

DOWN PAYMENT	
Amount	Sequence Number
RECEIVED AT COMPLETION	
Amount	Deposit Number
Account Number	



NOTE TO CUSTOMER
 This Agreement is contingent on the approval of the Terminix Branch Manager.

THE TERMINIX INTERNATIONAL COMPANY L.P.

**SENTRICON*
 SUBTERRANEAN TERMITE SERVICE PLAN**

PURCHASER	EDMUNDSON COUNTY HEALTH DEPARTMENT		TELEPHONE	431-2547
MAIL ADDRESS	SOUTH COLLEGE			
CITY	STATE	ZIP CODE	11632	
DESCRIPTION OF PROPERTY	UNIVERSITY BUILDING			
PROPERTY ADDRESS	SOUTH COLLEGE			
CITY	STATE	ZIP CODE	11632	

Effective with the date of initial treatment and for one year thereafter, for the sum of \$ 4900.00, Terminix will provide the necessary services to the described property to control or protect against subterranean (ground) termites including formosan termites (*Reticulitermes spp.*, *Heterotermes spp.*, *Coptotermes spp.*). This plan does not control or protect against aerial (above ground) infestation of any kind nor control or protect against drywood termites (*Kaloterms spp.*, *Incisitermes spp.*, *Cryptotermes spp.*) or other wood destroying organisms such as carpenter ants, powder-post beetles, wood decay fungi, etc.

1. SERVICE COMMITMENT

Terminix will during the term of this Agreement:

- Install the Sentricon* Colony Elimination System in the soil around the perimeter of the described property (hereinafter, whether one or more, called the "Structures").
- Monitor the System.
- Add Recruit* termite bait to, and remove it from, the Sentricon* System as appropriate.

Colony elimination or control is anticipated to occur within 6 to 24 months from commencement of the program, depending on geographical location, weather and/or other factors. During this period before colony elimination or control is achieved, new damage from subterranean termite infestation may occur.

State regulations may require that specific treatment standards be performed for conventional termite treatments. These standards will not be performed due to the fact that the Sentricon* System is a conceptually different type of termite treatment. The Sentricon* System is registered for use in this state.

2. CONTINUING PROTECTION

Terminix will extend service annually to the Purchaser for so long as Purchaser may own the property for \$ 490.00 per year payable on or before the end of the previous annual period. After the third annual period and each annual period thereafter, Terminix reserves the right to revise the annual extension charge.

3. LIMITED SERVICE COMMITMENT

During the term of this Plan, any further Sentricon* System treatment found necessary by Terminix will be performed free of charge provided, however, that if a fumigation or spot termiticide treatment is deemed by Terminix to be necessary to control an aerial (above ground) infestation, Purchaser shall first agree to make access to such aerial infestation and to pay the additional charge involved. Terminix will reinspect the described property at any time upon the request of Purchaser or if Terminix believes it necessary. DUE TO THE NATURE OF CONSTRUCTION, THE EXTENT OF EXISTING TERMITE DAMAGE, THE DEGREE OF TERMITE ACTIVITY AND/OR APPLICATION RESTRICTIONS, THIS AGREEMENT DOES NOT GUARANTEE AGAINST, NOR SHALL TERMINIX BE RESPONSIBLE FOR, PRESENT OR FUTURE DAMAGE TO PROPERTY OR CONTENTS, NOR PROVIDE FOR REPAIRS OR COMPENSATION THEREOF.

4. PURCHASER UNDERSTANDING OF PERFORMANCE OF THE SENTRICON* SYSTEM

Purchaser understands:

- The Sentricon* System involves installation, an initial period of monitoring, colony elimination or control with Recruit* termite bait, and subsequent monitoring for continuous protection from new termite activity.
- Intervals of from two to several months should be expected between:
 - a) installation of the Sentricon* System and sufficient termite activity to allow addition of Recruit termite bait; and
 - b) addition of Recruit* termite bait and complete elimination or control of the termite colony.

Therefore, total time from initial installation to colony elimination or control is expected to be from 6 to 24 months from commencement of the program, depending on geographical location, weather and/or other factors.

- Additional services such as spot applications of conventional termiticides are available for an additional fee to combat termite activity on a localized basis if desired but are not necessarily needed for termite colony elimination.
- The active ingredient in the Sentricon* System is an insect growth regulator (hexaflumuron) which prevents worker termites from molting (critical to colony survival). The regulator is contained in a Baitube device which will be inserted in the Sentricon* System only when sufficient termite activity has been observed in the monitoring device and only for as long as is needed to eliminate or control a termite colony.
- Terminix will place the Baitube devices in selected Stations in which worker termites are feeding.

