Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course Category : 18871 - CF Course Category : 18871 - RESTORATIVE STRUCTURAL DRYING

ServiceType CE Course Completions

ServiceType CE Course C Request Date : 05-14-2015 State Texas Requestor : Lori H Hart

| Confirmation SSN | NPN Lic Nbr | Name | Status | Reference ID | Error Message |
|----------------------|------------------------|------------------------------|-----------|-----------------|---|
| 111720022 xxx-xx-529 | 94 193143 | RASHEEDA SALEEM | Processed | | |
| 111720026 xxx-xx-51 | 13 145629 ² | ANADELIA CANTU | Processed | | |
| 111720024 xxx-xx-15 | 58 415708 | | Error | | The Last Name does not match the person identified by the License Number. |
| 111720029 xxx-xx-018 | 36 1762004 | JOHN MICHAEL RILEY | Processed | | |
| 111720017 xxx-xx-09 | 79 1580718 | THERESA B RENEE FABER | Processed | | |
| 111720016 xxx-xx-578 | 31 76284 | FARON FURCHE FARMER | Processed | | |
| 111720021 xxx-xx-06 | 954437 | DEBORAH JUNE PRUETT | Processed | | |
| 111720030 xxx-xx-83 | 34 1595720 | CHELSEA RENEE HAMILTON | Processed | | |
| 111720033 xxx-xx-44 | 68 1924038 | AARON JAMES DEAN | Processed | | |
| 111720020 xxx-xx-83 | 18 1326630 | SEAN ANDRE SMITH | Processed | | |
| 111720019 xxx-xx-20 | 60 1960360 |) | Error | | The Last Name does not match the person identified by the License Number. |
| 111720018 xxx-xx-40 | 60 154407 | BRENT ACTON | Processed | | |

| Ì | | | | HEDDIN | | | |
|---|-----------|-------------|-------------|-----------------------------|-----------|---|---|
| | | | | HERRIN | | | |
| | 111720023 | xxx-xx-9246 | 1459622 | COY JOE MILES | Processed | | |
| | 111720025 | xxx-xx-2805 | 1834361 | IRENE HERNANDEZ | Processed | | |
| | 111720028 | xxx-xx-8145 | 1867696 | ARACELI ESTHER ESCOTO | Processed | | |
| | 111720031 | xxx-xx-1657 | 1459890 | MEGAN MARIE DEARMOND | Processed | | |
| | 111720032 | xxx-xx-1326 | 1602150 | | Error | The Last Name does not match the person identified by the License Number. | 1 |
| | | | <u>Ger</u> | nerate Certificat | es | | |
| | | 440 | Continue Pr | rocessing | Main Menu | | |
| L | | | | | | | |

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| Course Number: 188 Course Name: REST | 371 ORATIVE STRUCTURAL DRY | • | r (optional): 29748 |
|---|--|-------------------|---|
| Total Credit Hours: 6 | 3.0 , as follows | | |
| General | 6.0 | | |
| Course certified as: | Classroom | | |
| THIS HEREBY CERTIFIE | S THAT RASHEEDA SALEEM | | 1931435 |
| | (Name AS ON LIC | ENSE) | (License Number) |
| Education. This coun | ssfully completed on this d se of study has been filed nce with its regulations. | - | urse of study for Continuing the Texas Department of |
| Course Completion E | Date : 05-13-2015 | | |
| The above Continuin | g Education credits have t | peen submitted fo | or official banking by: |
| Provider Number: SERVICEMASTER CLE | EAN | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1 | | | |
| LICENSEE must reta | ain for at least four years. | | |
| Prepared on: | | 0: | 5-14-2015 |

| Course Number: 1887 Course Name: RESTO | 1 Offering Nu PRATIVE STRUCTURAL DRYING | mber (optional): 29748 | |
|--|--|-----------------------------|--|
| Total Credit Hours: 6.0 | , as follows | | |
| General | 6.0 | | |
| | | | |
| Course certified as: | Classroom | | |
| THIS HEREBY CERTIFIES | THAT ANADELIA CANTU | 1456291 | |
| | (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 Insurance in accordance with its regulations. | | | |
| Course Completion Da | ate: 05-13-2015 | | |
| The above Continuing | Education credits have been submitt | ed for official banking by: | |
| Provider Number: SERVICEMASTER CLEA | N. | | |
| PO BOX 751027 FHI-183 MEMPHIS, TN 38175-103 | | | |
| LICENSEE must retai | n for at least four years. | | |
| Prepared on: | | 05-14-2015 | |

