

PEST CONTROL NOTIFICATION

Date: 6/7/2012

From: Patraic Hodgson, Property Manager
206 State Street
Portland, ME 04101
207-828-1274

To: Theresa Benham
145 Spring Street Unit M
Portland, ME 04101

Dear Theresa Benham:

Atlantic Pest Solutions will be entering your unit to conduct a follow-up canine inspection for bed bugs on 6/13/12 arrival between 12pm-3pm.

Please see attached canine inspection protocol.

This treatment is not optional and failure to comply will result in charges to your account and/or the pursuit of all options available to management under Maine state law.

We appreciate your cooperation in this matter. Please contact Atlantic Pest Solutions or the Management Office if you have any questions.

Sincerely,

Weston Associates Management Co. Inc.





Canine Inspection Protocol

Things to Consider Prior to the Inspection

A Bed bug inspection dog is scheduled to perform an inspection for you on the following date: 6/13/12; 12:00-3:00

The dog is trained and certified to work directly with a specific handler who will guide him/her. The dog's sole job is to attempt to find live Bed bugs or viable eggs. In an effort to make the inspection results the most effective possible, we will ask that you prepare for his/her visit by following these instructions:

- 1.) Do not use any type of insect spray for thirty (30) days prior to the inspection.
- 2.) Do not smoke for at least two (2) hours before the inspection.
- 3.) Bunk bed-tops must be removed and placed on floor.
- 4.) **Do not place anything on or around bed frame, box spring, or mattress. All mattress and box springs must be accessible on all sides for complete inspection to be done.**
- 5.) Remove all pets. Aquariums and birdcages should be covered.
- 6.) If there is a litter box in the house, please be sure it is emptied/cleaned out prior to the inspection.
- 7.) Remove and put away all food items on counters, tables, etc.
- 8.) Remove all pet food and water from the floor or counters.
- 10.) Vacuum all rugs and floor surfaces.
- 11.) Do not use any type of household cleaner or disinfectant for at least two (2) days prior to the inspection.
- 12.) Put away all household cleaners, disinfectants, or any other strong scented items.
- 13.) Discontinue the use of any type of air freshener or deodorizer for one (1) day prior to the inspection. This includes: carpet deodorizers, scented candles, air fresheners (solid, spray, or plug-in), incense, or anything that is used to cover or mask an odor.

As previously stated, the canine is a working dog and works best without any distractions. We ask that you do not attempt to pat or play with him/her. Please listen to and follow any concerns and/or instructions that the handler may have while the canine detective is working. ******THE DOG HANDLER WILL ASK YOU TO LEAVE YOUR UNIT/RESIDENCE******

Please direct ANY questions that you may have to our office BEFORE the arrival of the dog(s). You may contact us at 1-800-439-7716.

Thank you for all of your efforts to prepare for this service. (Rvsd.11/16/11)

A Registered Integrated Pest Management Company
 Protecting Health, People and Property since 1939

P.O. BOX F KENNEBUNKPORT, ME 04046
 P.O. BOX 203 BRUNSWICK, ME 04011
 (800) 439-7716 (207) 985-7716
 Fax (207) 985-8565
 www.GOatlanticgreen.com

Bill To: [133502]
 WESTON ASSOCIATES
 MANAGEMENT OFFICE
 206 STATE STREET
 PORTLAND, ME 04101

Sec. Code
 Account # Exp Date \$

Signature _____
 WORK ORDER: 292735
 WORK DATE: 06/13/12
 Wednesday

Work Location: [133502] 207-828-1274
 WESTON ASSOCIATES
 145 SPRING STREET
 CARLTON COURT
 PORTLAND, ME 04101

Service Slip/Invoice METER NUMBER:

PLEASE REMIT THIS PORTION WITH YOUR PAYMENT

Work Date	Time	Scheduled By	Technician	Time In
06/13/12	12:00-3:00	ASH <i>Bella</i>	SAHAR FOSTER	11:25
Target Pest	Exp. Date	Terms	Map Code	Technician License #
N/A				11.45

DO NOT ENTER ANY UNIT WITHOUT A STAFF MEMBER FROM WESTON WITH YOU
 ONTO SPRING STREET; BUILDING ON THE LEFT; BRICK BUILDING; SIGN ON BUILDING
 SAYS "CARLTON COURT"
 *****NOTE: WHEN DOING A C & C TREATMENT AT THIS LOCATION, DO NOT USE AEROSOL

Service	Description	Price
FOLLOW UP K9	INSPECT AFTER HEAT	0.00
INSPECT UNITS E & N AFTER HEAT TREATMENT ON 5/10/12; SENT E-MAIL TO NANCY ON 6/6 WITH CANINE PROTOCOL		SUBTOTAL 0.00 TAX 0.00 TOTAL 0.00 AMOUNT DUE \$ 0.00

**see summary for details*

Chemical	EPA Reg #	Dosage	AI	Amount	Material	EPA Reg #	Dosage	AI	Amount
1. Demand CS	100-1066		Lambda-cyhalothrin		9. Bedlam	1021-1767	.40%	D-phenothrin	
2. Talstar PL	279-3168	.2%	Bifenthrin		10. Gentrol IGR	2724-351	9%	Hydroprene	
3. Contrac Blox	12455-79	.005%	Bromadiolone		11. Kicker	432-1145		Pyrethrins	
4. Flusher	1021-1761-72113	3.13%	Pyrethrins		12. Exciter	655-798		Pyrethrins	
5. Termidor SC	7969-210		Fipronil		13. Mother Earth D	499-509	100%	Diatomaceous Earth	
6. Maxforce C/A Gel	432-1264	.001%	Fipronil		14. Temprid SC	432-1483		Imidacloprid	
7. Maxforce FC Roach	432-1259	.01%	Fipronil		15. Phantom	241-392		Chlorfenapyr	
8. Tri-Die	499-385		Pyrethrins		16. Phantom Aerosol	7969-285	.5%	Chlorfenapyr	

Service Areas: Numbers correspond to line numbers above

<input checked="" type="checkbox"/> Attic	<input checked="" type="checkbox"/> Bedroom(s)	<input type="checkbox"/> Garage	<input type="checkbox"/> Perimeter	<input type="checkbox"/> Eaves
<input checked="" type="checkbox"/> Baseboards	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Sill Area	<input type="checkbox"/> Utility Rm
<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Dining Room	<input type="checkbox"/> Living Room	<input type="checkbox"/> Under Equipment	<input type="checkbox"/> Drop Ceiling
<input type="checkbox"/> Bathroom(s)	<input type="checkbox"/> Furniture	<input type="checkbox"/> Outside	<input type="checkbox"/> Wall Voids	

Method of Treatment: Numbers correspond to line numbers above

<input type="checkbox"/> Backpack	<input type="checkbox"/> Duster	<input type="checkbox"/> Mouse Station	<input type="checkbox"/> Weather Conditions
<input type="checkbox"/> Broadcast	<input type="checkbox"/> Granulate	<input type="checkbox"/> Rat Station	<input type="checkbox"/> Wind speed / Direction
<input type="checkbox"/> C & C	<input type="checkbox"/> Monitors	<input type="checkbox"/> Spot Treatment	<input type="checkbox"/> Temp
			<input type="checkbox"/> Sky
			<input type="checkbox"/> Approx Footage

Tech Comments:

NO HITS

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above. The Atlantic Pest Solutions Companies are expressly waived and released from any claim for personal injury or damages to the structure or its contents caused by wood infesting organisms, insects, rodents, or other pests.

Customer agrees to pay accrued expenses in the event of collection. **PLEASE PAY FROM THIS INVOICE** X *Charles Bern*
 CUSTOMER SIGNATURE

06-20-12 10:15 RCVD

INVOICE

Bill To [133502] WESTON ASSOCIATES MANAGEMENT OFFICE 206 STATE STREET PORTLAND, ME 04101	Service Address [133502] WESTON ASSOCIATES 145 SPRING STREET CARLTON COURT PORTLAND, ME 04101
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Invoice #	395768	Technician	PHILLIP SAWYER
Invoice Date	05/10/2012	License #	
Service Date	05/10/2012	Target Pest	ASH
Time In	08:04 AM	Terms	CHECK AT SERVICE
Time Out	05:22 PM	Purchase Order	

Service	Description	Price
HEAT UNIT	APT. M; HEAT TREATMENT	\$1,600.00
OTHER	1 TWIN XL 9"	\$0.00
Subtotal		\$1,600.00
Tax		\$0.00
Total		\$1,600.00
Amount Paid		\$0.00
Balance		\$1,600.00

Thank you for your business! If you have any questions, please call us.

