

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT
2100 CLARENDON BOULEVARD, SUITE 500
ARLINGTON, VIRGINIA 22201

NOTICE OF AWARD OF CONTRACT

TO: PROFESSIONAL PEST SOLUTIONS, LLC 4402 ROEBLING COURT BOWIE, MARYLAND 20715	DATE ISSUED: April 2, 2012
	CURRENT REFERENCE NO: 623-12
	CONTRACT TITLE: PEST MGMT SERVICES

THIS IS A NOTICE OF AWARD OF CONTRACT AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.

Your firm is awarded the above referenced contract in accordance with Agreement No. 623-12 dated APRIL 2, 2012. The contract term covered by this Notice of Award is effective IMMEDIATELY and expires on FEBRUARY 28, 2013.

The contract documents consist of the terms and conditions of Agreement No. 623-12, including any exhibits attached or amendments thereto.

CONTRACT PRICING:

REFER TO ATTACHED BID DOCUMENT

ATTACHMENT:

AGREEMENT NO. 623-12

EMPLOYEES NOT TO BENEFIT:

NO COUNTY EMPLOYEE SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

<u>VENDOR CONTACT: DANIEL POTTER</u>	<u>VENDOR TEL. NO.:</u> 301-442-3594
<u>VENDOR PAYMENT TERMS: NET 30 DAYS</u>	<u>VENDOR EMAIL:</u> dnlpotter@aol.com
<u>COUNTY CONTACT: JAMES MENDITTO</u>	<u>COUNTY TEL. NO.:</u> 703-228-4451
	<u>COUNTY EMAIL:</u> jmenditto@arlingtonva.us

CONTRACT AUTHORIZATION


Ms. Elizabeth B. Dooley
Assistant Purchasing Agent

4/2/12
DATE



CERTIFICATE OF LIABILITY INSURANCE

OP ID JM

DATE (MM/DD/YYYY)

03/30/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER American Heritage Insurance Agency, Inc. 1643 Liberty Road, Suite 201 Eldersburg MD 21784 Phone: 410-552-1200 Fax: 410-552-1270		CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: PROFE-3															
INSURED Professional Pest Solutions, LLC Anastasia Ataras 4402 Roebling Ct. Bowie MD 20715		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Ins Co</td> <td></td> </tr> <tr> <td>INSURER B: Travelers</td> <td></td> </tr> <tr> <td>INSURER C: Chartis</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Ins Co		INSURER B: Travelers		INSURER C: Chartis		INSURER D:		INSURER E:		INSURER F:	
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			PHPK666359	12/27/11	12/27/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> blanket AI						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BA2074X278	12/27/11	12/27/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> HIRED AUTOS				\$			
<input checked="" type="checkbox"/> NON-OWNED AUTOS				\$			
							\$
							\$
A	<input type="checkbox"/> UMBRELLA LIAB			PHUB356708	12/27/11	12/27/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
C	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC0051759580	04/01/12	04/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<input type="checkbox"/> Prof'l Liab Pest inspection only			PHPK666359	12/27/11	12/27/12	Occurrenc 1,000,000
							Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Arlington County, VA is included as an additional insured with respect to the insured's ongoing operations. \$1,000 General liability property damage deductible applies.
 Contract #623-12

CERTIFICATE HOLDER**CANCELLATION**

ARLIN-3

Arlington County, VA
 Office of the Purchasing Agent
 Suite 511
 2100 Clarendon Blvd.
 Arlington VA 22201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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BID FORM

"A" LIST: INDUSTRIAL TREATMENT

1. WATER POLLUTION CONTROL

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
WATER POLLUTION CONTROL PLANT 3401 S. GLEBE ROAD	Anh Thai 703-228-6859	SPECIAL TREATMENT PRIMARY, SECONDARY, AWT, OCB, SOLIDS HANDLING MAINTENANCE AND PRELIMINARY TREATMENT BLDGS.	4	\$ 40.00	\$ 160.00

2. DETENTION FACILITY

** ANNUAL COST = 52 x COST PER CALL, MONTHLY COST = ANNUAL COST/12**

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER YEAR	COST PER CALL	ANNUAL COST	COST PER MONTH
DETENTION FACILITY 1435 N. COURTHOUSE ROAD	J. MENDITTO 703-228-4451	STANDARD TREATMENT	26	\$ 60.00	\$ 1,560.00	\$ 130.00
TOTAL MONTHLY CHARGE - "A" LIST				\$	290.00	

"B" LIST: PROFESSIONAL OFFICE BUILDING TREATMENT

** ANNUAL COST = 52 x COST PER CALL, MONTHLY COST = ANNUAL COST/12**

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER YEAR	COST PER CALL	ANNUAL COST	COST PER MONTH
COURT/POLICE FACILITY 1425 COURTHOUSE ROAD	J. MENDITTO 703-228-4451		26	\$ 30.00	\$ 780.00	\$ 65.00
TOTAL MONTHLY CHARGE - "B" LIST				\$	65.00	

