



## Adios Tree Service Estimate

Estimate Date: January 28, 2024

Customer Name: **Orland Cemetery District**

Service Address: **3900 County Rd. P, Orland, CA**

### Scope of Work

Adios Tree Service proposes the following services:

1. Removal of Dead Elm Tree on the North Side of the Cemetery

- Complete removal of the dead Elm tree.
- All brush will be hauled away.
- Logs will be cut into 5-foot sections and left next to the tree's original location.

2. Removal of Dead Branch on Elm Tree in Front of the Office

- Dead branch will be safely removed at no additional cost.

3. Stump Grinding and Removal

- Grind and remove the stump from the removed tree.

### Estimated Cost

Service Description	Quantity	Unit Price	Total Price
Removal of Dead Elm Tree (North Side of Cemetery)	1	\$1,500.00	\$1,500.00
Removal of Dead Branch (Front of Office)	1	FREE	FREE
Stump Grinding and Removal	1	\$300.00	\$300.00
		Total Estimate	\$1,800.00

**Payment Terms**

Full payment is due upon completion of the services.

**Customer Responsibilities & Site Conditions**

- Turn off all sprinklers/irrigation systems in the work area to prevent damage.
- Move vehicles or personal belongings away from the work zone to avoid damage. Adios Tree Service can assist for an additional fee if needed.
- Secure all pets indoors or away from the work area during work hours.
- Maintain a safe distance from the work zone during operations.

**Liability Coverage**

Adios Tree Service maintains liability insurance coverage of up to \$2 million for damages resulting from gross negligence.

**Job Scheduling & Rescheduling**

- Customers are required to provide advance notice if rescheduling is needed.
- Adios Tree Service reserves the right to reschedule or cancel if:
  - Site conditions differ significantly from the initial inspection.
  - Severe weather or unforeseen conditions make the job unsafe.

**Estimate Validity & Approval**

This estimate is valid for 60 days from the date above. If you approve this estimate, please sign below. A formal service agreement may be required prior to starting the work.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**ADDITIONAL REMARKS SCHEDULE**

<b>AGENCY</b> Verify Insurance Services, LLC DBA Thimble Insurance Services		<b>NAMED INSURED</b> Adios Tree Service 26 Arbor Dr, Chico, CA. 95926 adiostreeservice@gmail.com	
<b>POLICY NUMBER</b> IBL-PK5MNPYQKJ			
<b>CARRIER</b> National Specialty Insurance Company	<b>NAIC CODE</b> 22608	<b>EFFECTIVE DATE:</b> 12/04/2024 5:21 PM PST	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: Acord 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations (con't)

Episodic Coverage (THSN CG 02 04 02 21) for policy number IBL-PK5MNPYQKJ until 12/04/2026 5:21 PM PST



202464012383



**STATE OF CALIFORNIA**  
*Office of the Secretary of State*  
**ARTICLES OF ORGANIZATION**  
**CA LIMITED LIABILITY COMPANY**  
 California Secretary of State  
 1500 11th Street  
 Sacramento, California 95814  
 (916) 657-5448

For Office Use Only

**-FILED-**

File No.: 202464012383

Date Filed: 9/26/2024

B3070-1421 09/26/2024 12:53 PM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	Adios Tree Service LLC
Initial Street Address of Principal Office of LLC	
Principal Address	26 ARBOR DRIVE CHICO, CA 95926
Initial Mailing Address of LLC	
Mailing Address	26 ARBOR DRIVE CHICO, CA 95926
Attention	Yanet Perez-Lopez
Agent for Service of Process	
Agent Name	Yanet Perez-Lopez
Agent Address	26 ARBOR DR. CHICO, CA 95926
Purpose Statement	
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.	
Management Structure	
The LLC will be managed by	All LLC Member(s)
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Electronic Signature	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
<u>Yanet Perez-Lopez</u>	<u>09/26/2024</u>
Organizer Signature	Date