Order/Service Instructions

APT. M; **NEED 6 HEATERS**M.C. BILLED
IF UNIT WAS NOT PREPARED PROPERLY:
A.) NO SERVICE PROVIDED - \$500 FEE ASSESED ____
B.) UNIT SERVICED - NO WARRANTY APPLIES ____
IF UNIT WAS NOT PREPARED PROPERLY:
A.) NO SERVICE PROVIDED - \$500 FEE ASSESED ____
B.) UNIT SERVICED - NO WARRANTY APPLIES ____

CARLETON COURT

APPROVED	6490-001 Exterminating
DATE	6/20/12 11600.00

Pest Management Service Agreement

133502



P.O. BOX F KENNEBUNKPORT, ME 04046
 (800) 439-7716 (207) 985-7716
 FAX (207) 985-8565

www.atlanticpestsolutions.net

A Registered Integrated Pest Management Company Protecting Health, People and Property since 1939



CUSTOMER WESTON ASSOC. MGMT. CO			SERVICE CONTACT NANCY GRADY		
STREET 206 STATE STREET			SERVICE LOCATION 145 SPRING STREET		
CITY PORTLAND	STATE ME	ZIP 04101	CITY PORTLAND	STATE ME	ZIP 04101
PHONE 207-828-1274	FAX		TYPE OF PROPERTY TO BE SERVICED APARTMENT BUILDING		<input type="checkbox"/> RENEWAL
CELL PHONE	SERVICE PHONE		SERVICE TO BE PERFORMED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> OTHER Bed bug		
EMAIL ADDRESS ngrady@waboston.com			DATE SERVICE BEGINS 5/10/12		EXPIRATION DATE N/A

SERVICE AGREEMENT : The Atlantic Pest Solutions Companies, as the CONTRACTOR, agrees to manage the below named pests in accordance with the terms and conditions of this Service Agreement. All labor and materials will be furnished to provide the most efficient pest management.

PESTS TO BE MANAGED:

HEAT REMEDIATION OF BED BUGS IN UNIT(S) "M"
 PRICE IS PER UNIT AT \$1600.00; MATTRESS COVERS: \$62.00; TOTAL COST: \$1662.00

SPECIAL INSTRUCTIONS:

This Service Contract for remedial treatment only of Bed Bugs (the "Contract") is entered into by and between the Customer named above (the "Customer") and Atlantic Pest Solutions Companies ("APS"). All terms and conditions of the Contract are contained herein and are limited only to the treatment of Bed Bugs (*Cimex Lectularius*), and DO NOT apply either to the treatment of or protection against any other pests nor to the provision of any other service whatsoever.

1. **SERVICES PROVIDED.** For purposes of this Contract, "control" is defined as the periodic reduction of existing bed bug infestations within practical limits. Customer acknowledges that, while the methods used by APS are effective for the purposes intended, there is no guarantee that the Bed Bugs will be eradicated completely or permanently. New infestation can appear if Bed Bugs are reintroduced into the structure. The treatments and services provided hereunder apply only to the infestation detected by APS at the initial inspection. Treatment of new or additional infestations, if any, that appear after the initial inspection and treatment, shall be subject to a separate Agreement and fee.

2. **AREAS SERVICED.** APS will attempt to detect and treat potential Bed Bug infestation and activity within the structure of the premises as it deems appropriate in its sole discretion. Customer agrees to provide access to all areas and contents of the structure at the scheduled time of service. In the event APS is denied access to any part of the interior of the structure or

TERMS AND CONDITIONS: The CUSTOMER warrants full cooperation with the CONTRACTOR during the life of the agreement and agrees to maintain the service areas free from any condition contributing to infestation. The CUSTOMER agrees to pay cash upon completion of initial work unless otherwise specified herein. The CONTRACTOR agrees to furnish the services indicated herein. The CONTRACTOR accepts this agreement by performing services, or offering to perform services specified herein. It is further agreed that in the event of default by the CUSTOMER in the payment of the contract price, or any part thereof under this agreement, the CONTRACTOR shall be released from guarantees, further inspections and servicing as herein provided, and the CUSTOMER agrees to pay costs, including attorney's fees, of collecting monies due for services rendered. All bills not paid within 30 days are subject to a late payment service charge of 18% per annum (1.5% per month).

THE ATLANTIC PEST SOLUTIONS COMPANIES, INC. IS EXPRESSLY WAIVED AND RELEASED FROM ANY CLAIM FOR PERSONAL INJURY OR DAMAGES TO THE STRUCTURE OR ITS CONTENTS CAUSED BY WOOD INFESTING ORGANISMS, INSECTS, RODENTS OR OTHER PESTS.

INITIAL SERVICE CHARGE	\$ 1662.00	BY	_____	DATE	5/15/12
		CONTRACTOR	(AUTHORIZED SIGNATURE)		
ANNUAL AGREEMENT CHARGE	\$ _____	Jeff Haines, Sales Manager	_____		
		(PRINT SIGNER'S NAME AND TITLE)			
<input type="checkbox"/> MONTHLY		FOR	_____	DATE	_____
<input type="checkbox"/> QUARTERLY PAYMENTS	\$ _____	CUSTOMER	(AUTHORIZED SIGNATURE)		
	\$ _____		(PRINT SIGNER'S NAME AND TITLE)		

THANK YOU FOR GIVING US THE OPPORTUNITY TO PRESENT THIS PROPOSAL

Pest Management Service Agreement

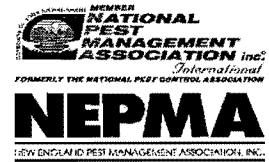
133502



P.O. BOX F KENNEBUNKPORT, ME 04046
 (800) 439-7716 (207) 985-7716
 FAX (207) 985-8565

www.atlanticpestsolutions.net

A Registered Integrated Pest Management Company Protecting Health, People and Property since 1939



CUSTOMER WESTON ASSOC. MGMT. CO			SERVICE CONTACT NANCY GRADY		
STREET 206 STATE STREET			SERVICE LOCATION 145 SPRING STREET		
CITY PORTLAND	STATE ME	ZIP 04101	CITY PORTLAND	STATE ME	ZIP 04101
PHONE 207-828-1274	FAX		TYPE OF PROPERTY TO BE SERVICED APARTMENT BUILDING		<input type="checkbox"/> RENEWAL
CELL PHONE	SERVICE PHONE		SERVICE TO BE PERFORMED <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input checked="" type="checkbox"/> OTHER Bed bug		
EMAIL ADDRESS ngrady@waboston.com			DATE SERVICE BEGINS 5/10/12		EXPIRATION DATE N/A

SPECIAL INSTRUCTIONS:

its contents, APS may not provide treatment and Customer agrees to pay a service of \$500.00 plus will be charged for a return visit (when it is determined to be ready) to provide treatment to the unit as priced on agreement. APS requires a 24 Hr cancellation notification otherwise the above charge will apply.

3. CUSTOMER'S OBLIGATIONS. Customer agrees to ensure that all preparation from attached is completed and to maintain the premises subject to this Contract in a condition which doesn't promote further infestations of Bed Bugs. Specifically, Customer agrees to maintain the premises in a clutter free condition and to keep the structure in such a state of repair so as to avoid providing easily accessible means of access to Bed Bugs.

4. PERFORMING THE WORK. APS will perform the work in a workmanlike manner consistent with established industry practices. APS will exercise reasonable care while performing any work hereunder to try to avoid damaging any part of the structure(s), plants or animals. Under no circumstances or conditions shall APS be responsible for damage caused by APS at the time the work is performed except those damages resulting from its gross negligence.