In some circumstances the Sentricon* System may not eliminate or control the termite colony. If after 24 months from commencement of the Sentricon* System, termite colony elimination or control has not been achieved, Terminix may in its sole discretion propose treatment using conventional methods at no additional charge. In that case Purchaser may elect to continue with the Sentricon* System (on the same terms and conditions) or the conventional treatment. If Purchaser chooses not to continue with the Sentricon* System, this agreement will terminate without further obligation of Terminix.

If treatment using conventional methods of treatment is offered by Terminix and elected by Purchaser, then Purchaser must first execute a new written agreement in the form then in use by Terminix.

5. MISCELLANEOUS

In the event of additions or alterations to the described property, Purchaser must give prior written notice and arrange with Terminix for additional service at the expense of Purchaser. Such additions or alterations may also require an adjustment to the annual extension charge.

Upon transfer of ownership of the described property, this Plan may be continued upon the terms and conditions on the reverse side.

Terminix has provided the Purchaser with a copy of the manufacturer's specimen label or other state required documents for the termiticide(s) which will be used to treat the above-named property.

ANY ADDITIONAL PROVISIONS ATTACHED HERETO, INCLUDING THE ARBITRATION AGREEMENT AND THE OTHER TERMS AND CONDITIONS ON THE REVERSE SIDE AND THE INSPECTION GRAPH DATED _____, ARE PART OF THIS PLAN.

NOTICE: YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE ATTACHED NOTICE OF CANCELLATION FOR AN EXPLANATION OF THIS RIGHT.

PURCHASER	<u>Herald R Block</u>	DATE	<u>4/23/99</u>
TERMINIX REPRESENTATIVE	<u>[Signature]</u>	DATE	<u>4/23/99</u>
TERMINIX ADDRESS	<u>[Address]</u>	TELEPHONE	<u>[Phone]</u>
CITY	<u>[City]</u>	STATE	<u>[State]</u>
		ZIP CODE	<u>11632</u>

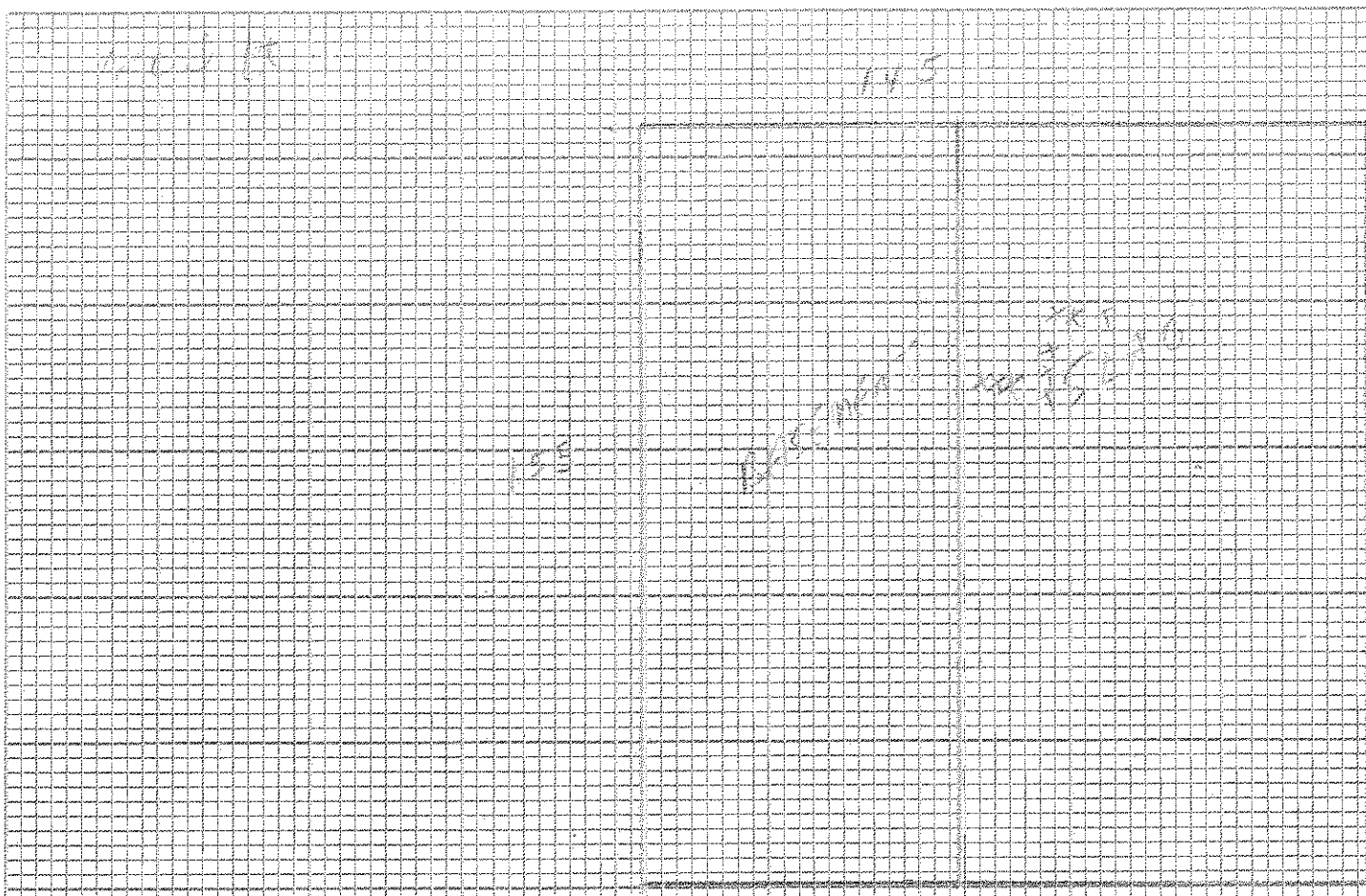
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TERMINIX INSPECTION GRAPH

