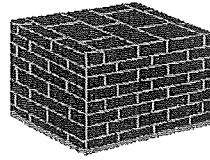
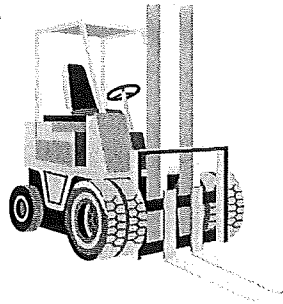


**A-1 SOD INC. dba**  
 COTTOM'S A-1 SOD  
 4250 MARION COUNTY ROAD  
 WEIRSDALE, FL 32195  
 USA

Voice: 352-751-4434  
 Fax: 352-751-4503



OLD YEAR  
**INVOICE**

Invoice Number: 218593  
 Invoice Date: Sep 29, 2015

**RECEIVED**

OCT 13 2015

|   |
|---|
| <b>Bill To:</b>   |
| LAKE COUNTY ROAD OPERATIONS<br>PO BOX 7800<br>TAVARES, FL 32778 |

|  |
|--|
| <b>Ship to:</b>  |
| LAKE COUNTY<br>MANDRINN CIRCLE AND<br>SUBURBAN TERRACE ROAD OPERATIONS<br><br>BOB 308-9784 |

|                     |                        |                      |                 |
|---------------------|------------------------|----------------------|-----------------|
| <b>Customer ID</b>  | <b>Customer PO</b>     | <b>Payment Terms</b> |                 |
| 19007               | 14-0439A               | Net 30 Days          |                 |
| <b>Sales Rep ID</b> | <b>Shipping Method</b> | <b>Ship Date</b>     | <b>Due Date</b> |
| 166                 | INSTALL                |                      | 10/29/15        |

| Quantity | Item | Description   | Unit Price  | Amount |
|----------|------|---|---|--------|
|          |      | 2360 SF BAHIA SOD INSTALLED AND ROLLED LAKE COUNTY ROAD OPERATION MANDRIN CIRCLE AND SUBURBAN TERRACE |   | 708.00 |
|          |      |   | <i>JK 10/13/15</i><br><hr/> OK TO PAY - FY 14/15<br>PO#: <u>20150054</u><br>Acct#: <u>1120.5053200.830530</u><br>Goods Recd: <u>9/29/15</u> |        |

TERMS: CASH ON RECEIPT UNLESS CREDIT HAS BEEN ESTABLISHED, NET 10 DAYS AFTER DATE OF INVOICE. 1 1/2 % MONTHLY SERVICE CHARGE ON ALL PAST DUE ACCOUNTS.

|                        |               |
|------------------------|---------------|
| Subtotal               | 708.00        |
| Sales Tax              |               |
| Total Invoice Amount   | 708.00        |
| Payment/Credit Applied |               |
| <b>TOTAL</b>           | <b>708.00</b> |

GUARANTEE: New Installs-30 Days-Provided proper maintenance is done: Watering and starting a spray program for bugs and fungus within 10 days of installation. All problems with any grass must be reported within 7 days. There is NO GUARANTEE on grass picked up or delivered, as we are not responsible once sod is accepted by customer. All grass must be installed within 24 hours of taking possession. With proper watering, spraying, & sunlight, grass will thrive.

*BP*  
*10/13/15 10/13/15*

Title to the material herein described is retained by Cottom's A-1 Sod, Inc. and the same shall not pass or become vested in purchaser until the full purchase price for same has been paid in full. In case of default in the payment of any part of the purchase price, the entire unpaid balance shall at once become due and payable and Cottom's A-1 Sod, Inc. shall have full right and power to repossess the material herein. In case of default, the purchaser shall pay all costs and damages including reasonable attorney's fees which may be sustained by Cottom's A-1 Sod, Inc.

CC 10-13-15



**LAKE COUNTY**  
FLORIDA

**To: Cottoms Sod                      From: Public Works Road Operations**

**Fax (352) 751-4503                      Phone :            (352) 343-6439**

**Phone( 352) 751-4434    Pages: 1**

**Re: Sod Installation: 14-0439A**

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**REQUEST FOR SOD INSTALLED**

Install Date Requested: A.S.A.P.                      Road Seg. #: 2-1267C-02

Delivery address:    Mandrin Cir. Suburban Terrace

Section: 25 Town: 22 Range: 26

Directions to Delivery Point: US 27 south to SR 50 turn left go to Lake Blvd. turn right go to Jefferson St and turn right go to 1 st Ave and turn left go to Washington St and turn right go to Suburban Terr and turn left go to Mandrin Cir. and turn right

Type of sod: bahia      Quantity: 2,200 sq. ft.

Field adjusted quantity per site visit: \_\_\_\_\_

Notes:

Prior to performance of work, questions concerning the measurements shall be addressed and agreed upon in writing either by the Maintenance Area Supervisor or the Senior Contracting Officer. No work shall be done without an agreement. Please send invoice to the address listed below.

Please Contact us if there is a different quantity needed than what was ordered.

**County Representative: Robert Baker**

**Date: 9-15-2015**

|  |                        |
|--|------------------------|
| <b>Work completed and OK to Pay, Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b> |                        |
| <b>Inspected by: Robert Baker</b>  | <b>Date: 10-5-2015</b> |
| <b>Invoice # : 218593</b>  |                        |