"C" LIST: COMMERCIAL TREATMENT

3. WATER/SEWER/STREETS

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
WATER CONTROL BUILDING 4202 S 28 TH STREET BASEMENT AND 1 ST FLOOR	C.White 703-228-6595	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
WATER/SEWER/STREETS/ ADMIN 4200 S. 28 TH STREET	J. Martin 703-228-6581	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00

4. SOLID WASTE AND TRAFFIC ENGINEERING

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
TRADES CENTER YARD 4200 S 28 TH STREET	J. MISER 703-228-6487	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00

5. ARGUS HOUSE

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
ARGUS HOUSE GROUP HOME 1521 CLARENDON BOULEVARD	Tina Asonogo 703-228-0420	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00

6. EQUIPMENT DIVISION

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
EQUIPMENT DIVISION FACILITY 2701 S. TYLOR STREET	A. Lehman 703-228-6462	STANDARD TREATMENT AFTERNOON	1	\$ 18.00	\$ 18.00

7. FIRE DEPARTMENT

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
FIRE DEPARTMENT HQ 1020 N. HUDSON STREET	Station Commander 703-228-4644	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
TRAINING DIVISION BLDG 2800 S. TYLOR STREET	Station Commander 703-228-0101	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 1 500 S. GLEBE ROAD	Station Commander 703-228-0101	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 2 4805 WILSON BLVD	Station Commander	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
	703-228-0102				
STATION NO. 3 3900 LEE HIGHWAY	Station Commander 703-228-0103	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 4 3121 N. 10 TH STREET	Station Commander 703-228-0104	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 5 735 S. 18 TH STREET	Station Commander 703-228-0105	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 6 6929 LEE HIGHWAY	Station Commander 703-228-0106	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 7 3110 S. ABINGDON STREET	Station Commander 703-228-0107	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 8 4845 LEE HIGHWAY	Station Commander 703-228-0108	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 9 1900 WALTER REED DR.	Station Commander 703-228-0109	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
STATION NO. 10 1559 WILSON BLVD	Station Commander 703-228-0110	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00

8. PARKS DEPARTMENT

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
AURORA HILLS 735 S. 18 TH STREET	Jenny Spark 703-228-6589	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
LUBBER RUN REC. CENTER 300 N. PARK DRIVE	MS. HOOVER 703-228-4756	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
DAWSON TERRACE REC. CENTER 2133 N. TAFT STREET	MS. Garcia 703-228- 5335	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
CARLIN HALL 5711 S. 4 TH STREET	MS. EVERTT 703-228-6589	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
WALTER REED REC. CENTER 2909 S. 16 TH STREET	Jesse Barnes 703-228- 0947	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
GULF BRANCH NATURE CENTER	Marty Pross	STANDARD	1	\$ 18.00	\$ 18.00

3608 N. MILITARY ROAD	703-228-3403	TREATMENT			
LONG BRANCH NATURE CENTER	Alonso Abugattas	STANDARD	1	\$ 18.00	\$ 18.00
625 S. CARLIN SPRINGS RD	703-228-6535	TREATMENT			
MADISON CENTER	Marco Dillon	STANDARD	4	\$ 18.00	\$ 18.00
3829 N. STAFFORD STREET	703-228- 0552	TREATMENT			
PARK OPERATIONS CENTER	MS. Gilbert	STANDARD	1	\$ 18.00	\$ 18.00
2755 S. STUART STREET	703-228-7941	TREATMENT			
LEE CENTER	Marco Dillon	STANDARD	1	\$ 18.00	\$ 18.00
5722 N. LEE HIGHWAY	703-228- 0552	TREATMENT			

9. FMB - FACILITIES MAINTENANCE

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
MENTAL HEALTH CENTER 735 S. 18 TH STREET	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
EDISON CENTER 1810 N. EDISON STREET	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
FENWICK CENTER 800 S. WALTER REED DRIVE	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
SOCIAL SERVICES 1801 N. GEORGE MASON DRIVE	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
GRANDALL MACKAY BLDG 2049 N. 15 TH STREET	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
COURT SQUARE WEST 1400 UHLE STREET	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	\$ 18.00
FAIRLINGTON COMMUNITY CENTER 3308 S. STAFFORD STREET	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	18.00
FT CF Smith 2411 N 24 th Street	J. MENDITTO	STANDARD	1	\$ 18.00	18.00
WOODMONT SCHOOL 2422 N. FILMORE STREET (AREAS OTHER THAN RECORD CENTER)	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	18.00

