Continuing Education Course Completions in the State of Texas

Confirmation

Provider : 363747477 - SERVICEMASTER CLEAN

Course **10835 - SMOKE AND ODOR DAMAGE MITIGATION**

Course Category : General

ServiceType : CE Course Completions

Request Date : 08-22-2014 : Texas State Requestor : Lori H Hart

Confirmation ID	SSN	NPN	Lic Nbr	Name	Status	Reference ID	Error Message	
99669283	xxx-xx-4148		1528204	KELLY ANN LANE	Processed			
99669284	xxx-xx-6736		1759024	DEBORAH ALLINE JONES	Processed			
99669275	xxx-xx-9170		1830365	ENERIDA BECERRA	Processed			
99669278	xxx-xx-7121		1600616	LORIE KAY LACZNY	Processed			
99669274	xxx-xx-7525		1875881	MABEL DEL HIERRO	Processed			
99669290	xxx-xx-5045		1339200		Error		The Last Name does not match the person identified by the License Number.	
99669267	xxx-xx-4196		287841	LAURIE ANDERSON RODRIGUEZ	Processed			
99669282	xxx-xx-8145		1867696	ARACELI ESTHER ESCOTO	Processed			
99669262	xxx-xx-2221		1202000	ANIA FASHON WASHINGTON	Processed			
99669273	xxx-xx-6414		1370735	DANIEL A REYES	Processed			
99669287	xxx-xx-9445		1100149	KATHY J MCKEOWN	Processed		,	
99669279			153699		Error		The License Number could not be found in the state database.	
99669280	xxx-xx-0893			MEFAROLD OMECIA WILSON	Processed			

T.						
99669271	xxx-xx-0904	1126713	RONALD WADE DEARMAN	Processed		
99669265	xxx-xx-4856	1345005	RACHEL ANDERSON	Processed		
99669268	xxx-xx-1760	397794	MALCOLM DAVID WILLIAMS	Processed		
99669270	xxx-xx-1735	1413092		Error		The Last Name does not match the person identified by the License Number.
99669276	xxx-xx-6843	1290985	MARGARITA PENA MEJIA	Processed		
99669272	xxx-xx-8316	1106200	IKE MCCOY	Processed		
99669286	xxx-xx-3636	425027	LOLETTE R BROOKS	Processed		
99669285	xxx-xx-2367	344965	JOSE GABRIEL GARCIA	Processed	22	
99669288	xxx-xx-8979	510478	SUSAN MARIE CLEMENT	Processed		
99669264	xxx-xx-6109	1103017	SUSAN JEAN WADE	Processed		
99669269	xxx-xx-7950	616791	TONIA LYNN BOWNDS	Processed		
99669266	xxx-xx-2707	1699654		Error		The Last Name does not match the person identified by the License Number.
99669289	xxx-xx-6215		SANDERS	Processed		
99669277	xxx-xx-5661	1089898	WILLIAM GERHARD LACZNY	Processed		
		Gen	erate Certificates			
	Co	ntinue Pr	ocessing	Main Menu		

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Continuing Education Course Completions in the State of Texas

				Confirmation			
Provider	: 3	63747	477 - SE	ERVICEMASTER (CLEAN		
Course	Course : 10835 - SMOKE AND ODOR DAMAGE MITIGATION						
Course Categ	ory : C	Seneral					
ServiceType	: (CE Cou	ırse Con	npletions			
Request Date	-12	08-22-2	2014				
State	3.	Texas					
Requestor	: 1	_ori H F	Hart				
Confirmation						Reference	Error
ID	SSN	NPN I	_ic Nbr	Name	Status	ID	Messag
99669782	xxx-xx-1735	1	1413092	SENAIDA HERNANDEZ RAMIREZ	Processed		
99669781	xxx-xx-2967	1	399654	REDDRICK JA MAR SCOTT	Processed		
			Gen	erate Certificates			

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Continuing Education Course Completions in the State of Texas

