

CITY OF SACRAMENTO
1231 I Street, Sacramento, CA 95814

Permit No: 0603445
Insp Area: 4
Thos Bros: 277D5

Site Address: 1273 WOODSIDE GLEN WY SAC
Parcel No: 225-0725-013

PAID
CITY OF SACRAMENTO
ARCHITECT
MAR 14 2006

Sub-Type: RES
Housing (Y/N): N

CONTRACTOR
HOMEGUARD INC.
510 MADERA AVE.
SAN JOSE, CA 95112

OWNER
FREDERICK RANDOLPH
2868 CANDIDO DR
SACRAMENTO, CA 95833

NEW CITY HALL

Nature of Work: DRY ROT REPAIR TO MUDSILLS, AREA AROUND MASTER BATH TUB, & LINTEL OVER FRONT DOOR.

CONSTRUCTION LENDING AGENCY: I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3697, Civ. C.)

Lender's Name _____ Lender's Address _____

LICENSED CONTRACTORS DECLARATION: I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code and my license is in full force and effect.

X License Class _____ License Number 728266 Date 3/14/06 Contractor Signature [Signature]

OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code, any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.00);

I, as a owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code. The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his/her own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he/she did not build or improve for the purpose of sale.)

I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law).

I am exempt under Sec. _____ B & PC for this reason: _____

Date _____ Owner Signature _____

IN ISSUING THIS BUILDING PERMIT, the applicant represents, and the city relies on the representation of the applicant, that the applicant verified all measurements and locations shown on the application or accompanying drawings and that the improvement to be constructed does not violate any law or private agreement relating to permissible or prohibited locations for such improvements. This building permit does not authorize any illegal location of any improvement or the violation of any private agreement relating to location of improvements.

I certify that I have read this application and state that all information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction and hereby authorize representative(s) of this city to enter upon the abovementioned property for inspection purposes.

X Date 3-14-06 Applicant/Agent Signature [Signature]

WORKER'S COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the following declarations:
I have and will maintain a certificate of credit to self-insure for workers' compensation as provided for by Section 3700 of the Labor Code, for the performance of work for which the permit is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:

Carrier STATE COMPENSATION INSURANCE F Policy Number 1743900 Exp Date 10/01/2006

(This section need not be completed if the permit is for \$100 or less) I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

X Date 3-14-06 Applicant Signature [Signature]

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO ONE HUNDRED THOUSAND DOLLARS (\$100,000) IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEE.

THIS PERMIT SHALL EXPIRE BY LIMITATION IF WORK IS NOT COMMENCED WITHIN 180 DAYS.



CITY OF SACRAMENTO

www.cityofsacramento.org
 Help Line: 1-916-808-5656 OR 1-866-EZ-PERMIT
 Inspection Request: 1-916-808-7622

Downtown Permit Center
 1231 I Street, Suite 200
 Sacramento, CA 95814

North Permit Center
 2101 Arena Blvd., Suite 200
 Sacramento, CA 95834

PAID
 CITY OF SACRAMENTO

MAR 14 2008
 Fax # 916-264-1901

NEW CITY HALL Date: 3-14-06

MINOR PERMIT APPLICATION

Faxed/web request must be received in this office by 3:00 P.M. to be processed the following workday. Contractors must have a current certificate of Worker's Compensation Insurance. Note: Work started before a Building Permit is issued will be subject to quad fee.

Permits requiring Plan Review are not eligible for the MINOR PERMIT PROGRAM

Design Review and Historic Preservation approval may be required if job address is located in those areas (additional forms may be required)

IN ORDER TO PROCESS THIS REQUEST, ALL THE FOLLOWING INFORMATION MUST BE PROVIDED:

Bldg Type: RESIDENTIAL APARTMENTS (4+ units per building) COMMERCIAL (limited)
 Unit # _____ Contract Price \$ 2,550.00

Job Address: 1273 Woodside Glen Phone #: _____ Email: _____
 CONTACT INFO Name: _____ Contractor: Home Guard License #: 729266
 Property Owner: Mary Fishburne Lange Address: 231 Lathrop Way Suite B
 Address: 6601 Esplanade City/State/Zip: Sac, CA 95815
 City/State/Zip: Playa Del Rey, CA 90293 Phone: (916) 568-7300 Fax: (916) 568-7400
 Phone: _____ Pre-Registered? YES NO Registration # _____

Nature of Work: Provide description of work & indicate type of work in selections below.

