Offering Number (optional):

Course Number: 31377

| Course Name: Errors and Omission |
|--|
| Total Credit Hours: 3.0 , as follows General 3.0 |
| Course certified as: Classroom |
| THIS HEREBY CERTIFIES THAT GEORGE TERRELL SUTTON , 1378645 (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: 06-08-2016 |
| 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: 06-09-2016 |

Offering Number (optional):

Course Number: 31377

| Course Name: Errors and Omis | ssion | (op action). |
|---|---|---|
| Total Credit Hours: 3.0 , as General 3.0 | s follows | |
| Course certified as: Classroon | m | |
| | Name AS ON LICENSE) | • |
| has taken and successfully co Education. This course of stud Insurance in accordance with | ompleted on this day the above on the court of the court | ourse of study for Continuing by the Texas Department of |
| Course Completion Date: 06- | -08-2016 | |
| The above Continuing Educat | ion credits have been submitted | for official banking by: |
| Provider Number: SERVICEMASTER CLEAN | | |
| PO BOX 751027 MEMPHIS, TN 38175-1027 | | |
| LICENSEE must retain for at I | east four years. | |
| Prepared on: | | 06-09-2016 |
| | | |

| Course Number: 313 Course Name: Errors | | Offering Number (optional): | | |
|--|---------------------------------------|-----------------------------|------------------|--|
| Total Credit Hours: 3 | 3.0 , as follows | | | |
| General | 3.0 | | | |
| Course certified as: | Classroom | | | |
| THIS HEREBY CERTIFIE | S THAT LINDA J DELLES | , | 479003 | |
| | S THAT LINDA J DELLES (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 [| Date: 06-08-2016 | | | |
| The above Continuing Education credits have been submitted for official banking by: | | | | |
| Provider Number: SERVICEMASTER CLEAN | | | | |
| PO BOX 751027 MEMPHIS, TN 38175-16 | 027 | | | |
| LICENSEE must reta | in for at least four years. | | | |
| Prepared on: | | 06 | 5-09-2016 | |

| Course Number: 31377 Course Name: Errors and Omission | Offering Number (optional): | | | |
|--|---|--|--|--|
| Total Credit Hours: 3.0 , as follows | | | | |
| General 3.0 | | | | |
| Course certified as: Classroom | | | | |
| THIS HEREBY CERTIFIES THAT ERIC AUSTIN RICHA (Name AS ON LIC | | | | |
| 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: 06-08-2016 | | | | |
| 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: | 06-09-2016 | | | |

Offering Number (optional):

Course Number: 31377

| Course Name: Errors and Om | nission | , | | |
|--|----------------------|------------------|--|--|
| Total Credit Hours: 3.0 , a General 3.0 | as follows | | | |
| Course certified as: Classro | om | | | |
| THIS HEREBY CERTIFIES THAT | OANH LE HEATH | _,1586768 | | |
| | (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: 0 | 06-08-2016 | | | |
| 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: | | 06-09-2016 | | |