Customer acknowledges that its failure to adhere to APS's treatment recommendations may interfere with the effectiveness of APS's treatments. Customer specifically accepts sole responsibility for the consequences of the following: (a) failure or refusal to clean, treat, or, where necessary, discard known contaminated/infested property (including without limitation mattresses, furniture, clothing, suitcases or other personal property); (b) failure or refusal to seal, clean, or where necessary, repair known or potential sources of insect harborage (such as sealing cracks and crevices in walls and floors or securing loose wallpaper); and (c) failure to remove excessive debris.

5. Heat Remediation is a very effective tool and the use of a portable generator is necessary to perform the work. Noise is kept as low as possible and it is with the understanding that this process uses a portable generator and also the uses of heating units inside a room are necessary. Window access has to be allowed for the cords to be brought into a unit.

6. On site parking spaces for the duration of the service must be arranged by owner. Once equipment is established it cannot be moved until service is complete.

7. K-9 inspection included at 30 days after heat treatment.

8. In the event that APS is asked to appear in court for any legal action in any Bed bug related issue pertaining to this unit(s), APS will be compensated at a rate of \$90.00 per person per hour.

9. PAYMENT: 50 % down at time appointment is booked; remaining balance due on day of treatment.

10. PICTURES MAY BE TAKEN FOR OUR RECORDS, NOT TO BE SHARED BUT FOR INTERNAL AND LEGAL ISSUES.

Any questions please contact Jeff Haines at 207-205-2935.

BY CONTRACTOR		FOR CUSTOMER	
_____	DATE 5/15/12	_____	DATE _____
(AUTHORIZED SIGNATURE)		(AUTHORIZED SIGNATURE)	
Jeff Haines, Sales Manager			
(PRINT SIGNER'S NAME AND TITLE)		(PRINT SIGNER'S NAME AND TITLE)	

THANK YOU FOR GIVING US THE OPPORTUNITY TO PRESENT THIS PROPOSAL



Service Slip / Invoice

INVOICE: 395769
 DATE: 05/09/12
 ORDER: 395769

Bill-To: [133502]
 WESTON ASSOCIATES
 MANAGEMENT OFFICE
 206 STATE STREET
 PORTLAND, ME 04101

Work Location: [133502] 207-828-1274
 WESTON ASSOCIATES
 145 SPRING STREET
 CARLTON COURT
 PORTLAND, ME 04101

Work Date: 05/09/12 Time: 12:36 PM Target Pest: ASH Technician: GLENN CHRETIEN Time In: [blank]
 Purchase Order: [blank] Terms: [blank] Last Service: [blank] Map Code: [blank] Time Out: [blank]

N/A CHECK AT SERVICE 05/09/12 Lic. # COA421307A

Service	Description	Amount
BED BUGS	UNITS E & M; C & C TREAT	\$250.00
TREATED BASEBOARDS OF UNIT E M WITH PHANTOM GENTROL MIX TODAY FOCUSING ON GAP OF BASEBOARDS AND RUG BOTH UNITS BASEBOARDS ACCESSABLE USE CHAPT 26 AS DOOR NOTE INSIDE UNITS TIME TO REENTER ON SHEET ON DOOR WITH MINOR INSPECTION NO BED BUGS FOUND SCHEDULED PER NANCY; CRACK & CREVICE CHEMICAL TREATMENT IN UNITS E & M; E-MAILED THE CHAPTER 26 NOTICE TO HER ON 5/1/12		
SUBTOTAL		\$250.00
TAX		\$0.00
TOTAL		\$250.00
AMT. PAID		\$0.00
BALANCE		\$250.00

CARLETON COURT
 APPROVED [Signature] 6490-001 Exterminating
 DATE NG 5/15/12 250.00

[Signature]
 TECHNICIAN SIGNATURE

* Charges outstanding over 30 days from the date of service are subject to a 1% FINANCE CHARGE PER MONTH or annual percentage rate of 18%. Customer agrees to pay accrued expenses in the event of collection. I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

PLEASE PAY FROM THIS INVOICE

[Signature]
 MAINT LEFT
 CUSTOMER SIGNATURE



Service Slip / Invoice

INVOICE: 397479
 DATE: 05/10/12
 ORDER: 397479

Bill-To: [133502]
 WESTON ASSOCIATES
 MANAGEMENT OFFICE
 206 STATE STREET
 PORTLAND, ME 04101

Work Location: [133502] 207-828-1274
 WESTON ASSOCIATES
 145 SPRING STREET
 CARLTON COURT
 PORTLAND, ME 04101

05-23-12 14:10

Work Date	Time	Target Pest	Technician	Time In
05/10/12	08:00 AM	ASH	OFFICE	OFFICE USE ONLY OFFICE USE ONLY
Purchase Order	Terms	Last Service	Map Code	Time Out
MATTRESS COVERS	CHECK AT SERVICE	05/11/12		

Service	Description	Amount
MATTRESS COVERS	APT. M; ONE (1) TWIN XL 6"	\$55.00
MATTRESS COVERS FOR APT. M; HEAT TREATMENT SCHEDULED FOR 5/10/12		
	SUBTOTAL	\$55.00
	TAX	\$0.00
	TOTAL	\$55.00
	AMT. PAID	\$0.00
	BALANCE	\$55.00

CARLETON COURT
 APPROVED | 6490-001 Misc Op Exterminating
 DATE | 5/23/12 | 55.00

* Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%. Customer agrees to pay accrued expenses in the event of collection. I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

X

CUSTOMER SIGNATURE

PLEASE PAY FROM THIS INVOICE

ATLANTIC PEST SOLUTIONS
 1903 PORTLAND ROAD
 PO BOX F
 KENNEBUNKPORT, ME 04046
 800-439-7716

05-11-12 09:45 RCVD

INVOICE

Bill To [133502] WESTON ASSOCIATES MANAGEMENT OFFICE 206 STATE STREET PORTLAND, ME 04101	Service Address [133502] WESTON ASSOCIATES 145 SPRING STREET CARLTON COURT PORTLAND, ME 04101
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Invoice #	395663	Technician	SARAH FOSTER
Invoice Date	05/04/2012	License #	
Service Date	05/04/2012	Target Pest	ASH
		Terms	CHECK AT SERVICE
		Purchase Order	N/A

Service	Description	Price
INSP BB DOG	INSPECT N, P, Q, F, & A	\$125.00
	Subtotal	\$125.00
	Tax	\$0.00
	Total	\$125.00
	Amount Paid	\$0.00
	Balance	\$125.00

CARLETON COURT		
APPROVED	6490-001	Exterminating
DATE	5/11/12	125.00

Thank you for your business! If you have any questions, please call us.

Order/Service SCHEDULED PER NANCY; INSPECTION FOR BED BUGS IN UNITS N, P, Q, F,
 Instructions & A; EMAILED CANINE PROTOCOL TO HER ON 5/1/12



Sec. Code _____ Account # _____ Exp Date _____ \$ _____

Atlantic Pest Management Company
Protecting People and Property since 1939

P.O. BOX F KENNEBUNKPORT, ME 04046
P.O. BOX 203 BRUNSWICK, ME 04011
(800) 439-7716 (207) 985-7716
Fax (207) 985-8565
www.GOatlanticgreen.com

Signature _____
WORK ORDER: 390663
WORK DATE: 05/04/12
Friday

Bill To: [133502]
WESTON ASSOCIATES
MANAGEMENT OFFICE
204 STATE STREET
PORTLAND, ME 04101

Work Location: [133502] 207-828-1274
WESTON ASSOCIATES
145 SPRING STREET
CARLTON COURT
PORTLAND, ME 04101

Service Slip/Invoice

METER NUMBER: _____

PLEASE REMIT THIS PORTION WITH YOUR PAYMENT

Work Date	Time	Scheduled By	Technician	Time In	
05/04/12	11:00-3:00	ASH	DARRECK DARRECK	11:31	
Target Pest	Exp. Date	Terms	Map Code	Technician License #	Time Out
N/A			Beech	JARAH FOOTER	11:55

TURN ONTO SPRING STREET; BUILDING ON THE LEFT; BRICK BUILDING; SIGN ON BUILDING SAYS "CARLTON COURT"
*****NOTE: WHEN DOING A C & C TREATMENT AT THIS LOCATION, DO NOT USE AEROSOL PER SCOTT STEVENS*****

