

April 20, 2025

To Susan Young  
342 Wilkerson Ave Perris, CA, 92570  
Perris Villas Apartments



Dear Susan Young,

Thank you for the opportunity to connect with you. At ReinmanPro, we take pride in providing high-quality, eco-friendly pressure washing solutions across California. Instead of using harsh chemicals, we rely on hot water systems and biodegradable detergents that effectively clean and restore surfaces while protecting both the environment and your property.

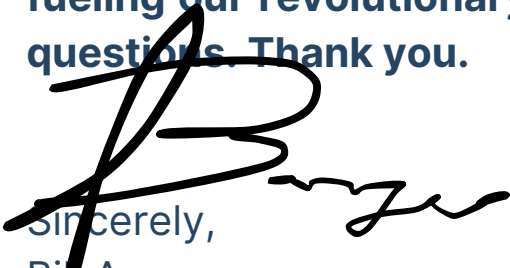
Using a range of advanced techniques — including soft washing, hot water pressure washing, and surface restoration tools — we tailor each project to meet the unique needs of your facility. Our team is equipped for large-scale commercial work, and we deliver results that are thorough, safe, and visually impressive, all while minimizing disruption to your operations.

We are DIR-certified (DIR #2000008858), OSHA-certified, and state-licensed, and we take pride in the trust our clients place in us. By supporting this project, you’re not only investing in long-term property care — you’re also contributing to our community-driven initiatives across Southern California, where we reinvest in efforts that make a lasting positive impact.

We look forward to the opportunity to work with you and help maintain the safety, cleanliness, and value of your property through our trusted pressure washing services.

“Value You Can Trust, Quality You Can See”		
Exterior Pressure Washing – Rear Facades Building A	Exterior Pressure Washing – Full Exterior Property Building A	Exterior Pressure Washing – Full Exterior Property Building A & B
Pressure and soft washing the back side of 2 units	Exterior building, walkways and patios	Exterior building, walkways and patios
Mildew, mold, and algae treatment	Mildew, mold, and algae treatment	Mildew, mold, and algae treatment
10% Algaecide Treatment Mold & Algae Control	10% Algaecide Treatment Mold & Algae Control	10% Algaecide Treatment Mold & Algae Control
Rinse & debris removal	Rinse & debris removal	Rinse & debris removal
Before/after photo documentation	Before/after photo documentation	Before/after photo documentation
Hot water systems (e.g., 8 GPM)	Hot water systems (e.g., 8 GPM)	Hot water systems (e.g., 8 GPM)
Basic window rinse	Basic window rinse	Basic window rinse
Crew Deployment: 3 Technicians, 1 Service Truck	Crew Deployment: 3 Technicians, 1 Service Truck	Crew Deployment: 3 Technicians, 1 Service Truck
Package A \$2510	Package B \$3,570	Package C \$6,570

Your support for this cleaning project will directly benefit the cities in Southern California. By backing this initiative, you’re helping to fund our second-quarter civic works in the very city where we recently closed an account. Your investment enables us to reinvest in Southern California using the proceeds from that project, fueling our revolutionary pressure washing efforts. Please feel free to call me at 951-260-2561 if you have any questions. Thank you.

  
Sincerely,  
Bill Amangca  
Company Manager  
Reinmanpro Inc

ReinmanPro Inc. – Commercial Pressure Washing Terms & Conditions



1. **Scope of Work**

ReinmanPro Inc. ("Contractor") agrees to provide professional pressure washing services as outlined in the written estimate or service agreement provided to the client ("Client"). Services may include but are not limited to surface washing, building exteriors, driveways, sidewalks, and roof cleaning.

2. **Final Walk-Through & Documentation**

A final walk-through will be conducted with the Client upon completion of the work. If the Client is unavailable or declines to perform a walk-through, ReinmanPro Inc. will document the project with detailed before-and-after photos to confirm completion and condition of the cleaned surfaces.

3. **Existing Property** Conditions

ReinmanPro Inc. shall not be held responsible or liable for any pre-existing damage to the Client's property, including but not limited to cracked surfaces, loose paint, deteriorated grout or sealant, damaged siding, rusted fixtures, or previously compromised structures.