Description of Work:

<input type="checkbox"/> Reroof (excluding tile) <input type="checkbox"/> Tear-Off <input type="checkbox"/> Resheet <input type="checkbox"/> House <input type="checkbox"/> Garage # Stories: _____ # Squares: _____ Material: _____ <input checked="" type="checkbox"/> Siding <input type="checkbox"/> Wood <input checked="" type="checkbox"/> T-111 <input type="checkbox"/> Horiz <input type="checkbox"/> Vinyl <input type="checkbox"/> Stucco	<input type="checkbox"/> HVAC Installations (Residential Only) <input type="checkbox"/> Change-out <input type="checkbox"/> New <input type="checkbox"/> Heat Pump <input type="checkbox"/> Package <input type="checkbox"/> Split system <input type="checkbox"/> Roof mount <input type="checkbox"/> Cut-in <input type="checkbox"/> Heat pump or elect. unit to gas. <input type="checkbox"/> Wall furnace <input type="checkbox"/> Other (describe below) Value of duct work: \$ _____ Equipment: \$ _____ Cut-in: \$ _____	<input type="checkbox"/> Water Heater (Residential Only) <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Change-out <input type="checkbox"/> Electric to Gas <input type="checkbox"/> Relocate <input type="checkbox"/> New <input checked="" type="checkbox"/> Dry Rot or Termitte Damage Repair <input type="checkbox"/> Flooring/Joists <input checked="" type="checkbox"/> Mud sill/Studs <input type="checkbox"/> Roof Structure <input checked="" type="checkbox"/> Exterior	<input type="checkbox"/> Minor Electric and/or Plumbing (Residential Only) <input type="checkbox"/> Electric Service Change # amps _____ <input type="checkbox"/> New electric circuits <input type="checkbox"/> Re-wire <input type="checkbox"/> Water Service Replacement <input type="checkbox"/> Sewer Service Replacement <input type="checkbox"/> Gas Line Replacement <input type="checkbox"/> Re-plumb <input type="checkbox"/> Water <input type="checkbox"/> Waste	<input type="checkbox"/> Public Utilities Safety Inspection (Residential and single apartment units Only) <input type="checkbox"/> SMUD <input type="checkbox"/> PG&E * NOTE * Correction Notice items will require an additional building permit.
Date Received: _____ Date Issued: _____ Parcel #: _____ Processor's Initials: _____ Permit #: 05072415				

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/05

PRODUCER
A.J.G. Risk Mgmt Svcs
A.J.G. & Co Ins Brkrs of CA Inc
CALic#0726293-4301 Hacienda Dr#300
925.460.9900-Pleasanton, CA 94588

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Homeguard Inc
510 Madera Avenue
San Jose, CA 95112

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	StarNet Insurance Company	40045
INSURER B:	Peerless Insurance Co	24198
INSURER C:	National Union Fire Ins Pittsburgh P	19445
INSURER D:	State Comp Ins Fund of CA	35076
INSURER E:	Lexington Insurance Company	19437

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:3,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PSP000249301	10/01/05	10/01/06	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$3,000,000
						PRODUCTS - COM/OP AGG	\$3,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	CBP8070249	10/01/05	10/01/06	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
C		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000	BE9034270	10/01/05	10/01/06	EACH OCCURRENCE	\$4,000,000
						AGGREGATE	\$4,000,000
							\$
							\$
							\$
D		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	174390005	10/01/05	10/01/06	WC STATUTORY LIMITS	OTHE-R
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
E		OTHER Professional Liability	490438902	02/15/05	02/15/06	\$1,000,000/Lmt	\$5,000/DED