			Confirmation				
Provider	: 3	63747477 - SE	ERVICEMASTE	R CLEAN			
Course	: 1	: 10835 - SMOKE AND ODOR DAMAGE MITIGATION					
Course Categ	ory : G	eneral					
ServiceType	# 0	CE Course Con	npletions				
Request Date	30 C	8-22-2014					
State	: ٦	Texas					
Requestor	: L	.ori H Hart					
Confirmation ID	SSN	NPN Lic Nbr	Name	Status	Reference ID	Error Message	
99686326	xxx-xx-4561	1532699	ELLEN KATHLYNN TINSLEY	Processed		J	
		Gen	erate Certifica	tes			
		Continue Pro	occoping	Main Menu			

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Course Number: 108 Course Name: SMOK	35 E AND ODOR DAMAGE MITI	Offering Number (optio	nal): 26417
Total Credit Hours: 3	0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	THAT KELLY ANN LANE	, 15282	204
	(Name AS ON LIC	ENSE) , (Licen	se Number)
Education. This cours	sfully completed on this of e of study has been filed nce with its regulations.		
Course Completion D	ate: 08-19-2014		
The above Continuing	Education credits have b	een submitted for offici	al banking by:
Provider Number: SERVICEMASTER CLEA	AN		
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-10			
LICENSEE must retai	n for at least four years.		
Prepared on:		08-22-201	14

Course Number: 10835 Offering Number (optional): 26417 Course Name: SMOKE AND ODOR DAMAGE MITIGATION					
Total Credit Hours: 3.	0 , as follows				
General	3.0				
Course certified as:	Classroom				
T	DEBODAH ALLINE K	ONES	1759024		
I HIS HEREBY CERTIFIES	S THAT DEBORAH ALLINE JO (Name AS ON LIC		(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: 08-19-2014				
The above Continuing	g Education credits have b	peen submitted f	or official banking by:		
Provider Number: SERVICEMASTER CLEA	AN				
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-10					
LICENSEE must retai	n for at least four years.				
Prepared on:		O	08-22-2014		

Course Number: 10835 Course Name: SMOKE AN	Offering Num ID ODOR DAMAGE MITIGATION	nber (optional): 26417
Total Credit Hours: 3.0	, as follows	
General 3.0		
Course certified as: Class	sroom	
THIS HEREBY CERTIFIES THA	T ENERIDA BECERRA	, 1830365
	(Name AS ON LICENSE)	(License Number)
	y completed on this day the above study has been filed and approved vith its regulations.	
Course Completion Date:	08-19-2014	
The above Continuing Edu	ucation credits have been submitted	d 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:		08-22-2014

Course Number: 1083 Course Name: SMOKE	5 Offering N E AND ODOR DAMAGE MITIGATION	umber (optional): 26417
Total Credit Hours: 3.0	o , as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIES	THAT LORIE KAY LACZNY	1600616
	(Name AS ON LICENSE)	(License Number)
	sfully completed on this day the abore of study has been filed and approvice with its regulations.	
Course Completion Da	ate: 08-19-2014	
The above Continuing	Education credits have been submi	tted 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:		08-22-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 26417 IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MABEL DEL HIERRO	
(Name AS ON LIC	CENSE) (License Number)
has taken and successfully completed on this Education. This course of study has been filed insurance in accordance with its regulations.	•
Course Completion Date: 08-19-2014	
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:	08-22-2014

Course Number: 10835 Course Name: SMOKE AND	•	ber (optional): 26417
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT	LAURIE ANDERSON RODRIGUEZ (Name AS ON LICENSE)	
	(Name AS ON LICENSE)	(License Number)
	completed on this day the above of tudy has been filed and approved th its regulations.	
Course Completion Date:	08-19-2014	
The above Continuing Educ	cation 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 a	at least four years.	
Prepared on:		08-22-2014

Course Number: 10835 Course Name: SMOKE AND	<u> </u>	lumber (optional): 26417
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT	ARACELI ESTHER ESCOTO	1867696
THO HEREDI GERMINES HAT	(Name AS ON LICENSE)	(License Number)
	tudy has been filed and approv	ove course of study for Continuing ved by the Texas Department of
Course Completion Date:	08-19-2014	
The above Continuing Educ	cation credits have been subm	itted for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain for a	at least four years.	
Prepared on:		08-22-2014