4. **Payment Terms**

Unless otherwise agreed upon in writing, all payments are due Net 15 or Net 30 as specified in the invoice. Any additional services requested beyond the agreed scope must be paid within thirty (30) days of the invoice date.

- A 1.5% monthly late fee will be applied to all unpaid balances that remain outstanding forty-five (45) days after the invoice date.
- This late fee will be compounded monthly until the full balance is paid.

5. **Site Access & Utilities**

Client shall ensure access to the property on the scheduled service date(s), including access to any necessary utilities such as water and electricity. ReinmanPro Inc. will not be held responsible for delays due to lack of access or utility availability.

6. **Environmental Conditions**

Services may be postponed or rescheduled due to weather conditions, such as rain, wind, or extreme temperatures, that may impact service quality or safety.

7. **Safety & Compliance**

All work performed will follow OSHA guidelines, industry best practices, and ReinmanPro Inc.'s safety procedures. The Client agrees to keep the service area clear of bystanders, pets, and obstacles during the service period.

8. **Damage Waiver for Fragile Surfaces**

Client acknowledges that certain surfaces (e.g., old stucco, cracked concrete, loose shingles, oxidized paint, aged sealants) may be more prone to wear or incidental damage during pressure washing. By authorizing service, Client accepts all risk associated with cleaning such surfaces.

9. **Warranty & Satisfaction Guarantee**

ReinmanPro Inc. provides a satisfaction guarantee based on the scope of the agreed-upon services. Warranty does not cover post-cleaning discoloration caused by previous staining, weathering, or biological growth that cannot be safely removed.

10. **Legal & Collections**

In the event of litigation or collection efforts for unpaid services, the prevailing party shall be entitled to recover all costs, including administrative fees, court costs, and attorney's fees.

11. **Agreement**

By approving service, receiving an estimate, or making payment, the Client agrees to all terms outlined herein. These terms are subject to change upon notice from ReinmanPro Inc. and shall govern all future service engagements unless otherwise agreed in writing.

Would you like this formatted into a PDF or editable document for invoices, quotes, or digital signatures?

  
Sincerely,  
Bill Amangca  
Company Manager  
Reinmanpro Inc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2025

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	CONTACT NAME: Customer Service Department
Pike Insurance Services Inc	PHONE (A/C, No, Ext): (800) 411-7453
3910 Vista Way	FAX (A/C, No): (800) 991-7453
Suite 107	E-MAIL
Oceanside CA 92056	ADDRESS: certificates@pikeinsure.com
INSURED	INSURER(S) AFFORDING COVERAGE
Reinmanpro LLC	INSURER A : Obsidian Specialty Insurance Company
6295 Umbra Road	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
Banning CA 92220	INSURER F :

COVERAGES CERTIFICATE NUMBER: 25-26 GL MASTER 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			SCB-GL-000082243	4/13/2025	4/13/2026	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$ 50,000
							MED EXP (Any one person)
							\$ 5,000
							PERSONAL & ADV INJURY
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC						GENERAL AGGREGATE
	OTHER:						\$ 2,000,000
							PRODUCTS - COMP/OP AGG
							\$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED					BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> AUTOS					\$
		<input type="checkbox"/> NON-OWNED					BODILY INJURY (Per accident)
		<input type="checkbox"/> AUTOS					\$
							PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					\$
	DED	RETENTION \$					AGGREGATE
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input type="checkbox"/> N	N / A				PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							E.L. EACH ACCIDENT
							\$
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of Coverage

\*Subject to all policy terms, exclusions and conditions\*

CERTIFICATE HOLDER	CANCELLATION
Verification Of Coverage	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
	David Pike/ABDIA



Policy Number:BA040000090121  
Effective Date: 04/02/2025



**Amended Declarations: Add Driver(s)**  
**This policy change has resulted in an additional premium of \$0.00**  
This declarations supersedes any previous declarations bearing the same number for this policy period

**BUSINESS AUTO DECLARATIONS**

For resolving issues or other information you can contact your agent or Mercury using the below phone numbers:

<b>Issued By:</b> California Automobile Insurance Company P.O. BOX 10730 SANTA ANA, CA 92711-0730 Billing: (888) 637-2176 Claims: (800) 503-3724	<b>Agent:</b> Auto Ins Specialists-CA PO BOX 10160 SANTA ANA, CA 927110160 Agent Number: 042792 Agent Phone: (800) 493-7879
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<b>ITEM ONE</b>	<b>GENERAL INFORMATION</b>
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**Named Insured:**REINMANPRO, INC.

