

CEDTIEICATE OF LIABILITY INCLIDANCE

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								IONAL INSURED, the						
								ect to the terms an t confer rights to the o						quire an
PROD	UCER								CON	NTACT NAME: Ca	rrie Joubert			
Citad	lel Ins	urance Servic	es l	С						DNE:801-610-2734		FAX	(:	
		kecutive Pkwy,	,							AIL ADDR: carriej				
Lehi,	UT 8	4043										DING COVERAGE		NAIC
									INS	URER A : Republic				40479
INSUF	ED								INSI	URER B : AmTrus	t Insurance Com	bany		15954
Conl	ey Ho	me Inspection	s, LL	C					INS	URER C :				
									INS	URER D :				
8189	Willo	w Tree Way							INSI	URER E :				
Alph	aretta	, GA 30005							INS	URER F :				
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INSR LTR		TYPE OF I	NSU	RANCE		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
A	X	COMMERCIAL G	ENER	RAL LIABIL	.ITY	INSK	VVVD	PAL1256082.1602596-	-08	7/1/2024	7/1/2025	EACH OCCURRENCE		\$1,000,000
		X CLAIMS-M	ADE	0	OCCUR							DAMAGE TO RENTED (EA OCCURRENCE)	PREMISES	\$100,000
												MED EXP(ANY ONE F	PERSON)	\$5,000
												PERSONAL & ADV IN	,	\$1,000,000
	GEN	L AGGREGATE LIN	AIT A	PPLIES PE	ER:							GENERAL AGGREGA		\$2,000,000
		POLICY	1	JECT	LOC							PRODUCTS-COMP/O		\$2,000,000
		OTHER:												
	AUT	MOBILE LIABILIT	Υ									COMBINED SINGLE L	IMIT (Ea	
	-	ANY AUTO										accident) BODILY INJURY (Per	Person)	
		ALL OWNED		SCHED	ULED							BODILY INJURY (Per	accident)	
		AUTOS HIRED AUTOS		AUTOS NON-OV	VNED							PROPERTY DAMAGE	,	
				AUTOS										
		UMBRELLA		OCCUR								EACH OCCURRENCE		
		LIAB EXCESS LIAB		CLAIMS		-								
		DED	DET	ENTION \$		-						AGGREGATE		
В		KERS COMPENSA OYER'S LIABILIT	TION		Y/N			KSS1359162		7/1/2024	7/1/2025	X PER STATUTE	OTHER	
	ANY F	ROPRIETOR/PARTNE ER/MEMBER EXCLUD	R/EXE ED?	CUTIVE	Ν							E.L. EACH ACCIDENT		\$1,000,000
		datory in NH)										E.L. DISEASE – EA EI	MPLOYEE	\$1,000,000
		, describe under DE RATIONS below	SCRI	IPTION OF	-							E.L. DISEASE - POLIC	CY LIMIT	\$1,000,000
А		essional (E&O)					PAL1256082.1602596-	-08	7/1/2024	7/1/2025	Per Claim Limit		\$300,000
												Aggregate		\$300,000
				CATIONS		C / A # a a		D 404 Additional Damarka S		lula if mana anasa	if no quine d)			
								D 101, Additional Remarks S Tyler Conley, Corey						
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		ATE HOLDER		e						THE EXPIRA ACCORDANC	OF THE ABOV TION DATE E WITH THE PO	E DESCRIBED POL THEREOF, NOTIC DLICY PROVISIONS	E WILL BE	
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											Anthony Eardle			
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								confer rights to the							• ,	
PROD	UCER								CON	NTACT NAME: Ca	rrie Joubert					
Citad	lel Ins	surance Servic	es l	с						DNE:801-610-2734				FAX:		
		xecutive Pkwy,	,						EM/	AIL ADDR: carriej	@inspectorproted	t.com				
Lehi,	UT 8	4043								IN	SURER(S) AFFOR		OVERAGE			NAIC
									INS	URER A : Republi						40479
INSUF	RED								INS	URER B : AmTrus	t Insurance Com	pany				15954
Conl	ey Ho	me Inspection	s, LL	С					INS	URER C :						
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		, GA 30005		FOT					INS	URER F :						
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LTR	v	COMMERCIAL G	_	_		INSR X	WVD	POLICY NUMBER PAL1256082.1602596-	00	(MM/DD/YYYY) 7/1/2024	(MM/DD/YYYY) 7/1/2025		OCCURRE		LIMITS	\$1,000,000
A	X	COMMERCIAL G	ENER			^		PAL 1250062.1002590-	-00	1/1/2024	1/1/2025					\$1,000,000
		X CLAIMS-M	ADE		OCCUR								GE TO REN CURRENC		REMISES	\$100,000
	х	Unmanned A	ircra	ft Co	verage							MED E	XP(ANY OI	NE PER	SON)	\$5,000
						_						PERSC	NAL & AD	/ INJUR	RY	\$1,000,000
	_	L AGGREGATE LI	7										RAL AGGR		~ ~	\$2,000,000
	X	POLICY	PRO	JECT	LOC							PRODU	JCTS-COM	P/OP A	GG	\$2,000,000
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		UMBRELLA														
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В	EMP	KERS COMPENSA LOYER'S LIABILIT	Ϋ́		Y/N			KSS1359162		7/1/2024	7/1/2025		STATUTE		OTHER	
		ROPRIETOR/PARTNE		CUTIVE	Ν							E.L. EA	CH ACCID	ENT		\$1,000,000
		datory in NH)			~-							E.L. DI	SEASE – E	A EMPL	OYEE	\$1,000,000
		, describe under DE RATIONS below	SCRI	PTION	OF							E.L. DI	SEASE – P		IMIT	\$1,000,000
А	Prof	essional (E&O)					PAL1256082.1602596-	-08	7/1/2024	7/1/2025		laim Limi	t		\$300,000
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CER	TIFIC	ATE HOLDER	2							CANCELLA	TION					
	D.F	. Horton, I	nc.													
		0 Roswell		ad							TION DATE					E DELIVERED IN
		g. B. Suite												97.1		