| Course Number: 1887' Course Name: RESTO | I RATIVE STRUCTURAL DRY | | er (optional): 29748 |
|---|----------------------------|-----------------|---|
| Total Credit Hours: 6.0 | , as follows | | |
| General 6 | 5.0 | | |
| Course certified as: C | lassroom | | |
| THIS HEREBY CERTIFIES | THAT JOHN MICHAEL RILE | | ,1762004 |
| | (Name AS ON LICI | ENSE) | (License Number) |
| | of study has been filed a | • | urse of study for Continuing the Texas Department of |
| Course Completion Da | te: 05-13-2015 | | |
| The above Continuing | Education credits have b | een submitted f | or official banking by: |
| Provider Number: SERVICEMASTER CLEAR | N | | |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-102 | | | |
| LICENSEE must retain | for at least four years. | | |
| Prepared on: | | C | 5-14-2015 |

| Course Number: 188 Course Name: REST | B71 FORATIVE STRUCTURAL DRY | | r (optional): 29748 |
|---|--------------------------------|-------------------|--|
| Total Credit Hours: 6 | 6.0 , as follows | | |
| General | 6.0 | | |
| Course certified as: | Classroom | | |
| THIS HEREBY CERTIFIE | S THAT THERESA RENEE FA | ABER | 1580718 |
| | (Name AS ON LIC | | (License Number) |
| Education. This cour | | | urse of study for Continuing the Texas Department of |
| Course Completion [| Date: 05-13-2015 | | |
| The above Continuir | ng Education credits have | been submitted fo | or official banking by: |
| Provider Number: SERVICEMASTER CLE | EAN | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1 | | | |
| LICENSEE must reta | ain for at least four years. | | |
| Prepared on: | | 0 | 5-14-2015 |

Offering Number (optional): 29748

| Course Name: RESTORATIVE STRUCTURAL DRYING |
|--|
| Total Credit Hours: 6.0 , as follows General 6.0 |
| Ceneral |
| Course certified as: Classroom |
| THIS HEREBY CERTIFIES THAT FARON FURCHE FARMER , 76284 (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 Insurance in accordance with its regulations. |
| Course Completion Date: 05-13-2015 |
| The above Continuing Education credits have been submitted for official banking by: |
| Provider Number: SERVICEMASTER CLEAN |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 |
| LICENSEE must retain for at least four years. |
| Prepared on: 05-14-2015 |

Offering Number (optional): 29748

Course Number: 18871

Course Name: RESTORATIVE STRUCTURAL DRYING

| Total Credit Hours: 6.0 , . General 6.0 | as follows | |
|--|--|--------------------------------------|
| Course certified as: Classro | pom | |
| THIS HEREBY CERTIFIES THAT | DEBORAH JUNE PRUETT (Name AS ON LICENSE) | _, <u>954437</u> (License Number) |
| | completed on this day the above o | course of study for Continuing |
| Course Completion Date: (| 05-13-2015 | |
| The above Continuing Educ Provider Number: SERVICEMASTER CLEAN | cation credits have been submitted | for official banking by: |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 | | |
| LICENSEE must retain for a | at least four years. | |
| Prepared on: | | 05-14-2015 |

Course Number: 18871

Offering Number (optional): 29748

| Course Number: 188 Course Name: REST | 371 FORATIVE STRUCTURAL DRY | | r (optional): 29748 |
|---|---|------------------|---|
| Total Credit Hours: 6 | 3.0 , as follows | | |
| General | 6.0 | | |
| Course certified as: | Classroom | | |
| THIS HEREBY CERTIFIE | S THAT AARON JAMES DEAN | , | 1924038 |
| | (Name AS ON LICE | ENSE) | (License Number) |
| Education. This cours | ssfully completed on this da se of study has been filed a nce with its regulations. | | urse of study for Continuing the Texas Department of |
| Course Completion [| Date: 05-13-2015 | | |
| The above Continuin | g Education credits have b | een submitted fo | or official banking by: |
| Provider Number: SERVICEMASTER CLE | AN | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1 | | | |
| LICENSEE must reta | in for at least four years. | | |
| Prepared on: | | 0: | 5-14-2015 |

| Course Number: 188 Course Name: REST | 71 ORATIVE STRUCTURAL DRY | | r (optional): 29748 |
|--|------------------------------|------------------|---|
| Total Credit Hours: 6 | .0 , as follows | | |
| General | 6.0 | | |
| Course certified as: | Classroom | | |
| THIS HEREBY CERTIFIES | STHAT SEAN ANDRE SMITH | | 1326630 |
| | (Name AS ON LIC | ENSE) | (License Number) |
| Education. This cours | | • | urse of study for Continuing the Texas Department of |
| Course Completion D | ate: 05-13-2015 | | |
| The above Continuing | g Education credits have b | een submitted fo | or official banking by: |
| Provider Number: SERVICEMASTER CLEA | AN | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10 | | | |
| LICENSEE must retain | in for at least four years. | | |
| Prepared on: | | 0 | 5-14-2015 |

