Course Number: 31379 Course Name: Insurance	e Fraud	Offering Numbe	er (optional):
Total Credit Hours: 3.0	, as follows		
General 3	.0		
Course certified as: Cl	assroom		
THIS HEREBY CERTIFIES T	VALERIE MARIE STU		, <u>1981904</u> (License Number)
	of study has been filed a		urse of study for Continuing the Texas Department of
Course Completion Dat	e: 02-16-2016		
The above Continuing E	Education credits have b	een submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLEAN			
PO BOX 751027 MEMPHIS, TN 38175-1027			
LICENSEE must retain	for at least four years.		
Prepared on:		0	2-17-2016

Course Number: 31379 Course Name: Insurance Fraud	Offering Number (optional):	
Total Credit Hours: 3.0 , as follows		
General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT CAROL SUE MASS	EY 967591	
(Name AS ON LI	CENSE) (License Number)	
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.		
Course Completion Date: 02-16-2016		
The above Continuing Education credits have	been submitted for official banking by:	
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 MEMPHIS, TN 38175-1027		
LICENSEE must retain for at least four years		
Prepared on:	02-17-2016	

Offering Number (optional):

Course Name: Insurance Fraud		
Total Credit Hours: 3.0 , as follows General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT MISTY DAWN JENKINS (Name AS ON LICENSE)	1552024 (License Number)	
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.		
Course Completion Date: 02-16-2016		
The above Continuing Education credits have been submitted for	or official banking by:	
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 MEMPHIS, TN 38175-1027		
LICENSEE must retain for at least four years.		
Prepared on:	2-17-2016	

Offering Number (optional):

Course Name: Insurance Fraud	
Total Credit Hours: 3.0 , as follows  General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JOHN ANTHONY AVILA	_,1613543
(Name AS ON LICENSE)	(License Number)
has taken and successfully completed on this day the above of Education. This course of study has been filed and approved Insurance in accordance with its regulations.	•
Course Completion Date: 02-16-2016	
The above Continuing Education credits have been submitted	for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	02-17-2016

Course Number: 31379 Course Name: Insurance Fraud	Offering Number (optional):	
Total Credit Hours: 3.0 , as follows		
General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT CARL MIKE CRABLE	1422900	
(Name AS ON LIC	CENSE) (License Number)	
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.		
Course Completion Date: 02-16-2016		
The above Continuing Education credits have	been submitted for official banking by:	
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 MEMPHIS, TN 38175-1027		
LICENSEE must retain for at least four years.		
Prepared on:	02-17-2016	

Offering Number (optional):

nuing It of

Offering Number (optional):

Course Number: 31379

Course Name: Insurance Fraud

Fotal Credit Hours: 3.0 , as follows  General 3.0
Course certified as: Classroom
THIS HEREBY CERTIFIES THAT RAYFORD BRELAND GUSTAFSON III , 1602150 (Name AS ON LICENSE) (License Number)
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of nsurance in accordance with its regulations.
Course Completion Date: 02-16-2016
The above Continuing Education credits have been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN
PO BOX 751027 MEMPHIS, TN 38175-1027
ICENSEE must retain for at least four years.
Prepared on: 02-17-2016

Course Number: 31379 Course Name: Insurance Fraud	Oπering Number (optional):
Total Credit Hours: 3.0 , as follows  General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JESSE WAYNE ROB (Name AS ON LIC	INSON , 1491960 CENSE) (License Number)
has taken and successfully completed on this c Education. This course of study has been filed Insurance in accordance with its regulations.	day the above course of study for Continuing
Course Completion Date: 02-16-2016	
The above Continuing Education credits have	been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	02-17-2016

Course Number: 31379 Course Name: Insurance Fraud	Offering Number (optional):
Total Credit Hours: 3.0 , as follows  General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT ROBIN LYNN HARRIS (Name AS ON LIC	S-MCGILL , 1571205 (License Number)
has taken and successfully completed on this c Education. This course of study has been filed Insurance in accordance with its regulations.	
Course Completion Date: 02-16-2016	
The above Continuing Education credits have	been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	02-17-2016

Offering Number (optional):

Course Name: Insurance Fraud
Total Credit Hours: 3.0 , as follows  General 3.0
Course certified as: Classroom
THIS HEREBY CERTIFIES THAT CLAUDIA ANN UNANTENNE , 1176082 (License Number)
has taken and successfully completed on this day the above course of study for Continuing Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations.
Course Completion Date: 02-16-2016
The above Continuing Education credits have been submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN
PO BOX 751027 MEMPHIS, TN 38175-1027
LICENSEE must retain for at least four years.
Prepared on: 02-17-2016

Course Number: 31379 Course Name: Insurance Fraud	Offering Number	er (optional):
Total Credit Hours: 3.0 , as fo	llows	
General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT SUSA	AN FINN	, 1630159
(Nar	ne AS ON LICENSE)	(License Number)
has taken and successfully comp Education. This course of study I Insurance in accordance with its	pleted on this day the above co has been filed and approved by	
Course Completion Date: 02-16-	2016	
The above Continuing Education	credits have been submitted f	or official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 MEMPHIS, TN 38175-1027		
LICENSEE must retain for at least	st four years.	
Prepared on:	0	2-17-2016