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Evidence of Insurance


CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Robin Rooney

WOOD DESTROYING PESTS AND ORGANISM INSPECTION REPORT

Building No. 2932	Street Leonor Drive/1273 Woodside Gle	City Sacramento	ZIP 95833	Date of Inspection 3/9/2006	Number of Pages Page 1 of 2
		231 Lathrop Way Suite B Sacramento, CA 95815 (916) 568-7300 • Fax (916) 568-7400 Registration # PR1452		HomeGuard Rpt #: 001476	
Ordered By: Linda Ellen Anderson ReMax Gold 4359 Town Center Blvd, Ste 3 El Dorado Hills CA 95762		Property Owner/Party in Interest Mary "Fishburn" Longo 6601 Esplanade Playa Del Rey, CA 90293		Report Sent to: Escrow#: 05-710094-L Liz Tholen Fidelity National Title 3840 El Dorado Hills Blvd #203 El Dorado Hills, CA 95762	
COMPLETE REPORT <input type="checkbox"/>		LIMITED REPORT <input type="checkbox"/>		SUPPLEMENTAL REPORT <input checked="" type="checkbox"/>	
REINSPECTION REPORT <input type="checkbox"/>		General Description: This is a supplemental report to our previous report #1476, dated 2/7/06 and should be made a part there of.		Inspection Tag Posted: See original report. Other Tags Posted: See original report.	
An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.					
Subterranean Termites <input type="checkbox"/>		Drywood Termites <input type="checkbox"/>		Fungus / DryRot <input checked="" type="checkbox"/>	
Other Findings <input type="checkbox"/>		Further Inspection <input type="checkbox"/>		If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.	
Key to Items on diagram: [1] Section 1 Items [2] Section 2 Items [3] Unknown Further Inspection Items					

10

FRONT
Diagram Not To Scale

Inspected by: **Walter Backeroff III**

License#: **FR34325**

Signature: _____



You are entitled to obtain copies of all reports and completion notices on this property filed with the board during the preceding two years. To obtain copies contact: Structural Pest Control Board, 1418 Howe Avenue, Suite 18, Sacramento, California 95825-3204.

NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916)561-8700, (800) 737-8188 or www.pestboard.ca.gov.

Building No. 2932	Street Leonor Drive/1273 Woodside Gle	City Sacramento	ZIP 95833	Date of Inspection 3/9/2006	Number of Pages Page 2 of 2
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NOTE: This is a supplemental report to our previous report no. 1476, and should be made a part thereof.

During the course of repairs to item 1K, the following was noted:

Section 1 Items

10. **FINDING:** Water has entered under the floor covering adjacent to the bathtub. This has caused fungus and moisture damage to the subfloor extending under the bathtub.

RECOMMENDATION: Remove the one piece bath tub unit. Remove and replace all of the damaged wood members. Install a new bath tub and new acrylic wall panels over an approved surface. If damage is found to extend into any inaccessible areas, a supplemental report will be issued listing additional findings, recommendations and bids.

*******(SECTION 1 ITEM)*******

NOTE: Thank you for using HomeGuard Exterminators, Inc. If you have any questions regarding this report, please call and ask for Walter Backeroff. Please bear in mind that the inspectors have full schedules during the day and can only be reached by phone early in the morning and late in the afternoon. The inspector will make every effort to make contact with you when he is available.

If you require further assistance or wish to schedule work as recommended in this report, please feel free to contact our office. We are here to assist you!



231 Lathrop Way Suite B
 Sacramento, CA 95815
 (916) 568-7300
 Fax (916) 568-7400

Initials _____
 Page 1 of 2

AGREEMENT
 nor Drive/1273 Woodside Glen Way, Sacramento

HomeGuard Incorporated is authorized to proceed with the work outlined in items _____ of their termite report no. 001476 for the property located at 2932 Leonor Drive/1273 Woodside Glen Way, Sacramento for a total sum of \$_____. This amount will be due and payable upon completion of work. It is understood that the contract price does not include the charge of the structural pest control inspection report or re-inspection fees.