Service	Description	Price
1-SP BB DOG	INSPECT N, P, Q, F, & A	125.00
SCHEDULED PER NANCY; INSPECTION FOR BED BUGS IN UNITS N, P, Q, F, & A; EMAILED CANINE PROTOCOL TO HER ON 5/1/12		SUBTOTAL 125.00
		TAX 0.00
		TOTAL 125.00
		AMOUNT DUE \$ 125.00

see summary for details

Chemical	EPA Reg #	Dosage	AI	Amount	Material	EPA Reg #	Dosage	AI	Amount
1. Demand CS	100-1066		Lambda-cyhalothrin		9. Bedlam	1021-1767	.40%	D-phenothrin	
2. Talstar PL	279-3168	.2%	Bifenthrin		10. Gentrol IGR	2724-351	9%	Hydroprene	
3. Contrac Blox	12455-79	.005%	Bromadiolone		11. Kicker	432-1145		Pyrethrins	
4. Flusher	1021-1761-72113	3.13%	Pyrethrins		12. Exciter	655-798		Pyrethrins	
5. Termidor SC	7969-210		Fipronil		13. Mother Earth D	499-509	100%	Diatomaceous Earth	
6. Maxforce C/A Gel	432-1264	.001%	Fipronil		14. Temprid SC	432-1483		Imidacloprid	
7. Maxforce FC Roach	432-1259	.01%	Fipronil		15. Phantom	241-392		Chlorfenapyr	
8. Tri-Die	499-385		Pyrethrins		16. Phantom Aerosol	7969-285	.5%	Chlorfenapyr	

Service Areas: Numbers correspond to line numbers above

<u>UTAD</u> Attic	<u>UTAD</u> Bedroom(s)	Garage	Perimeter	Edges
<u>UTAD</u> Baseboards	Cabinets	Kitchen	Sill Area	Utility Rm
Basement	Dining Room	Living Room	Under Equipment	Drop Ceiling
Bathroom(s)	Furniture	Outside	Wall Voids	

Method of Treatment: Numbers correspond to line numbers above

Backpack	Duster	Mouse Station	Weather Conditions
Broadcast	Granulate	Rat Station	Wind speed / Direction
C & C	Monitors	Spot Treatment	Temp
			Sky
			Approx Footage

Tech Comments:

A - NOT done
NO MITS

* Charges outstanding over 30 days from date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%.

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above. The Atlantic Pest Solutions Companies are expressly waived and released from any claim for personal injury or damages to the structure or its contents caused by wood infesting organisms, insects, rodents, or other pests.

PLEASE PAY FROM THIS INVOICE

Stamper
CUSTOMER SIGNATURE

PEST CONTROL NOTIFICATION

Date: 05/01/2012

From: Patraic Hodgson
206 State Street
Portland, ME 04101
207-828-1274

To: Theresa Benham
145 Spring Street Unit M
Portland, ME 04101

Dear Theresa Benham:

As a result of the canine inspection of your unit on 04/30/12 there was a positive identification of bed bugs. On 05/04/12 Atlantic Pest Solutions will begin a multi-step process of bedbug treatments resulting from the positive identification of a bedbug infestation.

The first step of the process is the evaluation of your unit for heat treatment. The heat evaluation is scheduled for 05/04/12 with arrival time between 9am-1pm. During the evaluation, your unit will be inspected in an effort to direct you regarding specific items that you may need to focus on removing or preparing for heat treatment.

On 05/09/12 with an arrival time between 12pm-3pm, your unit is scheduled to receive a crack and crevice chemical treatment to prevent the spread of bedbugs from one unit to another. While there are no specific preparations for this treatment, all occupants and all pets must be out of the unit during the process. Be prepared to vacate your unit for up to 4 hours after the treatment and keep the enclosed Chapter 26 notice posted on your door for the 48 hours that follow treatment.

On 05/10/12 your unit is scheduled for heat treatment. Instructions for preparation are enclosed and require significant time. Do not delay in beginning to prepare for the heat treatment as there is a direct relationship between the preparation of your unit and the success of the treatment.

Compliance with the terms of treatment is not optional and failure to adequately prepare your unit for treatment will result in a \$500.00 cancellation fee that you may be held responsible for. Please contact Atlantic Pest Solutions directly with any preparation or treatment related questions. The phone number is on the third page of the treatment instructions.

Sincerely,

Weston Associates Management Co. Inc.



Professionally Managed By
WA Weston Associates Management Co., Inc.
Boston, MA
www.weston-associates.com





IMPORTANT NOTICE
PREPARATION INSTRUCTIONS FOR
EXTERMINATION OF BED BUGS BY HEAT TREATMENT

Your apartment will be treated on: 5/10/12

YOUR COOPERATION IS REQUIRED IN PREPARING YOUR APARTMENT FOR TREATMENT BY COMPLETING THESE STEPS PRIOR TO THE SCHEDULED TREATMENT DATE. IF YOU CANNOT COMPLY WITH THIS TREATMENT DATE, NOTIFY MANAGEMENT AS SOON AS POSSIBLE.

- 1. ALL OCCUPANTS AND ALL PETS MUST BE OUT OF THE UNIT DURING THE HEATING PROCESS. BE PREPARED TO VACATE FOR A PERIOD OF AT LEAST EIGHT (8) HOURS FROM THE TIME THE TECHS ARRIVE AT YOUR UNIT.**
- 2. THE FOLLOWING ITEMS SHOULD BE REMOVED FROM THE TREATMENT AREA AS THE HIGHER TEMPERATURES ATTAINED DURING THE TREATMENT MAY CAUSE DAMAGE:**
 - A. ANYTHING PRESSURIZED SUCH AS SPRAY CANS, FIRE EXTINGUISHERS, OXYGEN BOTTLES, ETC.**
 - B. PICTURE ALBUMS**
 - C. WOODEN AND STRINGED INSTRUMENTS THEMSELVES SHOULD BE REMOVED; HOWEVER LEAVE THE CASES**
 - D. CHOCOLATE AND OTHER SOFT CANDY**
 - E. PLANTS**
 - F. CANDLES, LIPSTICKS AND LIP BALM OR ANY OTHER WAX BASED ITEMS**
 - G. MEDICINES**
 - H. AQUARIUMS MUST HAVE FISH REMOVED. UPON RETURNING, TAKE A TEMPERATURE READING OF THE WATER ***BEFORE*** FISH ARE RETURNED TO ENSURE THAT THE TEMPERATURE IS SAFE FOR THE FISH.**
 - I. FRESH FRUITS AND VEGETABLES**
 - J. *ANY ITEM OF SPECIFIC VALUE (I.E COLLECTABLES, FAMILY HEIRLOOMS, ETC) THAT COULD NOT BE REPLACED IF IT WAS DAMAGED, SHOULD BE REMOVED.***
- 3. ANY ITEMS THAT YOU REMOVE (AS NOTED ABOVE) SHOULD BE PACKED IN TIGHTLY SEALED PLASTIC CONTAINERS OR IN PLASTIC BAGS. CAREFULLY INSPECT THE ITEMS BEFORE YOU PACKAGE THEM UP TO REMOVE. IF THERE IS ANY BED BUG ACTIVITY ON THE ITEM, LEAVE THE ITEM IN THE BATHROOM. WE WILL ATTEMPT TO TREAT THE ITEM BUT WILL NOT BE RESPONSIBLE FOR ANY**

DAMAGE. NOTE: DO NOT REUSE THE BAGS ONCE YOU RETURN AND PUT THE ITEM BACK.