**Mailing Address:**12 S SAN GORGONIO AVE, #203 FLOOR 2  
BANNING, CA 92220-6015

**Policy Period:**From 07/17/2024to 07/17/2025at 12:01 AM Standard Time at your mailing address

**Business Type:**Pressure Washing

**Business Category:** Services

**Form of Business:**Corporation

**Total Policy Premium:**\$19,979.28

This policy may be subject to final audit. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

ENDORSEMENTS ATTACHED TO THIS POLICY	
IL 00 17 11 98 - Common Policy Conditions IL 00 21 09 08 - Nuclear Energy Liability Exclusion IL 00 03 09 08 - Calculation of Premium CA 00 01 10 13 - Business Auto Coverage Form CA 01 21 10 13 - Limited Mexico Coverage CA 01 43 05 17 - California Changes MIL 02 70 04 19 - California Changes - Cancellation and CA 23 94 10 13 - Silica or Silica Related Dust Exclusion IL N 119 10 15 - California Auto Body Repair Consumer Bill of MCA85100817-CA - Mercury Broadening Endorsement CA 04 44 10 13 - Waiver of Subrogation (Specified) CA 20 48 10 13 - Designated Insured	MCA 23 45 06 19 - Public or Livery Passenger Conveyance MCA 99 28 03 19 - Stated Amount Insurance MCANONFAC0516 - Permanently Attached Non-Factory MCA20760112 - Exclusion of Named Driver MCA 21 54 04 19 - California Uninsured Motorists - Bodily CA 21 55 10 13 - California Uninsured Motorists Coverage - CA 03 05 10 13 - California Changes - Waiver of Collision CA 04 24 10 13 - California Auto Medical Payments Coverage CA 99 23 10 13 - Rental Reimbursement Coverage MCA86100617 - Roadside Assistance Coverage CA 99 44 10 13 - Loss Payable Clause MCA AM END 04 19 - Amendatory Endorsement





# California Secretary of State

Business Programs Division  
1500 11th Street, Sacramento, CA 95814

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Reinmanpro Inc.  
12 SOUTH SAN GORGONIO AVENUE  
#203 FLOOR 2  
BANNING, CA 92220

## Business Amendment Filing Approved

October 10, 2024

Entity Name: Reinmanpro Inc.  
Entity Type: Stock Corporation - CA - General  
Entity No.: 202251110442  
Document Type: Statement of Information  
Document No.: BA20241808020  
File Date: 10/10/2024

The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov) and enter the entity name or entity number in the Search module.

### What's Next?

The most up to date records may be obtained by searching for the Entity Name or Entity Number in the Search module at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).

For further assistance, contact us at (916) 657-5448 or visit [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



Thank you for using [bizfile California](https://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

See Specific Instructions on page 3.  
Print or type.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
REINMANPRO INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.  

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) a \_\_\_\_\_  
**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregardedT efroxotm the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that code is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) a \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
  
Exempt payee code (if any) \_\_\_\_\_  
  
Exemption from FATCA reporting (if any) \_\_\_\_\_  
  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
12 S San Gorgonio Ave 203 Floor 2

6 City, state, and ZIP code  
Banning CA 92220

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

-

-

or

Employer identification number

9

9

-

3

9

1

4

2

8

8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and


3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person a



Date a

04-07-2025

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form 1099-DIV (dividends, including those from stocks or mutual funds)

Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

Form 1099-S (proceeds from real estate transactions)

Form 1099-K (merchant card and third party network transactions)

Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

Form 1099-C (canceled debt)

Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

Form W-9 (Rev. 10-2018)