HOMEGUARD EXTERMINATORS, INC. AGREES:

1. To guarantee all repairs completed by this company for one year from the date of completion except for plumbing, grouting, caulking, and resetting of toilets, which will be guaranteed for 30 days.
2. To be bound to perform this work for the price quoted in our cost breakdown for a period not to exceed 30 days.
3. To use reasonable care in the performance of our work but to assume no responsibility for damage to any hidden pipes, wiring, or other facilities or to any, plant life, rain gutters, roofs; nor for damage or dirtying of stucco, plaster, paint, wall paper or other "finish-work" adjacent to areas where work is performed.
4. To replace damaged wood members with material which resembles, as closely as possible, the existing wood members with standard grade, readily available wood members.

OWNER OR OWNER'S AGENT AGREES:

1. To pay for services rendered upon completion of work. This contract may canceled at any time by the customer. In the event of such action, customer agrees to pay HomeGuard Incorporated in full for any work already performed and the cost of materials and permits, plus 15% of the total contract price to cover job set up and administration expenses. In the case of non-payment by owner, reasonable attorney fees and costs of collection shall be paid by the owner whether suit be filed or not.
2. To pay for service charge of 1.5 percent per month or portion of any month beyond 30 days after completion.
3. Owner grants HomeGuard Incorporated, a security interest in the above described real property to secure payment of the sum for work and inspection fee completed.
4. If additional damage is discovered by HomeGuard Incorporated, during the performance of work, company agrees to notify owner or agent of the amount of the damage and the cost of additional work to be done. This work will not be performed unless owner agrees.
5. If any additional work, plans or engineering is deemed necessary by the local building inspector, said work will not be performed without additional authorization from owner or owner's agent.

Circle the items you wish to be performed by HomeGuard Incorporated below and enter the total amount above. The minimum service charge for any work is \$150.00. The cost of each item in this report is:

Section 1

10 \$2,500 Total \$2,500

IS UPGRADING OR CHOICE OF LINOLEUM OR TILE DESIRED? Yes___ No___

If there is no choice, neutral colors will be installed, there may be additional charges for special materials chosen



231 Lathrop Way Suite B
 Sacramento, CA 95815
 (916) 568-7300
 Fax (916) 568-7400

AGREEMENT

nor Drive/1273 Woodside Glen Way, Sacramento

The charge for service that this company subcontracts to another registered company may include the company's charges for arranging and administering such services that are in addition to the direct costs associated with paying the subcontractor. You may accept HomeGuard Incorporated's bid or you may contract directly with another registered company licensed to perform the work.

If you choose to contract directly with another registered company, HomeGuard Incorporated will not in any way be responsible for any act or omission in the performance of work that you directly contract with another to perform.

NOTICE TO OWNER

Under the California Mechanics Lien law, any structural pest control operator who contracts to do work for you, any contractor, subcontractor, laborer, supplier or other person who helps to improve your property, but is not paid for work or supplies, has the right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your contractor in full if the subcontractor, laborers or suppliers remain unpaid. To preserve their right to file a claim of lien against your property, certain claimants such as subcontractors and material suppliers are required to provide you with a document entitled "Preliminary Notice". General contractors and laborers for wages do not have to provide this notice. A Preliminary Notice is not a lien against your property. Its purpose is to notify you of persons who may have a right to file a lien against your property if they are not paid. You can protect yourself from such claim by requiring your contractor to supply you with a payment and performance bond prior to commencing any work of improvement and/or requiring your contractor to provide you with an unconditional lien release signed by each material supplier, subcontractor, and laborer involved in that project phase before making payment on the completed phase of the project.