- 4. ELECTRONIC DEVICES MUST BE UNPLUGGED; THIS INCLUDES COMPUTERS, STEREO'S, TV'S, IPODS, MP3 PLAYERS, GAMING SYSTEMS, CLOCK RADIOS, ETC. LAPTOP COMPUTERS MUST BE UNPLUGGED AND PLACED IN THE BATHROOM WITH THE BATTERY REMOVED. IF THE LAPTOP DOES NOT HAVE A REMOVABLE BATTERY, PLEASE LET THE TECHNICIAN KNOW AS THERE ARE CERTAIN PROCEDURES THAT WE WILL NEED TO FOLLOW.**
- 5. WATERBEDS WILL NEED TO BE DRAINED TO ENSURE THAT THE FRAME IS WELL HEATED.**
- 6. AIRBEDS WILL NEED TO BE PARTIALLY DEFLATED TO PREVENT DAMAGE. PUMPS USED TO INFLATE AIR MATTRESS TYPE BEDS MUST BE UNPLUGGED.**
- 7. SMALL PICTURES/PAPER WORK OR OTHER ITEMS THAT MAY BLOW AROUND WITH HIGH VOLUME AIR MOVEMENT MUST BE PLACED INTO A CONTAINER SUCH AS A WEAVE BASKET OR SIMILAR CONTAINER THAT WILL ALLOW FOR AIR FLOW AROUND THE ITEMS IN THE CONTAINER. DO NOT PLACE IN SOLID CONTAINERS AS THIS RESTRICTS AIR FLOW.**
- 8. DO NOT REMOVE ITEMS FROM THE BEDROOMS AS THE BED BUGS MAY BE HIDING IN THE ITEMS.**
- 9. PRIOR TO OUR ARRIVAL, ALL CLOTHING, BOTH DIRTY AND CLEAN, INCLUDING CLOTHES FROM DRESSERS AND OTHER STORAGE UNITS, BEDDING, LINENS, TOWELS, BLANKETS, COMFORTERS, ETC, AND OTHER CLOTH ARTICLES MUST BE WASHED IN HOT WATER, STEAM CLEANED, DRY CLEANED, OR PLACED IN A DRYER FOR A MINIMUM OF ONE (1) HOUR TO KILL BED BUGS. ONCE THIS IS COMPLETED, LAUNDRY MUST BE STORED IN A TIGHTLY SEALED PLASTIC BAG AND THE BAG SHOULD BE MARKED AS CLEAN. CLOTHING THAT IS HANGING IN CLOSETS IS OK TO LEAVE HANGING. ***IT IS IMPERATIVE THAT ALL LAUNDRY BE DONE PROPERLY BEFORE OUR ARRIVAL.**
- 10. CLOSET SHELVES AND FLOOR AREAS MUST BE CLEARED OF ALL STORED ITEMS. PLACE ANYTHING REMOVED FROM SHELVES AND FLOOR INTO OPEN WEAVE BASKETS OR SIMILAR CONTAINER TO ALLOW FOR AIR FLOW.**
- 11. MATTRESSES AND BOX SPRINGS MUST BE COVERED WITH A MATTRESS COVER THAT WOULD PREVENT ANY BED BUGS HIDING INSIDE FROM EMERGING. THESE ARE AVAILABLE THROUGH ATLANTIC PEST SOLUTIONS AT AN ADDITIONAL COST. OTHER SOURCES FOR THESE COVERS ARE ALSO AVAILABLE.**
- 12. PLEASE NOTE: THE FABRIC COVERING THAT IS ON THE BOTTOM OF THE BOX SPRING (AND OTHER FURNITURE AS WELL) WILL BE REMOVED AND WILL NOT BE REPLACED.**

13. ANY PIECES OF LUGGAGE IN THE UNIT MUST BE EMPTIED OF ALL ITEMS AND LEFT OPEN. ANY ITEMS STORED INSIDE LUGGAGE MUST BE HANDLED IN THE APPROPRIATE MANNER AS PREVIOUSLY DESCRIBED.

14. UPON RE-ENTERING THE UNIT YOU WILL NOTICE A FEW THINGS:

15. A) THE ROOM TEMPERATURES WILL BE ELEVATED. A COOL DOWN PERIOD MAY BE NEEDED TO ATTAIN TEMPERATURES THAT YOU ARE COMFORTABLE WITH. OPEN WINDOWS TO AID IN COOLING.

B) DURING THE REMEDIATION PROCESS A LOT OF SHIFTING AROUND OF YOUR BELONGINGS OCCURS IN AN EFFORT TO GET THE BEST DISTRIBUTION OF THE HEAT. UNFORTUNATELY, IT WILL BE YOUR RESPONSIBILITY TO PUT THINGS BACK WHERE YOU WANT THEM. WE APOLOGIZE FOR ANY INCONVENIENCE THAT THIS WILL CAUSE YOU. THE UNIT WILL NEED TO BE MAINTAINED IN A NEAT, UNCLUTTERED MANNER, TO FACILITATE FOLLOW-UP INSPECTION(S) AS NEEDED.

C) BED BUG ACTIVITY MAY CONTINUE FOR UP TO THIRTY (30) DAYS AFTER TREATMENT. WE ASK THAT YOU LIST WHERE ACTIVITY HAS BEEN NOTED SO THAT THE INFORMATION MAY BE REVIEWED AT A LATER TIME. IF ACTIVITY CONTINUES AFTER THIRTY (30) DAYS LET THE OWNER/MANAGER KNOW.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THESE PROCEDURES, PLEASE DO NOT HESITATE TO CONTACT ATLANTIC PEST SOLUTIONS AT
1-800-439-7716

PLEASE REMEMBER THAT THE SUCCESS OF THIS SERVICE DEPENDS ON YOUR COOPERATION. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN YOU BEING ASSESSED THE COST OF THE SERVICE THAT IS PROVIDED.

THIS WOULD BE A GOOD TIME TO DO A LITTLE HOUSE CLEANING BY REMOVING ANY UNWANTED OR UNNEEDED ITEMS FROM YOUR UNIT. ANYTHING THAT YOU REMOVE OR THROW OUT SHOULD BE TIGHTLY WRAPPED OR SEALED **BEFORE** BEING REMOVED FROM THE UNIT.

PEST CONTROL NOTIFICATION

Date: 4/24/2012

From: Patraic Hodgson, Property Manager
206 State Street
Portland, ME 04101
207-828-1274

To: Theresa Benham
145 Spring Street Unit M
Portland, ME 04101

Dear Theresa Benham:

Atlantic Pest Solutions will be entering your unit to conduct a canine inspection for bed bugs on 4/30/12 arrival between 11am-3pm.

Please see attached canine inspection protocol.

This treatment is not optional and failure to comply will result in charges to your account and/or the pursuit of all options available to management under Maine state law.

We appreciate your cooperation in this matter. Please contact Atlantic Pest Solutions or the Management Office if you have any questions.

Sincerely,

Weston Associates Management Co. Inc.



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Canine Inspection Protocol

Things to Consider Prior to the Inspection

A Bed bug inspection dog is scheduled to perform an inspection for you on the following date: 4/30/12; 11:00-3:00

The dog is trained and certified to work directly with a specific handler who will guide him/her. The dog's sole job is to attempt to find live Bed bugs or viable eggs. In an effort to make the inspection results the most effective possible, we will ask that you prepare for his/her visit by following these instructions:

- 1.) Do not use any type of insect spray for thirty (30) days prior to the inspection.
- 2.) Do not smoke for at least two (2) hours before the inspection.
- 3.) Bunk bed-tops must be removed and placed on floor.
- 4.) **Do not place anything on or around bed frame, box spring, or mattress. All mattress and box springs must be accessible on all sides for complete inspection to be done.**
- 5.) Remove all pets. Aquariums and birdcages should be covered.
- 6.) If there is a litter box in the house, please be sure it is emptied/cleaned out prior to the inspection.
- 7.) Remove and put away all food items on counters, tables, etc.
- 8.) Remove all pet food and water from the floor or counters.
- 10.) Vacuum all rugs and floor surfaces.
- 11.) Do not use any type of household cleaner or disinfectant for at least two (2) days prior to the inspection.
- 12.) Put away all household cleaners, disinfectants, or any other strong scented items.
- 13.) Discontinue the use of any type of air freshener or deodorizer for one (1) day prior to the inspection. This includes: carpet deodorizers, scented candles, air fresheners (solid, spray, or plug-in), incense, or anything that is used to cover or mask an odor.