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Anthony Eardley

Atlanta, GA 30350

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CER THIS		ATE DOES NO	OT A		MATIVEL	Y OR I S NOT		TIVELY AMEND, EXT	ENC	OR ALTER	THE COVER	S UPON THE CERTIFICATE AGE AFFORDED BY THE PO SURER(S), AUTHORIZED RI	DLICIES BELOW.
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PROD	UCER								CON	NTACT NAME: Ca	rrie Joubert		
Citac	lel Ins	surance Service	es. L	С						ONE:801-610-2734		FAX:	
		xecutive Pkwy,	,						EM/	AIL ADDR: carriej	@inspectorprotec	t.com	
Lehi,	UT 8	4043								IN	SURER(S) AFFOR	DING COVERAGE	NAIC
									INS		c-Vanguard Insur		40479
INSUF	ED								INS	URER B : AmTrus	st Insurance Com	bany	15954
Conl	ey Ho	me Inspection	s, LL	С					INS	URER C :			
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8189	Willo	w Tree Way							INS	URER E :			
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INSR LTR		TYPE OF I	NSUF	RANCE		ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	Χ	COMMERCIAL G	ENER	AL LIAB	BILITY	Х		PAL1256082.1602596-	-08	7/1/2024	7/1/2025	EACH OCCURRENCE	\$1,000,000
		X CLAIMS-M	ADE		OCCUR							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$100,000
	х	Unmanned A	ircra	ft Cov	verage							MED EXP(ANY ONE PERSON)	\$5,000
												PERSONAL & ADV INJURY	\$1,000,000
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	X	POLICY	PRO	JECT	LOC							PRODUCTS-COMP/OP AGG	\$2,000,000
		OTHER:											
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		ANY AUTO ALL OWNED			DULED							BODILY INJURY (Per Person)	
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В		KERS COMPENSA LOYER'S LIABILIT		AND	Y/N			KSS1359162		7/1/2024	7/1/2025	X PER STATUTE OTHER	
	ANY F	ROPRIETOR/PARTNE	R/EXEC	CUTIVE	N	-						E.L. EACH ACCIDENT	\$1,000,000
		ER/MEMBER EXCLUD	ED?			-						E.L. DISEASE – EA EMPLOYEE	\$1,000,000
	If yes	, describe under DE	SCRI	PTION (OF							E.L. DISEASE – POLICY LIMIT	\$1,000,000
Α		RATIONS below)					PAL1256082.1602596-	-08	7/1/2024	7/1/2025	Per Claim Limit	\$300,000
		· · · · · ·	,									Aggregate	\$300,000
Cov Cert	erage ificat TIFIC D.F	e A Unmanne	ed Ai sted R nc.	rcraft as an	Liability Addition	Aggre	gate I	b 101, Additional Remarks S Limit: \$1,000,000, wo on the General Liabil	orke	ers comp is r with respects CANCELLA SHOULD ANY THE EXPIRA	to inspection TION OF THE ABOV	for drone use. ns completed by the Name re DESCRIBED POLICIES BE CA THEREOF, NOTICE WILL B DLICY PROVISIONS.	NCELLED BEFORE
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PRODUCER									CON	ITACT NAME: Ca	rrie Joubert				
Citadel In	surar	nce Serv	vices, L	C					РНО	NE:801-610-2734	ļ		FAX	:	
2600 W E	xecu	tive Pkv	vy, Ste	500					EMA	AL ADDR: carriej	@inspectorproted	ct.com	1		
Lehi, UT 8	3404;	3								IN	SURER(S) AFFOR	RDING	COVERAGE		NAIC
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INSR LTR		TYPE O	F INSUI	RANC	E	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)			LIMITS	