OWNER OR OWNERS AGENT DATE BY: _____, HomeGuard Incorporated

X _____ ESCROW OFFICER: _____

Print Name _____ ESCROW PHONE NO: _____

X _____ ESCROW CO/NO: _____

Print Name _____

Name of person providing access _____ Phone Number _____

THIS AGREEMENT IS 2 PAGES
PLEASE BE SURE TO SIGN AND SEND BOTH PAGES



231 Lathrop Way Suite B
Sacramento, CA 95815
(916) 568-7300
Fax (916) 568-7400

Invoice


Invoice Date **3/9/2006**

Invoice No. **SAC3429T**

Bill To:	
Liz Tholen Fidelity National Title 3840 El Dorado Hills Blvd #203 El Dorado Hills, CA 95762	
Property Information:	
Address:	2932 Leonor Drive/1273 Woodside Glen Way Sacramento CA, 95833
Report No.	1476TPR
Escrow#:	05-710094-LT
Billing Information:	
Inspection:	3/9/2006 Supplemental \$0.00
Notice of Completion:	\$0.00
Other:	\$0.00
Total Due:	\$0.00

DUE UPON RECEIPT
PLEASE REMIT

WOOD DESTROYING PESTS AND ORGANISM INSPECTION REPORT

Building No. 2932	Street Leonor Drive/1273 Woodside Gle	City Sacramento	ZIP 95833	Date of Inspection 3/6/2006	Number of Pages Page 1 of 4
		231 Lathrop Way Suite B Sacramento, CA 95815 (916) 568-7300 • Fax (916) 568-7400 Registration # PR1452		HomeGuard Rpt #: 001476	
Ordered By: Linda Ellen Anderson ReMax Gold 4359 Town Center Blvd, Ste 3 El Dorado Hills CA 95762		Property Owner/Party in Interest Mary "Fishburn" Longo 6601 Esplanade Playa Del Rey, CA 90293		Report Sent to: Escrow#: 05-710094-L Liz Tholen Fidelity National Title 3840 El Dorado Hills Blvd #203 El Dorado Hills, CA 95762	
COMPLETE REPORT <input type="checkbox"/>		LIMITED REPORT <input type="checkbox"/>		SUPPLEMENTAL REPORT <input checked="" type="checkbox"/>	
REINSPECTION REPORT <input type="checkbox"/>		General Description: This is a supplemental report to our previous report #1476, dated 2/7/06 and should be made a part there of.		Inspection Tag Posted: Garage Other Tags Posted: HomeGuard Inc. 2/7/06	
An inspection has been made of the structure(s) shown on the diagram in accordance with the Structural Pest Control Act. Detached porches, detached steps, detached decks and any other structures not on the diagram were not inspected.					
Subterranean Termites <input type="checkbox"/>		Drywood Termites <input type="checkbox"/>		Fungus / DryRot <input checked="" type="checkbox"/>	
Other Findings <input type="checkbox"/>		Further Inspection <input type="checkbox"/>		If any of the above boxes are checked, it indicates that there were visible problems in accessible areas. Read the report for details on checked items.	
Key to Items on diagram: [1] Section 1 Items [2] Section 2 Items [3] Unknown Further Inspection Items					

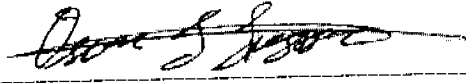
1M 1N

FRONT
Diagram Not To Scale

Inspected by: **Oscar S. Fregoso**

License#: **FR32100**

Signature: _____



You are entitled to obtain copies of all reports and completion notices on this property filed with the board during the preceeding two years. To obtain copies contact: Structural Pest Control Board, 1418 Howe Avenue, Suite 18, Sacramento, California 95825-3204.
 NOTE: Questions or problems concerning the above report should be directed to the manager of the company. Unresolved questions or problems with services performed may be directed to the Structural Pest Control Board at (916)561-8700, (800) 737-8188 or www.pestboard.ca.gov.

Building No. 2932	Street Leonor Drive/1273 Woodside Gle	City Sacramento	ZIP 95833	Date of Inspection 3/6/2006	Number of Pages Page 2 of 4
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NOTE: This is a supplemental report to our previous report no. 1476, and should be made a part thereof.