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
ARLINGTON MILL REC CTR 4795 COLUMBIA PIKE	J. MENDITTO 703-228-4451	STANDARD TREATMENT	2	\$ 18.00	18.00
FT. C. F. SMITH 2411 N. 24 TH STREET	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	18.00
MOTOROLA BUILDING 2701 S. NELSON ST	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	18.00
SPORTS COMPLEX 4200 S. FOUR RUN MILE DR	J. MENDITTO 703-228-4451	STANDARD TREATMENT	2	\$ 18.00	18.00
Animal Welfare 2650S Arlington Mill Road	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	\$ 18.00	18.00
WETA Sports Wellness 3700S Four Mile Run	J. MENDITTO 703-228-4451	STANDARD TREATMENT	1	18.00	18.00

10. LIBRARY DEPARTMENT

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
CENTRAL LIBRARY 1015 N. QUINCY STREET	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM ALL LOCATIONS	1	\$ 18.00	\$ 18.00
AURORA HILLS BRANCH 735 S. 18 TH STREET	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM ALL LOCATIONS	1	\$ 18.00	\$ 18.00
COLUMBIA PIKE BRANCH 816 S. WALTER REED DR.	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM ALL LOCATIONS	1	\$ 18.00	\$ 18.00
CHERRYDALE BRANCH 2190 N. MILITARY RD	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM ALL LOCATIONS	1	\$ 18.00	\$ 18.00
GLEN CARLYN BRANCH 300 S. KENSINGTON ST	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM	1	\$ 18.00	\$ 18.00

		ALL LOCATIONS			
SHIRLINGTON BRANCH 2700 S. ARLINGTON MILL DR	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM ALL LOCATIONS	1	\$ 18.00	\$ 18.00
WESTOVER BRANCH 1800 N. LEXINGTON	A. EAVES 703-228-6335	STANDARD TREATMENT 7:30 AM - 10:00 AM ALL LOCATIONS	1	\$ 18.00	\$ 18.00

11. DHS ADMINISTRATIVE SERVICES

FACILITY NAME	BUILDING SUPERVISOR	COMMENTS	CALLS PER MONTH	COST PER CALL	COST PER MONTH
CLARENDON HOUSE 3141 N. 10 TH STREET	B. Wright 703-228-5236	STANDARD TREATMENT AFTERNOON SERVICE	1	\$ 18.00	\$ 18.00
INDEPENDENCE HOUSE 1727 N. FARIFAX DRIVE	L. DAWSON 703-243-0964	STANDARD TREATMENT MORNING BY 9:00 AM	1	\$ 18.00	\$ 18.00

TOTAL MONTHLY CHARGE - "C" LIST	\$	1,008.00
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"D" LIST - PARKS AND OPEN SPACE RAT CONTROL

PARKS COVERED BY THIS SERVICE	ADDITIONAL	CONTACT	COST PER MONTH
ANNIES PARK 1825 N. MOORE STREET CRANDAL MACKAY PARK 1933 N. LYNN STREET DARK STAR PARK 1655 N. FORT MYER DRIVE GATEWAY PARK 1300 LEE HIGHWAY METRO PARK 1740 N. LYNN STREET POTOMOC TOWERS PARK 1955 N. LYNN STREET	<ul style="list-style-type: none"> • ALSO COVERED WILL BE OPEN SPACES ASSIGNED BY THE COUNTY. • APPROX. 150 BAIT STATIONS WILL BE USED THROUGH OUT THESE PARKS PER MONTH. • 25 BAIT STATIONS FOR OPEN SPACES PER MONTH. 	T. KALLIO 703-228-6566 175 @ \$5.00	\$ 875.00
TOTAL MONTHLY CHARGE - "D" LIST	\$		875.00

"E" LIST - MISCELLANEOUS WORK

TYPE OF WORK	CONTACT	COMMENTS	ADDITIONAL INFO	UNIT PRICE
CARPENTER BEE TREATMENT	J. MENDITTO 703-228-4451	APPROX. 20 PLUGS PER YEAR	UNIT PRICE PER PLUG UNDER 30 FT ABOVE THE GROUND	\$ 10.00
BEE NEST REMOVAL FROM BUILDINGS & TREES	J. MENDITTO 703-228-4451	50 FT RADIUS OF BLDGS	UNIT PRICE PER NEST REMOVAL	\$ 50.00
MOSQUITO TREATMENT AT THE WATER POLLUTION CONTROL PLANT BLDG.	Anh Thai 703-228-6859	APPROX. ONE (1) TREATMENT PER YEAR		\$ 100.00
CHIRONOMID FLY CONTROL AT THE WATER POLLUTION CONTROL PLANT BLDG.	Anh Thai 703-228-6859	APPROX. FIVE (5) TREATMENT PER YEAR		\$ 100.00
FLYING INSECTS AT THE DETENTION FACILITY 1435 N. COURTHOUSE RD	J. MENDITTO 703-228-4451	APPROX. THREE (3) TREATMENT PER YEAR		\$ 100.00
Rat Abetment Various Buildings	J. MENDITTO 703-228-4451	Twice per month	Unit Price	\$ 18.00
TOTAL CHARGE - "E" LIST				\$ 378.00