As previously stated, the canine is a working dog and works best without any distractions. We ask that you do not attempt to pat or play with him/her. Please listen to and follow any concerns and/or instructions that the handler may have while the canine detective is working. ******THE DOG HANDLER WILL ASK YOU TO LEAVE YOUR UNIT/RESIDENCE******

Please direct ANY questions that you may have to our office BEFORE the arrival of the dog(s). You may contact us at 1-800-439-7716.

Thank you for all of your efforts to prepare for this service. (Rvsd. 11/16/11)

ATLANTIC PEST SOLUTIONS
 1903 PORTLAND ROAD
 PO BOX F
 KENNEBUNKPORT, ME 04046
 207-985-7716

Service Slip / Invoice

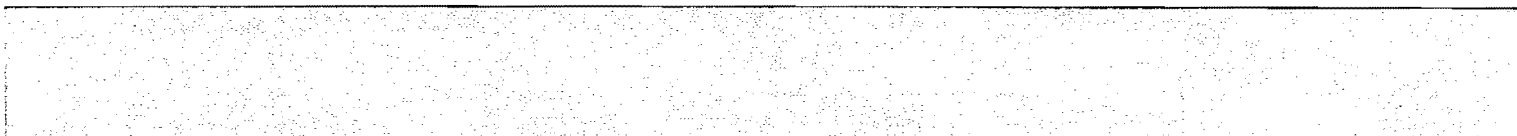
INVOICE:	394395
DATE:	04/30/12
ORDER:	394395

05-07-12 09:30 RCVD

Bill-To: [133502]
 WESTON ASSOCIATES
 MANAGEMENT OFFICE
 206 STATE STREET
 PORTLAND, ME 04101

Work Location: [133502] 207-828-1274
 WESTON ASSOCIATES
 145 SPRING STREET
 CARLTON COURT
 PORTLAND, ME 04101

Work Date	Time	Target Pest	Technician	Time In
04/30/12	11:51 AM	ASH	DARRICK	
			DARRICK MULLEN	
Purchase Order	Terms	Last Service	Map Code	Time Out
N/A	CHECK AT SERVICE	04/30/12		



Service	Description	Amount
INSP BB DOG	INSPECT UNITS E & M	\$75.00
SCHEDULED PER NANCY; INSPECTION FOR BED BUGS IN UNITS E & M; EMAILED CANINE PROTOCOL TO HER ON 4/24/12		
		SUBTOTAL \$75.00
		TAX \$0.00
		TOTAL \$75.00
		AMT. PAID \$0.00
		BALANCE \$75.00

CARLETON COURT

APPROVED | 6490-10 | Exterminating
 DATE | AL | 5/7/12 | 75-10

* Charges outstanding over 30 days from the date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or annual percentage rate of 18%. Customer agrees to pay accrued expenses in the event of collection. I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above.

X

CUSTOMER SIGNATURE

PLEASE PAY FROM THIS INVOICE

PEST CONTROL NOTIFICATION

Date: 08/25/2011

From: Jennifer Herschell, Senior Property Manager
145 Spring Street
Portland, ME 04101
207-828-1274

To: Theresa Benham
145 Spring Street Unit M
Portland, ME 04101

Dear Theresa Benham:

Your apartment will receive an inspection for bed bugs on 8/29/11 between 12-4 pm.

This is a canine inspection by Atlantic Pest Solutions. Your apartment will be checked thoroughly by a representative of Atlantic Pest Solutions. A Weston Associates representative will be present.

This treatment is not optional and failure to comply may result in charges to your account and/or the pursuit of all options available to management under Maine state law.

We appreciate your cooperation in this matter. Please contact Atlantic Pest Solutions or the Management Office if you have any questions.

Sincerely,

Weston Associates Management Co. Inc.



 **COPY**

m

Atlantic
PEST SOLUTIONS
C O M P A N I E S

Canine Inspection Protocol

Things to Consider Prior to the Inspection

A Bed bug inspection dog is scheduled to perform an inspection for you on the following date: 8/29/11; 12:00-4:00

The dog is trained and certified to work directly with a specific handler who will guide him/her. The dog's sole job is to attempt to find live Bed bugs or viable eggs. In an effort to make the inspection results the most effective possible, we will ask that you prepare for his/her visit by following these instructions:

- 1.) Do not use any type of insect spray for thirty (30) days prior to the inspection.
- 2.) Do not smoke for at least two (2) hours before the inspection.
- 3.) Bunk beds-top will be removed and placed on floor
- 4.) Do not place anything on or around bed frame, box spring or mattress.
- 5.) The bed/frame itself must be free of all items around it's perimeter to allow for a complete inspection of the bed. This may mean that you will have to move the bed away from the walls prior to the inspection.
- 6.) Remove all pets. Aquariums and birdcages should be covered.
- 7.) If there is a litter box in the house, please be sure it is emptied/cleaned out prior to the inspection.
- 8.) Remove and put away all food items on counters, tables, etc.
- 9.) Remove all pet food and water from the floor or counters.
- 10.) Vacuum all rugs and floor surfaces.
- 11.) Do not use any type of household cleaner or disinfectant for at least two (2) days
- 12.) Put away all household cleaners, disinfectants, or any other strong scented items.
- 13.) Discontinue the use of any type of air freshener or deodorizer for one (1) day prior to the inspection. This includes: carpet deodorizers, scented candles, air fresheners (solid, spray, or plug-in), incense, or anything that is used to cover or mask an odor.

As previously stated, the canine is a working dog and works best without any distractions. We ask that you do not attempt to pat or play with him/her. Please listen to and follow any concerns and/or instructions that the handler may have while the canine detective is working. ******THE DOG HANDLER WILL ASK YOU TO LEAVE YOUR UNIT/RESIDENCE******

Please direct ANY questions that you may have to our office BEFORE the arrival of the dog(s). You may contact us at 1-800-439-7716.

Thank you for all of your efforts to prepare for this service. (Rvsd.12/21/10)

A Registered Integrated Pest Management Company
 Protecting Health, People and Property since 1939

P.O. BOX F KENNEBUNKPORT, ME 04046
 P.O. BOX 203 BRUNSWICK, ME 04011
 (800) 439-7716 (207) 985-7716
 Fax (207) 985-8565
 www.GOatlanticgreen.com

Sec. Code AMERICAN EXPRESS Discover VISA M/C
 Account # _____ p Date _____ \$ _____

Signature _____
 WORK ORDER #: 352720
 WORK DATE: 08/29/11
 Monday

Work Location: [133502] 207-828-1274
 WESTON ASSOCIATES
 145 SPRING STREET
 CARLTON COURT
 PORTLAND, ME 04101

Bill To: [133502]
 WESTON ASSOCIATES
 MANAGEMENT OFFICE
 206 STATE STREET
 PORTLAND, ME 04101

Service Slip/Invoice METER NUMBER: _____
 PLEASE REMIT THIS PORTION WITH YOUR PAYMENT

Work Date	Time	Scheduled By	Technician	Time In	
08/29/11	12:00-4:00	ASH	SARAH FOSTER	12:39	
Target Pest	Exp. Date	Terms	Map Code	Technician License #	Time Out

N/A

TURN ONTO SPRING STREET; BUILDING ON THE LEFT; BRICK BUILDING; SIGN ON BUILDING SAYS "CARLTON COURT"
 ****NOTE: WHEN DOING A C & C TREATMENT AT THIS LOCATION, DO NOT USE AEROSOL PER SCOTT STEVENS****

Service	Description	Price
FOLLOW UP K9	INSPECT AFTER HEAT	0.00
INSPECT UNIT IN AFTER HEAT TREATMENT ON 7/27/11; **SARAH ONLY FOR THIS INSPECTION**SENT E-MAIL TO NANCY ON 8/19/11 WITH CANINE PROTOCOL	SUBTOTAL	0.00
	TAX	0.00
	TOTAL	0.00
	AMOUNT DUE \$	0.00