Course Number: 108 Course Name: SMOR	835 KE AND ODOR DAMAGE MIT	_	er (optional): 26417
Total Credit Hours: 3	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT ANIA FASHON WAS	HINGTON	1202560
	(Name AS ON LIC	CENSE)	(License Number)
Education. This cours	•	•	urse of study for Continuing the Texas Department of
Course Completion D	Date: 08-19-2014		
The above Continuin	g Education credits have	been submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLE	:AN		
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-10			
LICENSEE must reta	ain for at least four years.		
Prepared on:		0	8-22-2014

Course Number: 108 Course Name: SMOK	35 E AND ODOR DAMAGE MITIC	•	r (optional): 26417
Total Credit Hours: 3	0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	THAT DANIEL A REYES	,	1370735
	(Name AS ON LICE	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: 08-19-2014		
The above Continuing	g Education credits have b	een submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLEA	AN		
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-10			
LICENSEE must retai	n for at least four years.		
Prepared on:		30	3-22-2014

Course Number: 10835 Course Name: SMOKE AND	Offering Nun D ODOR DAMAGE MITIGATION	nber (optional): 26417
Total Credit Hours: 3.0	, as follows	
General 3.0		
Course certified as: Class	room	
THIS HEREBY CERTIFIES THAT		, 1100149
	(Name AS ON LICENSE)	(License Number)
	completed on this day the above study has been filed and approved ith its regulations.	•
Course Completion Date:	08-19-2014	
The above Continuing Edu	cation credits have been submitte	ed 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:		08-22-2014

Course Number: 108 Course Name: SMOR	35 KE AND ODOR DAMAGE MITIGA	Offering Number (optiona ATION	al): 26417
Total Credit Hours: 3	.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT MEFAROLD OMECIA W	/ILSON , 1875576	D
	(Name AS ON LICEI		Number)
Education. This cours	ssfully completed on this day se of study has been filed ar nce with its regulations.	•	,
Course Completion D	eate: 08-19-2014		
The above Continuing	g Education credits have be	en 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:		08-22-2014	

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MI	Offering Number (optional): 26417 TIGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT RONALD WADE DE	
(Name AS ON L	CENSE) (License Number)
has taken and successfully completed on this Education. This course of study has been file Insurance in accordance with its regulations.	day the above course of study for Continuing dand approved by the Texas Department of
Course Completion Date: 08-19-2014	
The above Continuing Education credits have	e 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:	08-22-2014

Course Number: 106 Course Name: SMO	835 KE AND ODOR DAMAGE MITI	_	r (optional): 26417
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT RACHEL ANDERSON	l ,	1345005
	(Name AS ON LIC		(License Number)
Education. This cour	ssfully completed on this on the second study has been filed ince with its regulations.		urse of study for Continuing the Texas Department of
Course Completion [Date: 08-19-2014		
The above Continuin	g Education credits have b	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:		30	3-22-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 26417 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MALCOLM DAVID WI	LLIAMS 397794
(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: 08-19-2014	
The above Continuing Education credits have be	een 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:	08-22-2014

Course Number: 108 Course Name: SMOI	835 KE AND ODOR DAMAGE MI'	•	r (optional): 26417
Total Credit Hours: 3	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT MARGARITA PENA	MEJIA .	1290985
	S THAT MARGARITA PENA (Name AS ON LI	CENSE)	(License Number)
Education. This cours Insurance in accorda	se of study has been filed ince with its regulations.		urse of study for Continuing the Texas Department of
Course Completion [Date: 08-19-2014		
The above Continuin	g Education credits have	been 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	8-22-2014