OWNER'S NAME VERMILION COUNTY HEALTH DEPT. OCCUPANT _____
 TREATING ADDRESS 2001 S. COLLEGE CITY DANVILLE STATE IL
 HOME PHONE 431-2548 BUSINESS PHONE _____ INSPECTED BY C. Miller

INSPECTION NOTICE
 POSTED: _____
 DATED: _____
 TREATMENT NOTICE
 POSTED: _____
 DATED: _____



NOTICE TO PURCHASER: This is a preliminary report. Additional areas of termite infestation damage may be discovered by the technician during the treating process. Your termite control contract is given on the basis of the inspection made at the time of the initial treatment.

- | | | | | |
|---|---------------------|---|---|---|
| <input type="checkbox"/> PREVENTIVE TREATMENT OR
<input checked="" type="checkbox"/> CONTROL TREATMENT | KEY TO EVIDENCE OF: | <input checked="" type="checkbox"/> SUBTERRANEAN TERMITES = XXX | <input type="checkbox"/> POWDER-POST BEETLES = PPB | <input type="checkbox"/> CARPENTER ANTS = CA |
| | | <input type="checkbox"/> DRYWOOD TERMITES = KKK | <input type="checkbox"/> WOOD BORING BEETLES = WB | <input type="checkbox"/> CELLULOSE DEBRIS = CD |
| | | <input type="checkbox"/> DAMPWOOD TERMITES = ZZZ | <input type="checkbox"/> FUNGUS = F | <input type="checkbox"/> EXCESSIVE MOISTURE = EM |
| | | <input type="checkbox"/> EXISTING DAMAGE = X | <input type="checkbox"/> WELL/CISTERN = W/C | <input type="checkbox"/> FAULTY GRADE = FG |
| | | <input type="checkbox"/> FORMOSAN TERMITES = CCC | <input type="checkbox"/> POSSIBLE HIDDEN DAMAGE = PHD | <input type="checkbox"/> EARTH-WOOD CONTACTS = EC |

TYPE OF CONSTRUCTION: CRAWL SPACE BASEMENT MONOLITHIC SLAB FLOATING SLAB SUPPORTED SLAB
 TYPE OF FOUNDATION: CONCRETE HOLLOW BLOCK BRICK STONE OTHER
 PROPERTY HAS A: 1. WELL YES NO 2. CISTERN YES NO 3. SUMP PUMP YES NO 4. FRENCH DRAIN YES NO
 5. STUCCO BELOW GRADE YES NO 6. "RIGID FOAM INSULATION" BELOW GRADE YES NO 7. INACCESSIBLE AREA(S): _____

INSPECTOR'S STATEMENT OF VISIBLE DAMAGE

 BY: _____ DATE: _____

CONTROL TECHNICIAN'S STATEMENT OF VISIBLE DAMAGE

 BY: _____ DATE: _____

THE ABOVE GRAPH, AND THE AREAS CONTAINING VISIBLE ACTIVITY OR DAMAGE, HAVE BEEN DESCRIBED TO ME AND ARE AFFIRMED BY ME AS OWNER OR AGENT OF THE ABOVE PROPERTY. I ALSO AFFIRM THAT I UNDERSTAND THAT TERMINIX IS NOT LIABLE FOR HIDDEN DAMAGE WHICH IS CONCEALED, OBSTRUCTED OR INACCESSIBLE TO THE INSPECTOR, AND I AGREE TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS GRAPH.

DATE: _____ BY: _____