Material	EPA Reg #	Dosage	AI	Amount	Material	EPA Reg #	Dosage	AI	Amount
1. Demand CS	100-1066		Lambda-cyhalothrin		9. Bedlam	1021-1767	.40%	D-phenothrin	
2. Talstar PL	279-3168	.2%	Bifenthrin		10. Gentrol IGR	2724-351	9%	Hydroprene	
3. Contrac Blox	12455-79	.005%	Bromadiolone		11. Kicker	432-1145		Pyrethrins	
4. Flusher	1021-1761-72113	3.13%	Pyrethrins		12. Exciter	655-798		Pyrethrins	
5. Termidor SC	7969-210		Fipronil		13. Mother Earth D	499-509	100%	Diatomaceous Earth	
6. Maxforce C/A Gel	432-1264	.001%	Fipronil		14. Temprid SC	432-1483		Imidacloprid	
7. Maxforce FC Roach	432-1259	.01%	Fipronil		15. Phantom	241-392		Chlorfenapyr	
8. Tri-Die	499-385		Pyrethrins		16. Phantom Aerosol	7969-285	.5%	Chlorfenapyr	

Service Areas: Numbers correspond to line numbers above

Attic	Bedroom(s)	Garage	Perimeter	Eaves
Baseboards	Cabinets	Kitchen	Sill Area	Utility Rm
Basement	Dining Room	Living Room	Under Equipment	Drop Ceiling
Bathroom(s)	Furniture	Outside	Wall Voids	

Method of Treatment: Numbers correspond to line numbers above

Backpack	Duster	Mouse Station	Weather Conditions
Broadcast	Granulate	Rat Station	Wind speed / Direction
C & C	Monitors	Spot Treatment	Temp
			Sky
			Approx Footage

Tech Comments:
 NO HITS

Charges outstanding over 30 days from date of service are subject to a 1% FINANCE CHARGE PER MONTH at an annual percentage rate of 18%. Customer agrees to pay accrued expenses in the event of collection.

I hereby acknowledge the satisfactory completion of all services rendered, and agree to pay the cost of services as specified above. The Atlantic Pest Solutions Companies are expressly waived and released from any claim for personal injury or damages to the structure or its contents caused by wood infesting organisms, insects, rodents, or other pests.

PLEASE PAY FROM THIS INVOICE X *Chris Bennett*
 CUSTOMER SIGNATURE

Atlantic Pest Solutions Companies P.O. Box 5 Kennebunkport, ME 04046 1-800-439-7716

PEST CONTROL NOTIFICATION

Date: 07/14/2011

From: Jennifer Herschell, Senior Property Manager
145 Spring Street
Portland, ME 04101

To: Theresa Benham
145 Spring Street Unit M
Portland, ME 04101

Dear Theresa Benham:

Your apartment will receive heat treatment on 7/27/2011.

The preparation instructions for the treatment are attached. Please follow all preparation instructions.

This treatment is not optional and failure to comply may result in charges to your account and/or the pursuit of all options available to management under Maine state law.

We appreciate your cooperation in this matter. Please contact Atlantic Pest Solutions or the Management Office if you have any questions.

Sincerely,

Weston Associates Management Co. Inc.





IMPORTANT NOTICE
PREPARATION INSTRUCTIONS FOR
EXTERMINATION OF BED BUGS BY HEAT TREATMENT

Your apartment will be treated on: 7/27/11

YOUR COOPERATION IS REQUIRED IN PREPARING YOUR APARTMENT FOR TREATMENT BY COMPLETING THESE STEPS PRIOR TO THE SCHEDULED TREATMENT DATE. IF YOU CANNOT COMPLY WITH THIS TREATMENT DATE, NOTIFY MANAGEMENT AS SOON AS POSSIBLE.

- 1. ALL OCCUPANTS AND ALL PETS MUST BE OUT OF THE UNIT DURING THE HEATING PROCESS. BE PREPARED TO VACATE FOR A PERIOD OF AT LEAST EIGHT (8) HOURS FROM THE TIME THE TECHS ARRIVE AT YOUR UNIT.**

- 2. THE FOLLOWING ITEMS SHOULD BE REMOVED FROM THE TREATMENT AREA AS THE HIGHER TEMPERATURES ATTAINED DURING THE TREATMENT MAY CAUSE DAMAGE:**
 - A. ANYTHING PRESSURIZED SUCH AS SPRAY CANS, FIRE EXTINGUISHERS, OXYGEN BOTTLES, ETC.**
 - B. PICTURE ALBUMS**
 - C. WOODEN AND STRINGED INSTRUMENTS THEMSELVES SHOULD BE REMOVED; HOWEVER LEAVE THE CASES**
 - D. CHOCOLATE AND OTHER SOFT CANDY**
 - E. PLANTS**
 - F. CANDLES, LIPSTICKS AND LIP BALM OR ANY OTHER WAX BASED ITEMS**
 - G. MEDICINES**
 - H. AQUARIUMS MUST HAVE FISH REMOVED. UPON RETURNING, TAKE A TEMPERATURE READING OF THE WATER BEFORE FISH ARE RETURNED TO ENSURE THAT THE TEMPERATURE IS SAFE FOR THE FISH.**
 - I. FRESH FRUITS AND VEGETABLES**

 - J. *ANY ITEM THAT IS OF SPECIFIC VALUE THAT COULD NOT BE REPLACED IF IT WAS DAMAGED.***

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1-800-439-7716

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IMPORTANT NOTICE
PREPARATION INSTRUCTIONS FOR
EXTERMINATION OF BED BUGS BY HEAT TREATMENT

Your apartment will be treated on: 7/13/11

YOUR COOPERATION IS REQUIRED IN PREPARING YOUR APARTMENT FOR TREATMENT BY COMPLETING THESE STEPS PRIOR TO THE SCHEDULED TREATMENT DATE. IF YOU CANNOT COMPLY WITH THIS TREATMENT DATE, NOTIFY MANAGEMENT AS SOON AS POSSIBLE.

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 - H. AQUARIUMS MUST HAVE FISH REMOVED. UPON RETURNING, TAKE A TEMPERATURE READING OF THE WATER ***BEFORE*** FISH ARE RETURNED TO ENSURE THAT THE TEMPERATURE IS SAFE FOR THE FISH.**
 - I. FRESH FRUITS AND VEGETABLES**

 - J. *ANY ITEM THAT IS OF SPECIFIC VALUE THAT COULD NOT BE REPLACED IF IT WAS DAMAGED.***

- 3. ANY ITEMS THAT YOU REMOVE (AS NOTED ABOVE) SHOULD BE PACKED IN TIGHTLY SEALED PLASTIC CONTAINERS OR IN PLASTIC BAGS. CAREFULLY INSPECT THE ITEMS BEFORE YOU PACKAGE THEM UP TO REMOVE. IF THERE IS ANY BED BUG ACTIVITY ON THE ITEM, LEAVE THE ITEM IN THE BATHROOM. WE WILL ATTEMPT TO TREAT THE ITEM BUT WILL NOT BE RESPONSIBLE FOR ANY**

DAMAGE. **NOTE: DO NOT** REUSE THE BAGS ONCE YOU RETURN AND PUT THE ITEM BACK.