While performing repairs to item 1D, additional damages were found. All findings, recommendations and bids are listed below:

The inaccessible areas listed above which were not inspected will be inspected upon the owners request and may be conditional to additional inspection fees.

EXTERIOR SURFACE OF THE ROOF WAS NOT INSPECTED. IF YOU WANT THE WATER TIGHTNESS OF THE ROOF DETERMINED, YOU SHOULD CONTACT A ROOFING CONTRACTOR WHO IS LICENSED BY THE CONTRACTORS STATE LICENSE BOARD.

"This company will reinspect repairs done by others within four months of the original inspection. A charge, if any, can be no greater than the original inspection fee for each reinspection. The reinspection must be done within ten (10) working days of request. The reinspection is a visual inspection and if inspection of concealed areas is desired, inspection of work in progress will be necessary. Any guarantees must be received from parties performing repairs."

NOTE: Work performed by others will be reinspected for a fee of \$75.00 for each trip out to the property. Open wall and open floor inspections are desirable if certification is required.

NOTICE: Reports on this structure prepared by various registered companies should list the same findings (i.e. termite infestations, termite damage, fungus damage, etc.). However, recommendations to correct these findings may differ from company to company. You have the right to seek a second opinion from another company.

NOTE: THIS IS A SEPARATED REPORT WHICH IS DEFINED AS SECTION I AND SECTION II CONDITIONS EVIDENT ON THE DATE OF INSPECTION. SECTION I CONTAINS ITEMS WHERE THERE IS EVIDENCE OF ACTIVE INFESTATION, INFECTION, OR CONDITIONS THAT HAVE RESULTED IN OR FROM INFESTATION OR INFECTION. SECTION II ITEMS ARE CONDITIONS DEEMED LIKELY TO LEAD TO INFESTATION OR INFECTION BUT WHERE NO VISIBLE EVIDENCE OF SUCH WAS FOUND. FURTHER INSPECTION ITEMS ARE DEFINED AS RECOMMENDATIONS TO INSPECT AREA(S) WHICH DURING THE ORIGINAL INSPECTION DID NOT ALLOW THE INSPECTOR ACCESS TO COMPLETE HIS INSPECTION AND CANNOT BE DEFINED AS SECTION I OR SECTION II.

Section 1 Items

1M. FINDING: The subfloor and framing has been damaged by fungus at the as indicated on the diagram.

RECOMMENDATION: Remove and replace all the damaged wood members. If any damage is found to extend into any enclosed areas a supplemental report and bid will be issued.

***** (SECTION 1 ITEM) *****

1N. FINDING: There is a surface fungus condition located at the framing as indicated on the diagram.

RECOMMENDATION: Scrape or wire brush this area and treat with a registered fungicide Timbor

Building No. 2932	Street Leonor Drive/1273 Woodside Gle	City Sacramento	ZIP 95833	Date of Inspection 3/6/2006	Number of Pages Page 3 of 4
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(Disodium Octoborate Tetrahydrate). NOTE: In order to perform this treatment the property will need to be vacated for a period of 3 hours after the treatment is performed.

***** (SECTION 1 ITEM) *****

NOTE: "State law requires that you be given the following information:

CAUTION-PESTICIDES ARE TOXIC CHEMICALS. Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board, and apply pesticides which are registered and approved for use by the California Department of Food and Agriculture and the United States Environmental Protection Agency. Registration is granted when the state finds that based on existing scientific evidence there are no appreciable risks that are outweighed by the benefits. The degree of risk depends upon the degree of exposure, so exposure should be minimized."

"If within 24 hours following application, you experience symptoms similar to common seasonal illness comparable to the flu, contact your physician or poison control center and your pest control company immediately."

