CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION
Texas Department Of Insurance

Course Number: 10835 Offering Number (optional):
Course Name: SMOKE AND ODOR DAMAGE MITIGATION

Total Credit Hours: 3.0 , as follows

General 3.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT LINDA J DELLES (Name AS ON LICENSE), 479003 (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

CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION
Texas Department Of Insurance

Course Number: 10835 Offering Number (optional):
Course Name: SMOKE AND ODOR DAMAGE MITIGATION

Total Credit Hours: 3.0 , as follows

General 3.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT ERIC AUSTIN RICHARDS, 1408410
(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

CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION
Texas Department Of Insurance

Course Number: 10835 Offering Number (optional):
Course Name: SMOKE AND ODOR DAMAGE MITIGATION

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