Offering Number (optional): 29748

| Course Name: RESTORATIVE STRUCTURAL DRYING |
|--|
| Total Credit Hours: 6.0 , as follows General 6.0 |
| Course certified as: Classroom |
| THIS HEREBY CERTIFIES THAT BRENT ACTON HERRIN , 1544075 (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 Insurance in accordance with its regulations. |
| Course Completion Date: 05-13-2015 |
| The above Continuing Education credits have been submitted for official banking by: |
| Provider Number: SERVICEMASTER CLEAN |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 |
| LICENSEE must retain for at least four years. |
| Prepared on: 05-14-2015 |

| Course Number: 188 Course Name: REST | 71 ORATIVE STRUCTURAL DRY | | er (optional): 29748 | |
|--|------------------------------|-------|----------------------|--|
| Total Credit Hours: 6 | .0 , as follows | | | |
| General | 6.0 | | | |
| Course certified as: | Classroom | | | |
| THIS HEREBY CERTIFIE | S THAT COY JOE MILES | | , 1459622 | |
| | (Name AS ON LIC | ENSE) | (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 D | ate: 05-13-2015 | | | |
| The above Continuing Education credits have been submitted for official banking by: | | | | |
| Provider Number: SERVICEMASTER CLE | AN | | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10 | • • | | | |
| LICENSEE must reta | in for at least four years. | | | |
| Prepared on: | | 0 | 5-14-2015 | |

| Course Number: 18871 Offering Number (optional): 29748 Course Name: RESTORATIVE STRUCTURAL DRYING | | | |
|---|--|-------------------------------------|---|
| Total Credit Hours: 6 | 3.0 , as follows | | |
| General | 6.0 | | |
| Course certified as: | Classroom | | |
| THIS HEREBY CERTIFIE | S THAT IRENE HERNANDEZ | , | 1834361 |
| | (Name AS ON LIC | ENSE) | (License Number) |
| Education. This cours | ssfully completed on this d se of study has been filed a nce with its regulations. | ay the above col and approved by | urse of study for Continuing the Texas Department of |
| Course Completion D | Date: 05-13-2015 | | |
| The above Continuin | g Education credits have b | een submitted fo | or official banking by: |
| Provider Number: SERVICEMASTER CLE | AN | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-16 | | | |
| LICENSEE must reta | in for at least four years. | | |
| Prepared on: | | 08 | 5-14-2015 |

| Course Number: 18871 Course Name: RESTORA | | nber (optional): 29748 | | |
|--|------------------------------------|----------------------------|--|--|
| Total Credit Hours: 6.0 | , as follows | | | |
| General 6.0 | | | | |
| | | | | |
| Course certified as: Clas | sroom | | | |
| | | | | |
| THIS HEREBY CERTIFIES THA | AT ARACELI ESTHER ESCOTO | ,1867696 | | |
| | (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 Insurance in accordance with its regulations. | | | | |
| Course Completion Date: | 05-13-2015 | | | |
| The above Continuing Ed | ucation credits have been submitte | d for official banking by: | | |
| Provider Number: SERVICEMASTER CLEAN | | | | |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 | | | | |
| LICENSEE must retain fo | r at least four years. | | | |
| Prepared on: | | 05-14-2015 | | |

Course Number: 18871

Offering Number (optional): 29748

| Course Name: RESTORATIVE STRUCTURAL DRYING | | | | |
|--|--|--|--|--|
| Total Credit Hours: 6.0 , as follows | | | | |
| General 6.0 | | | | |
| Course certified as: Classroom | | | | |
| THIS HEREBY CERTIFIES THAT MEGAN MARIE DEARMOND , 1459890 (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: 05-13-2015 | | | | |
| The above Continuing Education credits have been submitted for official banking by: | | | | |
| Provider Number: SERVICEMASTER CLEAN | | | | |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 | | | | |
| LICENSEE must retain for at least four years. | | | | |
| Prepared on: 05-14-2015 | | | | |