NOTE: For further information contact any of the following:

HOMEGUARD INCORPORATED (916)568-7300
 Poison Control Center: (800) 876-4766
 El Dorado County Agriculture Commission (530) 621-5520
 El Dorado County Environmental Management Department 530-621-5300
 Placer County Agriculture Commission 530-823-1698
 Placer County Department of Environmental Health 530-889-4000
 Sacramento County Agriculture Commission 916-875-6603
 Sacramento County Environmental Management Department 916-875-8440
 San Joaquin County Agriculture Commission 209-468-3300
 San Joaquin County Environmental Health Department 209-468-3420
 Solano County Agriculture Commission 707-421-7465
 Solano County Environmental Health Services Division 707-421-6765
 Sutter County Agriculture Commission 530-822-7500
 Sutter County Community Services Department, Environmental Health Division 530-822-7327
 Yolo County Agriculture Commission 530-666-8140
 Yolo County Department of Health, Environmental Health Division 530-666-8646
 Yuba County Agriculture Commission 530-749-5400
 Yuba County Environmental Health Department 530-741-6251

Structural Pest Control Board (800) 737-8188
 1418 Howe Avenue #18
 Sacramento, CA 95825

"Local treatment is not intended to be an entire structure treatment method. If infestations of wood-destroying pests extend or exist beyond the area(s) of local treatment, they may not be exterminated".

NOTE: If damage is found to extend into any inaccessible areas, a supplemental report will be issued listing additional findings, recommendations and bids.

Building No.	Street	City	ZIP	Date of Inspection	Number of Pages
2932	Leonor Drive/1273 Woodside Gle	Sacramento	95833	3/6/2006	Page 4 of 4

NOTE: HomeGuard Exterminators assumes no liability for, nor do we guarantee, work done by others. All guarantees, warranties, and permits should be obtained from the parties performing the repairs.

NOTE: If it is necessary to install smoke detector(s) to comply with the state fire regulations, battery powered smoke detector(s) will be installed at an additional charge of \$50.00 per smoke detector unit. Retrofitting of existing properties to comply with the new California building code will be triggered only when a permit is required and not by the sale of the property.

NOTE: Should the local building department require additional changes or repairs not outlined in this report, additional funds will be required.

NOTE: In our opinion, item(s) listed in this report may require a building permit. All necessary costs for the permit and inspections are included in our bid(s). It will be the owners responsibility to meet the building department and allow access for inspections.

NOTE: Thank you for using HomeGuard Exterminators, Inc. If you have any questions regarding this report, please call and ask for Oscar Fregoso. Please bear in mind that the inspectors have full schedules during the day and can only be reached by phone early in the morning and late in the afternoon. The inspector will make every effort to make contact with you when he is available.

If you require further assistance or wish to schedule work as recommended in this report, please feel free to contact our office. We are here to assist you!



231 Lathrop Way Suite B
 Sacramento, CA 95815
 (916) 568-7300
 Fax (916) 568-7400

Initials _____

Page 1 of 2

AGREEMENT

nor Drive/1273 Woodside Glen Way, Sacramento

HomeGuard Incorporated is authorized to proceed with the work outlined in items _____ of their termite report no. 001476 for the property located at 2932 Leonor Drive/1273 Woodside Glen Way, Sacramento for a total sum of \$_____. This amount will be due and payable upon completion of work. It is understood that the contract price does not include the charge of the structural pest control inspection report or re-inspection fees.

HOMEGUARD EXTERMINATORS, INC. AGREES:

1. To guarantee all repairs completed by this company for one year from the date of completion except for plumbing, grouting, caulking, and resetting of toilets, which will be guaranteed for 30 days.
2. To be bound to perform this work for the price quoted in our cost breakdown for a period not to exceed 30 days.
3. To use reasonable care in the performance of our work but to assume no responsibility for damage to any hidden pipes, wiring, or other facilities or to any, plant life, rain gutters, roofs; nor for damage or dirtying of stucco, plaster, paint, wall paper or other "finish-work" adjacent to areas where work is performed.
4. To replace damaged wood members with material which resembles, as closely as possible, the existing wood members with standard grade, readily available wood members.

