activity:** 28 **Activity:** 0

Material Application Details

Material Applied	Active Ingredient	AI%	Application Method
EPA #	Lot #	AI Concentration	Application Equipment
Recruit HD	Noviflumuron	0.5000%	Bait Station
62719-608	N/A	15	Insect Bait Station

Target Pest: Subterranean Termites

Area/Device Name	Finished Quantity	Undiluted Quantity	Technician Name	Time
Exterior -> SENTRICON	1.0000 Each	150.0000 Grams	Eshawn Williams	04:17 PM

Weather: 0°, 0 MPH