Course Number: 108 Course Name: SMO	Offer KE AND ODOR DAMAGE MITIGATIO	ring Number (optional): 26417 N
Total Credit Hours: 3	3.0 , as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIE	S THAT IKE MCCOY JR	1106200
	(Name AS ON LICENSE	(License Number)
Education. This cours		e above course of study for Continuing pproved by the Texas Department of
Course Completion [Date: 08-19-2014	
The above Continuin	g Education credits have been s	submitted for 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:		08-22-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE	Offering Number (optional): 26417 MITIGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LOLETTE R BRO	OOKS 425027
	LICENSE) (License Number)
	nis day the above course of study for Continuing iled and approved by the Texas Department of s.
Course Completion Date: 08-19-2014	
The above Continuing Education credits ha	ve 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 year	rs.
Prepared on:	08-22-2014

Course Number: 10835 Course Name: SMOKE AND	Offering Nun O ODOR DAMAGE MITIGATION	nber (optional): 26417
Total Credit Hours: 3.0	, as follows	
General 3.0		
Course certified as: Classr	room	
THIS HEREBY CERTIFIES THAT	JOSE GABRIEL GARCIA	344965
	(Name AS ON LICENSE)	(License Number)
	completed on this day the above study has been filed and approved ith its regulations.	
Course Completion Date:	08-19-2014	
The above Continuing Educ	cation 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 for a	at least four years.	
Prepared on:		08-22-2014

Course Number: 108: Course Name: SMOK	35 E AND ODOR DAMAGE MITIG		r (optional): 26417
Total Credit Hours: 3.	0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	THAT SUSAN MARIE CLEME	NT	510478
	(Name AS ON LICE	NSE)	(License Number)
Education. This cours	sfully completed on this da e of study has been filed a ace with its regulations.		urse of study for Continuing the Texas Department of
Course Completion Da	ate: 08-19-2014		
The above Continuing	Education credits have be	een submitted fo	or 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:		08	3-22-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 26417 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT SUSAN JEAN WADE	1103017
(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: 08-19-2014	
The above Continuing Education credits have be	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:	08-22-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 26417 GATION	
Total Credit Hours: 3.0 , as follows		
General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT TONIA LYNN BOWNE		
(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: 08-19-2014		
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:	08-22-2014	

Course Number: 10835 Course Name: SMOKE AND		mber (optional): 26417
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT	TRACEY MICHELLE SANDERS	, 1234582
	(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:	08-19-2014	
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:		08-22-2014

Course Number: 10 Course Name: SMO	835 KE AND ODOR DAMAGE MIT		er (optional): 26417
Total Credit Hours:	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT WILLIAM GERHARD	LACZNY	, 1089898
	(Name AS ON LIC	CENSE)	(License Number)
Education. This cour			ourse of study for Continuing y the Texas Department of
Course Completion I	Date: 08-19-2014		
The above Continuin	g Education credits have	been submitted f	or 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 years.		
Prepared on:		C	08-22-2014

Offering Number (optional): 26417

Course Number: 10835

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 REDDRICK JA MAR SCOTT , 1399654 (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: 08-19-2014
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: 08-22-2014

Course Number: 10835 Course Name: SMOKE AN	Offering Num ND ODOR DAMAGE MITIGATION	nber (optional): 26417
Total Credit Hours: 3.0	, as follows	
General 3.0		
Course certified as: Class	sroom	
THIS HEREBY CERTIFIES THA	SENAIDA HERNANDEZ RAMIREZ	,1413092
	(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:	08-19-2014	
The above Continuing Edu	ucation credits have been submitted	d 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:		08-22-2014

Course Number: 10835 Course Name: SMOKE	Offering Nu AND ODOR DAMAGE MITIGATION	mber (optional): 26417
Total Credit Hours: 3.0	, as follows	
General 3	3.0	
Course certified as: Cl	lassroom	
THIS HEREBY CERTIFIES 1	THAT ELLEN KATHLYNN TINSLEY	, 1532699
	(Name AS ON LICENSE)	(License Number)
has taken and successf Education. This course Insurance in accordance	fully completed on this day the above of study has been filed and approve e with its regulations.	e course of study for Continuing d by the Texas Department of
Course Completion Dat	e: 08-19-2014	
The above Continuing E	Education credits have been submitte	ed 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:		08-22-2014