4. ELECTRONIC DEVICES MUST BE UNPLUGGED; THIS INCLUDES COMPUTERS, STEREOS, TV'S, IPODS, MP3 PLAYERS, GAMING SYSTEMS, CLOCK RADIOS, ETC. LAPTOP COMPUTERS MUST BE UNPLUGGED AND PLACED IN THE BATHROOM WITH THE BATTERY REMOVED. IF THE LAPTOP DOES NOT HAVE A REMOVABLE BATTERY, PLEASE LET THE TECHNICIAN KNOW AS THERE ARE CERTAIN PROCEDURES THAT WE WILL NEED TO FOLLOW.
5. WATERBEDS WILL NEED TO BE DRAINED TO ENSURE THAT THE FRAME IS WELL HEATED.
6. AIRBEDS WILL NEED TO BE PARTIALLY DEFLATED TO PREVENT DAMAGE. PUMPS USED TO INFLATE AIR MATTRESS TYPE BEDS MUST BE UNPLUGGED.
7. SMALL PICTURES/PAPER WORK OR OTHER ITEMS THAT MAY BLOW AROUND WITH HIGH VOLUME AIR MOVEMENT MUST BE PLACED INTO A CONTAINER SUCH AS A WEAVE BASKET OR SIMILAR CONTAINER THAT WILL ALLOW FOR AIR FLOW AROUND THE ITEMS IN THE CONTAINER. **DO NOT** PLACE IN SOLID CONTAINERS AS THIS RESTRICTS AIR FLOW.
8. DO NOT REMOVE ITEMS FROM THE BEDROOMS AS THE BED BUGS MAY BE HIDING IN THE ITEMS.
9. PRIOR TO OUR ARRIVAL, ALL CLOTHING, BOTH DIRTY AND CLEAN, INCLUDING CLOTHES FROM DRESSERS AND OTHER STORAGE UNITS, BEDDING, LINENS, TOWELS, BLANKETS, COMFORTERS, ETC, AND OTHER CLOTH ARTICLES **MUST** BE WASHED IN HOT WATER, STEAM CLEANED, DRY CLEANED, OR PLACED IN A DRYER FOR A MINIMUM OF ONE (1) HOUR TO KILL BED BUGS. ONCE THIS IS COMPLETED, LAUNDRY MUST BE STORED IN A TIGHTLY SEALED PLASTIC BAG AND THE BAG SHOULD BE MARKED AS CLEAN. CLOTHING THAT IS HANGING IN CLOSETS IS OK TO LEAVE HANGING. *****IT IS IMPERATIVE THAT ALL LAUNDRY BE DONE PROPERLY BEFORE OUR ARRIVAL.**
10. CLOSET SHELVES AND FLOOR AREAS MUST BE CLEARED OF ALL STORED ITEMS. PLACE ANYTHING REMOVED FROM SHELVES AND FLOOR INTO OPEN WEAVE BASKETS OR SIMILAR CONTAINER TO ALLOW FOR AIR FLOW.
11. MATTRESSES **AND** BOX SPRINGS **MUST** BE COVERED WITH A MATTRESS COVER THAT WOULD PREVENT ANY BED BUGS HIDING INSIDE FROM EMERGING. THESE ARE AVAILABLE THROUGH ATLANTIC PEST SOLUTIONS AT AN ADDITIONAL COST. OTHER SOURCES FOR THESE COVERS ARE ALSO AVAILABLE.
12. **PLEASE NOTE:** THE FABRIC COVERING THAT IS ON THE BOTTOM OF THE BOX SPRING (AND OTHER FURNITURE AS WELL) **WILL BE** REMOVED AND **WILL NOT** BE REPLACED.

13. ANY PIECES OF LUGGAGE IN THE UNIT MUST BE EMPTIED OF ALL ITEMS AND LEFT OPEN. ANY ITEMS STORED INSIDE LUGGAGE MUST BE HANDLED IN THE APPROPRIATE MANNER AS PREVIOUSLY DESCRIBED.

14. UPON RE-ENTERING THE UNIT YOU WILL NOTICE A FEW THINGS:

15. A) THE ROOM TEMPERATURES WILL BE ELEVATED. A COOL DOWN PERIOD MAY BE NEEDED TO ATTAIN TEMPERATURES THAT YOU ARE COMFORTABLE WITH. OPEN WINDOWS TO AID IN COOLING.

B) DURING THE REMEDIATION PROCESS A LOT OF SHIFTING AROUND OF YOUR BELONGINGS OCCURS IN AN EFFORT TO GET THE BEST DISTRIBUTION OF THE HEAT. UNFORTUNATELY, IT WILL BE YOUR RESPONSIBILITY TO PUT THINGS BACK WHERE YOU WANT THEM. WE APOLOGIZE FOR ANY INCONVENIENCE THAT THIS WILL CAUSE YOU. THE UNIT WILL NEED TO BE MAINTAINED IN A NEAT, UNCLUTTERED MANNER, TO FACILITATE FOLLOW-UP INSPECTION(S) AS NEEDED.

C) BED BUG ACTIVITY MAY CONTINUE FOR UP TO THIRTY (30) DAYS AFTER TREATMENT. WE ASK THAT YOU LIST WHERE ACTIVITY HAS BEEN NOTED SO THAT THE INFORMATION MAY BE REVIEWED AT A LATER TIME. IF ACTIVITY CONTINUES AFTER THIRTY (30) DAYS LET THE OWNER/MANAGER KNOW.

SHOULD YOU HAVE ANY QUESTIONS REGARDING THESE PROCEDURES, PLEASE DO NOT HESITATE TO CONTACT ATLANTIC PEST SOLUTIONS AT 1-800-439-7716

PLEASE REMEMBER THAT THE SUCCESS OF THIS SERVICE DEPENDS ON YOUR COOPERATION. FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN YOU BEING ASSESSED THE COST OF THE SERVICE THAT IS PROVIDED.

THIS WOULD BE A GOOD TIME TO DO A LITTLE HOUSE CLEANING BY REMOVING ANY UNWANTED OR UNNEEDED ITEMS FROM YOUR UNIT. ANYTHING THAT YOU REMOVE OR THROW OUT SHOULD BE TIGHTLY WRAPPED OR SEALED BEFORE BEING REMOVED FROM THE UNIT.



July 1, 2011

NOTICE

Dear Theresa Benham:

Atlantic Pest Solutions will be coming to your unit on Tuesday, July 5th between 10am-2pm to conduct a heat evaluation for the treatment of bed bugs.

Thank you for your cooperation!

If you have any questions please call 207-828-1274.

Very truly yours,

Weston Associates Management Co. Inc.





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Canine Inspection Protocol Things to Consider Prior to the Inspection

A Bed bug inspection dog is scheduled to perform an inspection for you on the following date: 6/29/11; 9:00-1:00

The dog is trained and certified to work directly with a specific handler who will guide him/her. The dog's sole job is to attempt to find live Bed bugs or viable eggs. In an effort to make the inspection results the most effective possible, we will ask that you prepare for his/her visit by following these instructions:

- 1.) Do not use any type of insect spray for thirty (30) days prior to the inspection.
- 2.) Do not smoke for at least two (2) hours before the inspection.
- 3.) Bunk beds-top will be removed and placed on floor
- 4.) Do not place anything on or around bed frame, box spring or mattress.
- 5.) Remove all pets. Aquariums and birdcages should be covered.
- 6.) If there is a litter box in the house, please be sure it is emptied/cleaned out prior to the inspection.
- 7.) Remove and put away all food items on counters, tables, etc.
- 8.) Remove all pet food and water from the floor or counters.
- 9.) Vacuum all rugs and floor surfaces.
- 10.) Do not use any type of household cleaner or disinfectant for at least two (2) days
- 11.) Put away all household cleaners, disinfectants, or any other strong scented items.
- 12.) Discontinue the use of any type of air freshener or deodorizer for one (1) day prior to the inspection. This includes: carpet deodorizers, scented candles, air fresheners (solid, spray, or plug-in), incense, or anything that is used to cover or mask an odor.

As previously stated, the canine is a working dog and works best without any distractions. We ask that you do not attempt to pat or play with him/her. Please listen to and follow any concerns and/or instructions that the handler may have while the canine detective is working. ******THE DOG HANDLER WILL ASK YOU TO LEAVE YOUR UNIT/RESIDENCE******

Please direct ANY questions that you may have to our office BEFORE the arrival of the dog(s). You may contact us at 1-800-439-7716.

Thank you for all of your efforts to prepare for this service. (Rvvd.12/21/10)



 **COPY**

Canine Inspection Protocol

Things to Consider Prior to the Inspection

A Bed bug inspection dog is scheduled to perform an inspection for you on the following date: 3/11/11; 11:00-2:00 Unit M

The dog is trained and certified to work directly with a specific handler who will guide him/her. The dog's sole job is to attempt to find live Bed bugs or viable eggs. In an effort to make the inspection results the most effective possible, we will ask that you prepare for his/her visit by following these instructions:

- 1.) Do not use any type of insect spray for thirty (30) days prior to the inspection.
- 2.) Do not smoke for at least two (2) days before the inspection.
- 3.) Bunk beds-top will be removed and placed on floor
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Please direct ANY questions that you may have to our office BEFORE the arrival of the dog(s). You may contact us at 1-800-439-7716.

Thank you for all of your efforts to prepare for this service. (Rvsd.12/21/10)