Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

: 10835 - SMOKE AND ODOR DAMAGE MITIGATION Course Course : 10835 Course Category : General
ServiceType : CE Cou

ServiceType : CE Course Completions

Request Date 03-30-2015 State : Texas : Lori H Hart Requestor

Confirmation ID	SSN	NPN	Lic Nbr	Name	Status	Reference ID	Error Message
109588463	xxx-xx-3668		1115532	LYNN RENEE SELL	Processed		
109588467	xxx-xx-9778		1822787	CYNTHIA SAUCEDA	Processed		
109588466	xxx-xx-0543		365074	DEBRA ELDRIDGE- HUTTO	Processed		
109588465	xxx-xx-1521		1809379		Error		The Last Name does not match the person identified by the License Number.
109588458	xxx-xx-2228		1853948		Error		The Last Name does not match the person identified by the License Number.
109588457	xxx-xx-8908		705859	ROSALINDA VIDAL	Processed		
109588459	xxx-xx-7055		1080383		Error		The Last Name does not match the person identified by the License Number.
109588464	xxx-xx-4486		1830281	TASHA JOANN BOWMAN	Processed		
109588456	xxx-xx-1313		991364	KATHLEEN ELIZABETH SOMMERS	Processed		
109588461	xxx-xx-4309		1075457	DEBORAH G EXFORD	Processed		
109588460	xxx-xx-8000		1194368	JODY L	Processed		

LUCKIE			
Generate Certific	cates		
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Continuing Education Course Completions in the State of Texas

Confirmation Provider 363747477 - SERVICEMASTER CLEAN : 10835 - SMOKE AND ODOR DAMAGE MITIGATION Course Course Category : General ServiceType : CE Course Completions Request Date : 03-30-2015 State Texas Requestor Lori H Hart Confirmation Reference Error SSN NPN Lic Nbr Name Status Message 109588673 xxx-xx-2228 1853948 KIM TODORA Processed 1809379 IRMA MACK BENNETT 109588675 xxx-xx-1521 Processed 1080323 ELAINE JONES BACON **Processed** 109588674 xxx-xx-3449 **Generate Certificates**

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Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 29690 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LYNN RENEE SELL	, 1115532
(Name AS ON LIC	ENSE) (License Number)
has taken and successfully completed on this d Education. This course of study has been filed Insurance in accordance with its regulations.	ay the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 03-28-2015	
The above Continuing Education credits have b	peen 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:	03-30-2015

Course Number: 10835 Course Name: SMOKE			r (optional): 29690	
Total Credit Hours: 3.0	, as follows			
General 3	.0			
Course certified as: Cl	assroom			
THIS HEREBY CERTIFIES T			1822787	
	(Name AS ON LICI	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 Dat	e: 03-28-2015			
The above Continuing E	Education credits have b	een submitted fo	or 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:		03	3-30-2015	

Course Number: 10835 Offe Course Name: SMOKE AND ODOR DAMAGE MITIGATION	ering Number (optional): 29690 ON
Total Credit Hours: 3.0 , as follows General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT DEBRA ELDRIDGE-HUTTO (Name AS ON LICENS) , <u>365074</u> E) (License Number)
has taken and successfully completed on this day the Education. This course of study has been filed and a Insurance in accordance with its regulations.	ne above course of study for Continuing
Course Completion Date: 03-28-2015	
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:	03-30-2015

Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 29690 IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT ROSALINDA VIDAL (Name AS ON LIC	,,
(Name AS ON LIC	ENSE) (License Number)
has taken and successfully completed on this of Education. This course of study has been filed Insurance in accordance with its regulations.	
Course Completion Date: 03-28-2015	
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:	03-30-2015

Course Number: 108 Course Name: SMOR			nber (optional): 29690
Total Credit Hours: 3	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE			,1830281
	(Name AS O	N LICENSE)	(License Number)
	se of study has been	filed and approved	course of study for Continuing by the Texas Department of
Course Completion D	Date: 03-28-2015		
The above Continuin	g Education credits h	nave been submitte	ed for official banking by:
Provider Number: SERVICEMASTER CLE	:AN		
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10			
LICENSEE must reta	nin for at least four ye	ears.	
Prepared on:			03-30-2015

Course Number: 1083 Course Name: SMOKE	5 Offering Num E AND ODOR DAMAGE MITIGATION	ber (optional): 29690
Total Credit Hours: 3.0	, as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIES	THAT KATHLEEN ELIZABETH SOMMERS	
	(Name AS ON LICENSE)	(License Number)
	sfully completed on this day the above of study has been filed and approved ce with its regulations.	
Course Completion Da	ate: 03-28-2015	
The above Continuing	Education credits have been submitted	for official banking by:
Provider Number: SERVICEMASTER CLEA	N	
PO BOX 751027 FHI-183- MEMPHIS, TN 38175-102		
LICENSEE must retain	n for at least four years.	
Prepared on:		03-30-2015

Course Number: 10835 (Course Name: SMOKE AND ODOR DAMAGE MITIG	Offering Number (optional): 29690 ATION
Total Credit Hours: 3.0 , as follows General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT DEBORAH G EXFORD (Name AS ON LICE	NSE) , 1075457 (License Number)
has taken and successfully completed on this da Education. This course of study has been filed an Insurance in accordance with its regulations.	y the above course of study for Continuing nd approved by the Texas Department of
Course Completion Date: 03-28-2015	
The above Continuing Education credits have be	en 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:	03-30-2015

Course Name: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 29690 IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JODY L LUCKIE (Name AS ON LIC	,1194368
(Name AS ON LIC	(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: 03-28-2015	
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:	03-30-2015

Course Number: 10835 Offering Number (optional): 29690 Course Name: SMOKE AND ODOR DAMAGE MITIGATION				
Total Credit Hours: 3.0	, as follows			
General 3	3.0			
Course certified as: C	lassroom			
THIS HEREBY CERTIFIES	THAT KIM TODORA		1853948	
	(Name AS ON LIC	ENSE)	(License Number)	
has taken and success Education. This course Insurance in accordance	of study has been filed	ay the above cou and approved by	urse of study for Continuing the Texas Department of	
Course Completion Da	te: 03-28-2015			
The above Continuing	Education credits have b	een submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLEAN	1			
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-102				
LICENSEE must retain for at least four years.				
Prepared on:		03	3-30-2015	

Course Number: 10835

Course Number: 10835 Course Name: SMOKE AND ODOR		Number (optional): 29690			
Total Credit Hours: 3.0 , as fol	llows				
General 3.0					
Course certified as: Classroom					
THIS HEREBY CERTIFIES THAT IRMA	MACK BENNETT	, 1809379			
has taken and successfully comp Education. This course of study h	(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: 03-28-2	2015				
The above Continuing Education	credits have been subm	nitted for official banking by:			
Provider Number: SERVICEMASTER CLEAN					
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027					
LICENSEE must retain for at leas	st four years.				
Prepared on:		03-30-2015			

Course Number: 108 Course Name: SMO	335 KE AND ODOR DAMAGE MITI	Offering Numbe	er (optional): 29690
Total Credit Hours: 3	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT ELAINE JONES BACC	ON	, 1080323
	S THAT ELAINE JONES BACC (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 E)ate: 03-28-2015		
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:	3-30-2015