A X	CON	MERCIAL	GENER		BILITY			PAL1256082.1602596-	-08	7/1/2024	7/1/2025	EAC	HOCCURRENCE		\$1,000,000
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		-										MED	EXP(ANY ONE PE	ERSON)	\$5,000
												PER	SONAL & ADV INJ	URY	\$1,000,000
	-	GREGATE		PPLIES	PER:				GENERAL AGGREGATE					\$2,000,000	
X	POL		PRO	JECT	LOC							PRC	DUCTS-COMP/OP	AGG	\$2,000,000
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OFFI	CER/ME	MBER EXCI	UDED?	CONVE	Ν	-							EACH ACCIDENT		\$1,000,000
		/ in NH) ribe under	DESCRI	PTION	OF								DISEASE – EA EM		\$1,000,000
1		NS below						PAL1256082.1602596-	00	7/1/2024	7/1/2025		Claim Limit	Y LIMI I	\$1,000,000
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								To 101, Additional Remarks S Tyler Conley, Corey			. ,				L
CERTIFIC	ATE	HOLDI	ER							CANCELLA	TION				
TF	GF	IOME	S FS	-						SHOULD ANY	OF THE ABO	THE	REOF, NOTICI	E WILL BE	NCELLED BEFORE DELIVERED IN
11340 Lakefield Drive					ACCORDANCE WITH THE POLICY PROVISIONS.										
Suite 140					AUTHORIZED REPRESENTATIVE										
Johns Creek, 30097						Anthony Fardley									

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PROD	UCER										CON	TACT NAME: Ca	rrie Joubert			
Citad	el Ins	uran	ice S	Servic	es, L	C					РНС	ONE:801-610-2734		FAX:		
2600	WE	kecut	tive I	Pkwy	, Ste	500					EM/	AIL ADDR: carriej	@inspectorproted	ct.com		
Lehi,	UT 8	4043	3									IN	SURER(S) AFFOR	RDING COVERAGE	NAIC	
											INS	URER A : Republi	c-Vanguard Insur	ance Company	40479	
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INSR LTR			TYPI	E OF	INSUF	RANCI	E	ADDL INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;	
A	Х	COM	IMER	CIAL G	BENER.	AL LIA	BILITY			PAL1256082.1602596-	-08	7/1/2024	7/1/2025	EACH OCCURRENCE	\$1,000,000	
		х	CLA	AIMS-M	IADE		OCCUR							DAMAGE TO RENTED PREMISES (EA OCCURRENCE)	\$ \$100,000	
			•				-							MED EXP(ANY ONE PERSON)	\$5,000	
														PERSONAL & ADV INJURY	\$1,000,000	
	GEN'	L AGG	GREG	ATE LI	MIT AF	PPLIES	PER:							GENERAL AGGREGATE	\$2,000,000	
	X	POLIC			PRO	JECT	LOC							PRODUCTS-COMP/OP AGG	\$2,000,000	
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		ALL C		ED		SCHE	EDULED OS							BODILY INJURY (Per accident)		
		HIRE	D AU	TOS		NON- AUTC	-OWNED OS							PROPERTY DAMAGE (Per accider	it)	
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A		RATIO		elow (E&C						PAL1256082.1602596-	00	7/1/2024	7/1/2025	Per Claim Limit	\$1,000,000	
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DESC	RIPTIC	N OF	OPEF	RATIO			NS / VEHICLE	S (Attac	h ACORI	D 101, Additional Remarks S	Sched	l ule, if more space	e if required)	I	I	
Insu	red /	Insp	ecto	or(s)	: Rob	oert (Conley Hı	unter A	Allen, ⁻	Tyler Conley, Corey	Guł	nl, Kellen Pe	ak			
CER	TIFIC	ATE	но		र							CANCELLA	TION			
	Len	nar				s Wi	ay Suite	e 100,	A			SHOULD ANY	OF THE ABO	/E DESCRIBED POLICIES BE THEREOF, NOTICE WILL OLICY PROVISIONS.		
11560 Great Oaks Way Suite 100A Alpharetta, Ga. 30022																