OWNER OR OWNER'S AGENT AGREES:

1. To pay for services rendered upon completion of work. This contract may canceled at any time by the customer. In the event of such action, customer agrees to pay HomeGuard Incorporated in full for any work already performed and the cost of materials and permits, plus 15% of the total contract price to cover job set up and administration expenses. In the case of non-payment by owner, reasonable attorney fees and costs of collection shall be paid by the owner whether suit be filed or not.
2. To pay for service charge of 1.5 percent per month or portion of any month beyond 30 days after completion.
3. Owner grants HomeGuard Incorporated, a security interest in the above described real property to secure payment of the sum for work and inspection fee completed.
4. If additional damage is discovered by HomeGuard Incorporated, during the performance of work, company agrees to notify owner or agent of the amount of the damage and the cost of additional work to be done. This work will not be performed unless owner agrees.
5. If any additional work, plans or engineering is deemed necessary by the local building inspector, said work will not be performed without additional authorization from owner or owner's agent.

Circle the items you wish to be performed by HomeGuard Incorporated below and enter the total amount above. The minimum service charge for any work is \$150.00. The cost of each item in this report is:

Section 1

1M \$2,400 1N \$150 Total \$2,550

IS UPGRADING OR CHOICE OF LINOLEUM OR TILE DESIRED? Yes___ No___

If there is no choice, neutral colors will be installed, there may be additional charges for special materials chosen



231 Lathrop Way Suite B
Sacramento, CA 95815
(916) 568-7300
Fax (916) 568-7400

AGREEMENT

nor Drive/1273 Woodside Glen Way, Sacramento

The charge for service that this company subcontracts to another registered company may include the company's charges for arranging and administering such services that are in addition to the direct costs associated with paying the subcontractor. You may accept HomeGuard Incorporated's bid or you may contract directly with another registered company licensed to perform the work.

If you choose to contract directly with another registered company, HomeGuard Incorporated will not in any way be responsible for any act or omission in the performance of work that you directly contract with another to perform.

NOTICE TO OWNER

Under the California Mechanics Lien law, any structural pest control operator who contracts to do work for you, any contractor, subcontractor, laborer, supplier or other person who helps to improve your property, but is not paid for work or supplies, has the right to enforce a claim against your property. This means that after a court hearing, your property could be sold by a court officer and the proceeds of the sale used to satisfy the indebtedness. This can happen even if you have paid your contractor in full if the subcontractor, laborers or suppliers remain unpaid. To preserve their right to file a claim of lien against your property, certain claimants such as subcontractors and material suppliers are required to provide you with a document intitled "Preliminary Notice". General contractors and laborers for wages do not have to provide this notice. A Preliminary Notice is not a lien against your property. Its purpose is to notify you of persons who may have a right to file a lein against your property if they are not paid. You can protect yourself from such claim by requiring your contractor to supply you with a payment and performance bond prior to commencing any work of improvement and/or requiring your contractor to provide you with an unconditional lien release signed by each material supplier, subcontractor, and laborer involved in that project phase before making payment on the completed phase of the project.

OWNER OR OWNERS AGENT DATE BY: _____, HomeGuard Incorporated

X _____ ESCROW OFFICER: _____

Print Name _____ ESCROW PHONE NO: _____

X _____ ESCROW CO/NO: _____

Print Name _____

Name of person providing access _____ Phone Number _____

**THIS AGREEMENT IS 2 PAGES
PLEASE BE SURE TO SIGN AND SEND BOTH PAGES**



231 Lathrop Way Suite B
Sacramento, CA 95815
(916) 568-7300
Fax (916) 568-7400

Invoice

Invoice Date 3/7/2006

Invoice No. SAC3399T

Bill To:	
Liz Tholen Fidelity National Title 3840 El Dorado Hills Blvd #203 El Dorado Hills, CA 95762	
Property Information:	
Address: 2932 Leonor Drive/1273 Woodside Glen Way Sacramento CA, 95833	
Report No.	1476TPR
Escrow#:	05-710094-LT
Billing Information:	
Inspection: 3/6/2006 Supplemental	\$0.00
Notice of Completion:	\$0.00
Other:	\$0.00
Total Due:	\$0.00

DUE UPON RECEIPT
PLEASE REMIT