Continuing Education Course Completions in the State of Texas

| | | Confirmation | | | |
|---|------------------|---|--|--|--|
| : | 363747477 - 9 | SERVICEMASTE | R CLEAN | | |
| ourse : 18871 - RESTORATIVE STRUCTURAL DRYING | | | | | |
| jory : | General | | | | |
| : | CE Course Co | ompletions | | | |
| : | 05-14-2015 | | | | |
| : | Texas | | | | |
| : | Lori H Hart | | | | |
| | | | | | |
| SSN | NPN Lic Nbr | Name | Status | Reference ID | Error Message |
| xxx-xx-1326 | 1602150 | RAYFORD BRELAND GUSTAFSON | Processed | | |
| xxx-xx-2060 | 1960360 | CORAL ELIZABETH MCMINN | Processed | | |
| xxx-xx-1558 | 415708 | | Error | | The Last Name does not match the person identified by the License Number. |
| | <u>Ger</u> | nerate Certificate | es es | | |
| | Continue Pr | rocessing | Main Menu | | |
| | SSN xxx-xx-1326 | : 18871 - REST General : CE Course Co : 05-14-2015 : Texas : Lori H Hart SSN NPN Lic Nbr xxx-xx-1326 1602150 xxx-xx-2060 1960360 xxx-xx-1558 415708 | : 363747477 - SERVICEMASTE : 18871 - RESTORATIVE STRU Jory : General : CE Course Completions : 05-14-2015 : Texas : Lori H Hart SSN NPN Lic Nbr Name RAYFORD XXX-XX-1326 1602150 BRELAND GUSTAFSON CORAL XXX-XX-2060 1960360 ELIZABETH MCMINN XXX-XX-1558 415708 | : 363747477 - SERVICEMASTER CLEAN : 18871 - RESTORATIVE STRUCTURAL D Jory : General : CE Course Completions : 05-14-2015 : Texas : Lori H Hart SSN NPN Lic Nbr Name Status RAYFORD XXX-XX-1326 1602150 BRELAND Processed GUSTAFSON CORAL XXX-XX-2060 1960360 ELIZABETH Processed MCMINN XXX-XX-1558 415708 Error | : 363747477 - SERVICEMASTER CLEAN : 18871 - RESTORATIVE STRUCTURAL DRYING Jory : General : CE Course Completions : 05-14-2015 : Texas : Lori H Hart SSN NPN Lic Nbr Name Status Reference ID XXX-XX-1326 1602150 BRELAND Processed GUSTAFSON CORAL XXX-XX-2060 1960360 ELIZABETH Processed MCMINN XXX-XX-1558 415708 Error |

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Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course : 18871 - RESTORATIVE STRUCTURAL DRYING

Course Category : General

ServiceType CE Course Completions

Request Date : 05-14-2015 State : Texas Requestor : Lori H Hart

Confirmation SSN NPN Lic Nbr Reference Error Name **Status** ID Message

415708 KRISTEN ELLEN MUENINGHOFF 111720417 xxx-xx-1558 Processed

Generate Certificates

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| Course Number: 18871 Course Name: RESTORA | | ber (optional): 29748 | | |
|--|------------------------------------|----------------------------|--|--|
| Total Credit Hours: 6.0 | , as follows | | | |
| General 6.0 | | | | |
| Course certified as: Clas | sroom | | | |
| | | | | |
| THIS HEREBY CERTIFIES THA | RAYFORD BRELAND GUSTAFSON II | | | |
| (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 Insurance in accordance with its regulations. | | | | |
| Course Completion Date: | 05-13-2015 | | | |
| The above Continuing Ed | ucation credits have been submitte | d for official banking by: | | |
| Provider Number: SERVICEMASTER CLEAN | | | | |
| PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027 | | | | |
| LICENSEE must retain fo | or at least four years. | | | |
| Prepared on: | | 05-14-2015 | | |

| Course Number: 18871 Offering Number (optional): 29748 Course Name: RESTORATIVE STRUCTURAL DRYING | | | | |
|--|------------------------------|-------|------------------|--|
| Total Credit Hours: 6 | 6.0 , as follows | | | |
| General | 6.0 | | | |
| Course certified as: | Classroom | | | |
| THIS HEREBY CERTIFIE | ES THAT CORAL ELIZABETH | | ,1960360 | |
| | (Name AS ON LIC | ENSE) | (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 I | Date: 05-13-2015 | | | |
| The above Continuing Education credits have been submitted for official banking by: | | | | |
| Provider Number: SERVICEMASTER CLE | EAN | | | |
| PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1 | | | | |
| LICENSEE must reta | ain for at least four years. | | | |
| Prepared on: | | 0 | 5-14-2015 | |

| Course Number: 1887 Course Name: RESTO | 1 Offering PRATIVE STRUCTURAL DRYING | Number (optional): 29748 | | |
|--|---|--------------------------|--|--|
| Total Credit Hours: 6.0 | , as follows | | | |
| General | 6.0 | | | |
| Course certified as: | Classroom | | | |
| THIS HEREBY CERTIFIES | THAT KRISTEN ELLEN MUENINGHO | FF , 415708 | | |
| | (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 Insurance in accordance with its regulations. | | | | |
| Course Completion Da | ate: 05-13-2015 | | | |
| The above Continuing Education credits have been submitted for official banking by: | | | | |
| Provider Number: SERVICEMASTER CLEA | NN . | | | |
| PO BOX 751027 FHI-183 MEMPHIS, TN 38175-103 | | | | |
| LICENSEE must retai | n for at least four years. | | | |
| Prepared on: | | 05-14-2015 | | |