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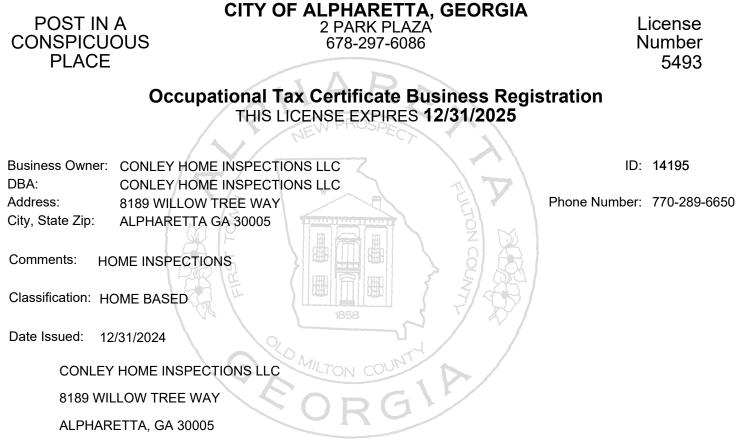
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CER THIS	TIFIC CER		DOES I CATE O	NOT A		MATIVEL	Y OR S NOT	NEGA CONS	NFORMATION ONLY TIVELY AMEND, EXT STITUTE A CONTRAC	END	OR ALTER	THE COVER	AGE	AFFORD	ED BY THE	PO	LICIES BELOW.
end	orse	d. I	f SUBR	ROGA	IOIT	N IS WAI	VED,	subje	IONAL INSURED, th act to the terms ar t confer rights to the	ıd c	onditions o	of the policy	y, ce	rtain po	licies may		
PROD	UCER									CON	TACT NAME: Ca	rrie Joubert					
Citad	el Ins	urar	ce Servi	ces, L	C					PHC	DNE:801-610-2734				FAX:		
2600	W E	kecu	tive Pkw	y, Ste	500					EMA	AIL ADDR: carriej	@inspectorprotec	t.com				
Lehi,	UT 8	4043	3								IN	SURER(S) AFFOR		COVERAGE			NAIC
INSUR										INSU	URER A : Republi	c-Vanguard Insur	ance C	ompany			40479
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CER	TIFIC	ATE	HOLDE	R							CANCELLA	ΓΙΟΝ					
	477	70 5	S Atlan			ont, LLC					THE EXPIRA ACCORDANC	TION DATE E WITH THE PO	THEF	REOF, NO	TICE WILL		ICELLED BEFORE DELIVERED IN
Suite 100 Atlanta GA 30339						AUTHORIZED REPRESENTATIVE											

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License Copy

KEEP THIS COPY FOR YOUR RECORDS		retta, Georgia PATIONAL LICENSE 1/2025		Number 5493
	HOME INSPECTIONS LLC HOME INSPECTIONS LLC	DSPECT	ID:	14195
01001112	TTA GA 30005		Phone Number:	770-289-6650
Classification: HOME BASE		TON COUNT		
Date Issued: 12/31/2024	G MILTON	COUNTY		
	OF	ADMINISTRATION FEE HOME BASED Total Received		50.00 40.00 90



ASHI CERTIFIED INSPECTOR



Kellen Peak, ACI



and is entitled to all the rights, privileges, and benefits thereof, in accordance with ASHI's bylaws on: Certification Committee and is henceforth recognized as an ASHI CERTIFIED INSPECTOR (ACI)^m, high standards of education, experience, and has demonstrated knowledge set forth by the ASHI The AMERICAN SOCIETY OF HOME INSPECTORS hereby certifies that the above has met the

SEPTEMBER 30, 2024

This credential is valid for one year after issuance.





LISA ALAJAJIAN GIROUX

Jian alayayin Arine

ASHI PRESIDENT







This certification was originally earned/issued on March 25, 2019





PETER FAGAN, ACI ACC CHAIRPERSON







AMERICAN SOCIETY OF HOME INSPECTORS

www.ASHI.org | www.HomeInspector.org | www.ASHIReporter.org

September 26, 2024

Kellen Peak Conley Home Inspections 515 old magnolia trail Canton GA 30115 UNITED STATES **E-mail address :** <u>Kpeak17@gmail.com</u> **Record type :** Certified Inspector **Phone number :** 770-289-6650 **Member number :** 264554

Dear Kellen,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are a **Certified Inspector** in good standing since 01/11/2018 and your membership number is **264554** Your ASHI membership is valid through 09/30/2025.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

SucarLane

Susan Lane Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-





AMERICAN SOCIETY OF HOME INSPECTORS

Hereby certifies that

Tyler Conley

has met the high standards of education, experience and demonstrated knowledge set forth by the ASHI Certification Committee and is recognized as an

ASHI CERTIFIED INSPECTOR, ACI

and is entitled to all the rights, privileges and benefits thereof, in accordance with provisions of ASHI's Bylaws, this <u>14th</u> day of <u>June 2022</u>.

Bar ACC Chair

Sun La C. A. ASHI President









AMERICAN SOCIETY OF HOME INSPECTORS

www.ASHI.org | www.HomeInspector.org | www.ASHIReporter.org

September 26, 2024

Tyler R Conley Conley 714 Dogwood Lake Trail Alpharetta GA 30004 UNITED STATES **E-mail address :** <u>Tylerrobertconley@gmail.com</u> **Record type :** Certified Inspector **Phone number :** 321-266-9391 **Member number :** 269299

Dear Tyler,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are a **Certified Inspector** in good standing since 04/27/2022 and your membership number is **269299** Your ASHI membership is valid through 09/30/2025.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

SucarLane

Susan Lane Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-

Certified Professional Inspector®

Let it be known by this certificate that

Hunter Allen

has earned the designation of

Certified Professional Inspector[®]

from the

International Association of Certified Home Inspectors[®]

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional Inspector[®] designation. Always verify CPI status using the code or web address below before hiring a home inspector.



Issued by the International Association of Certified Home Inspectors



Scan to verify

Hunter Allen NACH124110118 Valid as of January 20th, 203

Valid as of January 20th, 2025. Verify by scanning code or visiting NACHI.ORG/VERIFY 

Certified Professional Inspector® Let it be known by this certificate that

Colton Grover

has earned the designation of

Certified Professional Inspector[®]

) MARKARARARARARARARARARARARA

from the

International Association of Certified Home Inspectors[®]

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional Inspector[®] designation. Always verify CPI status using the code or web address below before hiring a home inspector.



Issued by the International Association of Certified Home Inspectors 1750 30th St Ste 301



Scan to verify

E NACHI22040414 **Colton Grover**

Valid as of January 7th, 2025. Verify by scanning code or visiting NACHI.ORG/VERIFY Certified Professional Inspector®

Let it be known by this certificate that

Shakeem Mcilwain

has earned the designation of

Certified Professional Inspector[®]

from the

International Association of Certified Home Inspectors[®]

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional inspector[®] designation. Always verify CPI status using the code or web address below before hiring a home inspector.



Issued by the International Association of Certified Home Inspectors 1750 30th St Ste 301

Boulder, CO 80301

Ben Gromicko, Director of Education



Shakeem Mcilwain SNACH124110117

Valid as of January 20th, 2025. Verify by scanning code or visiting NACHI.ORG/VERIFY

AMERICAN SOCIETY OF HOME INSPECTORS

Hereby certifies that

Rob Conley

ASHI Certification Committee and is recognized as an has met the high standards of education, experience and demonstrated knowledge set forth by the

ASHI CERTIFIED INSPECTOR, ACI

and is entitled to all the rights, privileges and benefits thereof, in accordance with provisions of ASHI's Bylaws, this 16th day of January 2015

Say There tat House life . ACC Chair

ASHI President









AMERICAN SOCIETY OF HOME INSPECTORS

www.ASHI.org | www.HomeInspector.org | www.ASHIReporter.org

September 26, 2024

Rob Conley Conley Home Inspections, LLC 8189 Willow Tree Way Alpharetta GA 30005 UNITED STATES **E-mail address :** <u>robconley@comcast.net</u> **Record type :** Certified Inspector **Phone number :** 770-289-6650 **Member number :** 257097

Dear Rob,

Please accept this letter as proof of your membership with the American Society of Home Inspectors. You are a **Certified Inspector** in good standing since 09/16/2014 and your membership number is **257097** Your ASHI membership is valid through 09/30/2025.

Please contact me if any further information is required. Thank you for your membership in ASHI!

Regards,

SucarLane

Susan Lane Membership Director 932 Lee Street Suite 101 Des Plaines IL 60016 Tel. 847-954-3185 Fax 847-

759-1620 susanl@ashi.org



Let it be known by this certificate that

Robert H. Conley

has earned the designation of

Certified Professional Inspector[®]

from the

International Association of Certified Home Inspectors[®]

Inspectors must complete ongoing continuing education and professional standards requirements to maintain their Certified Professional Inspector[®] designation. Always verify CPI status using the code or web address below before hiring a home inspector.



ssued by the International Association of Certified Home Inspectors 1750 30th St Ste 301

Boulder, CO 80301



evente verse v



Robert H. Conley E NACHI16052017

Verify by scanning code or visiting Valid as of December 29th, 2022. NACHI.ORG/VERIFY



INTERNATIONAL CODE COUNCIL ROBERT CONLEY

demonstrated knowledge as required by the International Code Council by successfully completing the prescribed written examination based on codes and standards then in effect, and is hereby issued this certification as: The International Code Council attests that the individual named on this certificate has satisfactorily

Residential Building Inspector

Given this day March 6, 2015

C indy Children

Cindy Davis, CBO President, Board of Directors

and was

Dominic Sims, CBO Chief Executive Officer





Expires October 20, 2024



Residential Building Inspector



Candidate ID:	ICC00221556

Name:

Robert Conley

Date:

3/6/2015

Address:

Alpharetta

8189 Willow Tree Way

GA 30005

EXAMINATION RESULT: PASS

Congratulations! You have passed the above-named examination. Your wallet card will be forwarded to you by ICC within six weeks from the last day of the month in which you tested. This certification is current for three years.

You may request a wall certificate from ICC as well. This certificate will be provided at no cost to you, if you request it within 90 days of your exam. Only one wall certificate per exam passed will be provided to you at no charge. For more information on requesting a wall certificate, go to www.iccsafe.org/inspector.

It is extremely important that you notify Pearson VUE and ICC of any changes in name and/or address to avoid the possibility of your wallet card and/or certificate not being received. There may be an additional fee if a certification is re-issued due to a misspelled name or incorrect address. Please note that name changes may require additional information.

For exams taken in the U.S: Please contact Pearson VUE at 800-275-8301 and ICC at certexam@iccsafe.org.

For international exams: Please go to www.pearsonvue.com/icc/cert/contact/.

The authenticity of this score report can be validated by using Pearson VUE's Online Score Report Authentication found at: www.PearsonVUE.com/authenticate Digital embossing eliminates the possibility of unauthorized embossing of counterfeit score reports.



Examination Board of Professional Home Inspectors Score Report

260063981 Examination Date: 11/26/2013 Examination: National Home Inspector Examination

ROBERT HUGH CONLEY 8189 WILLOW TREE WAY ALPHARETTA, GEORGIA 30005



The following is an analysis of your examination:

Portion: National Home Inspector Examination

Congratulations! You have passed the Examination Board of Professional Home Inspectors Exam.

Passing Scaled Score: 500

Your Scaled Score: 688

Examination Result: PASS

If you took this examination to qualify for licensing or other regulation in your state, contact the appropriate state authority to grant your license or other document.

If you took this examination to qualify for membership in a professional organization, contact that body for further instructions.

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National Home Inspector Examination developed by EBPHI administered by PSI.

Let It Be Known by This Certificate That

Rob Conley

Is a Certified Master Inspector®

Milly rowide

Nick Gromicko, Founder

Master Inspector Certification Board, Inc. 1750 30th Street, Suite 301 Boulder, CO 80301 CertifiedMasterInspector.org

CERTIFIED

ED BY TH.

INSPECTOR

MASTER

CIMI

The President and Naculty

The Genuin Institute of Technology

To all to whom these presents may come. Greeting: Whereas

Anthert Hugh Concley

has completed all the requirements for Graduation, noto, therefore, We, under the authority bested in us. do hereby confer upon him the degree of

Tuchelor of Science in Quilding Construction

with all the rights, privileges and honors, thereunto appertaining. In mitness inhereof, the signatures of the Chancellor of the University System. the President and the Registrar of The Georgia Institute of Technology are hereto subscribed, and the seal of the Institute is affixed.

Given at Atlanta on the fourteenth day of Iune. in the year of our Lord. nineteen hundred and eighty-six.



STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed Secretary of State Filing Date: 1/6/2024 2:17:44 PM

BUSINESS INFORMATION	
CONTROL NUMBER	14041434
BUSINESS NAME	Conley Home Inspections, LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	01/06/2024
ANNUAL REGISTRATION PERIO	OD 2024, 2025, 2026
PRINCIPAL OFFICE ADDRESS	
ADDRESS	8189 Willow Tree Way, Alpharetta, GA, 30005, USA
	NIS/USTIC MODE
REGISTERED AGENT	
NAME	ADDRESS COUNTY
Robert Hugh Conley, Jr.	8189 Willow Tree Way, Alpharetta, GA, 3005, USA Fulton
AUTHORIZER INFORMATION	
AUTHORIZER SIGNATURE	Robert Conley
AUTHORIZER TITLE	Organizer
	1776

CEI BEI	IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMAT		TER	OF INFORMATION ON					
	PRESENTATIVE OR PRODUCER, A	SURA	NCE	R NEGATIVELY AMEND	, EXTER	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE POLICI
lf S	ORTANT: If the certificate holder SUBROGATION IS WAIVED, subject s certificate does not confer rights t	to th	he te	rms and conditions of t	he polic	certain p	olicies may		
PRODU					CONTAC NAME:	Mila Lats , _{Ext):} 770733	is 31135	FAX (A/C, No)	:
Ć					ADDRES	<u>.</u>	mmettsinsura		
									nv 25178
INSURI	ED				INSURE		rm Mulual Aut	omobile Insurance Compa	ny 23170
	CONLEY, ROBERT HUGH				INSURE				
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cov	ERAGES CER	TIFIC	CATE	E NUMBER:				REVISION NUMBER:	•
EXC NSR	RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH TYPE OF INSURANCE	PERT POLIC ADD INSD	CIES.	LIMITS SHOWN MAY HAVE	BEENR	EDUCED BY	PAID CLAIMS. POLICY EXP	D HEREIN IS SUBJECT	
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	FOLICT NUMBER			(MM/DD/YYYY)	EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
(GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$
\rightarrow	OTHER:							COMBINED SINGLE LIMIT	\$
Ľ				C50 4767-A12-11A		01/12/2025	07/12/2025	(Ea accident)	\$
. +	ANY AUTO	N	N	D49 1836-B13-11		02/13/2025	08/13/2025	BODILY INJURY (Per person)	\$ 250,000
▲ -	AUTOS ONLY AUTOS HIRED NON-OWNED	N	N					BODILY INJURY (Per accident PROPERTY DAMAGE	, , .
_	AUTOS ONLY AUTOS ONLY							(Per accident)	\$ 100,000
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$
	DED RETENTION \$								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER	\$
A		N / A						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED?							E.L. DISEASE - EA EMPLOYE	E \$
<u>'</u>	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$

CERTIFICATE HOLDER	CANCELLATION
	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
	Mila Latsis

ACORD	CERTIFICATE	
CERTIFICATE BELOW. THIS	CATE IS ISSUED AS A MATTER OF INFORM. DOES NOT AFFIRMATIVELY OR NEGATIVE S CERTIFICATE OF INSURANCE DOES NOT TIVE OR PRODUCER, AND THE CERTIFICATE	LY AMEND, EXTEND CONSTITUTE A CO
If SUBROGAT	If the certificate holder is an ADDITIONAL INS ION IS WAIVED, subject to the terms and cor does not confer rights to the certificate holder	nditions of the policy, r in lieu of such endors
PRODUCER State Farm	Lasha Hammett State Farm	CONTACT NAME: PHONE (A/C, No, E) E-MAIL ADDRESS: