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

Requestor

: 01-17-2014

State

: Texas

: Lori H Hart

	Confirmation ID	SSN	NPN	Lic Nbr	Name	Status	Reference ID	Error Message
	91113158	xxx-xx-3160		1489708	TERRY LEE BURROW	Processed		
	91113160	xxx-xx-2882		341289	ROBBY RUSSELL OSBORNE	Processed		
	91113155	xxx-xx-9169		1611454	KAREN LOZANO	Processed		
	91113161	xxx-xx-0093		430962	JEFFREY SCOTT TILLERSON	Processed		
	91113170	xxx-xx-2860		1176082	CLAUDIA ANN UNANTENNE	Processed		
	91113162	xxx-xx-4889		1798312	LYMAN SETH BERRYMAN	Processed		
ĺ	91113141	xxx-xx-1674		1609168	HILDA I CHAVEZ	Processed		
	91113168	xxx-xx-8000		1194368	JODY L LUCKIE	Processed		
ĺ	91113147	xxx-xx-7036		1618413	LISA M IZZI	Processed		
	91113144	xxx-xx-8616		317386	KYLE WAYNE MELTON	Processed		
	91113166	xxx-xx-6471		1125090	TONY MICHAEL BISHOP	Processed		
	91113157	xxx-xx-0433		1275532		Error		The Last Name does not match the person identified by the License Number.
	91113159	xxx-xx-1561		1110935	JAMES SCOTT HALL	Processed		
	91113152	xxx-xx-7932		1669823	ELIZABETH TAMARA MCCRARY	Processed		
	91113167	xxx-xx-8211		325434	VICKI LAJUAN GUIDRY	Processed		
					JOHN ANTHONY			

- 1						
	91113156	xxx-xx-8179	1613543	AVILA	Processed	
	91113169	xxx-xx-2136	854221	KAY C MANNING	Processed	
	91113150	xxx-xx-0949	766965	ANN KRISTINE ECHELS	Processed	
	91113154	xxx-xx-3443	1268113	KATHRYN FRANCIS WILSON	Processed	
	91113164	xxx-xx-7043	479003	LINDA J DELLES	Processed	
	91113142	xxx-xx-9896	1541386	ANGELA HAWK GIBSON	Processed	
	91113151	xxx-xx-4017	510020	ROBERT LARRY HADEN	Processed	
	91113143	xxx-xx-2428	1036636	ULONA P ALLSBROOKS	Processed	
	91113145	xxx-xx-7690	1381444	LOLA DIANE ALLEN	Processed	
i de	91113146	xxx-xx-0771	1615755		Error	The Last Name does not match the person identified by the License Number.
	91113148	xxx-xx-0312	883241	CHARLENE HEDRICK	Processed	
	91113163	xxx-xx-8377	1242344	DARLA K JACKSON	Processed	
	91113165	xxx-xx-6891	1502321	GREGORY CHARLES JOPLING	Processed	
	91113153	xxx-xx-7411	886282	GEORGE M GLUCK	Processed	
	91113149	xxx-xx-1558	415708	KRISTEN ELLEN MUENINGHOFF	Processed	
			Ger	erate Certificates		
		Co	ontinue Pr	rocessing	lain Menu	
		Nonemannia de la compansión de la compan	***************************************			

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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 : 01-17-2014 State : Texas Requestor : Lori H Hart						
Confirmation ID	SSN NF	N Lic Nbr N	lame	Status	Reference ID	Error Message
91113717	xxx-xx-0771	1615755 A	BRIJESH JESHAN ANTHONYPILLAI	Processed		
91113719	xxx-xx-5781	/n/84	ARON FURCHE ARMER	Processed		
91113720	xxx-xx-2979	1380348	RAUL IVAN ESCOBAR	Processed		
91113721	xxx-xx-3641	856517 N	MARILYN K KUSS	Processed		
91113722	xxx-xx-2728		ISA DENISE NDERSON	Processed		
91113718	xxx-xx-0433	1275532 A	NA E IBARRA	Processed		
Generate Certificates						
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Offering Number (optional): 23709

Course Number: 10835

Course Name: SMOKE AND ODOR DAMAGE MITIGATION

Total Credit Hours: 3.0 , a	is follows	
General 3.0		
Course certified as: Classroo	om	
This hereby certifies that	TERRY LEE BURROW	1489708
((Name AS ON LICENSE)	(License Number)
	idy has been filed and approve	ve course of study for Continuing ed by the Texas Department of
Course Completion Date: 0	1-15-2014	
The above Occitioning Films	Pari and Photos and Tarana 1 and 1	
The above Continuing Educa	ation credits have been submit	ited for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
WEWITHS, TN 30173-1027		
LICENSEE must retain for at	least four years.	
	•	
Donat and a second		
Prepared on:		01-17-2014

Offering Number (optional): 23709

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 ROBBY RUSSELL OSBORNE (Name AS ON LICENSE)	_, 341289 (License Number)
has taken and successfully completed on this day the above of Education. This course of study has been filed and approved by Insurance in accordance with its regulations.	
Course Completion Date: 01-15-2014	
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:	01-17-2014

Course Number: 10835 Course Name: SMOKE AN	Offering Num D ODOR DAMAGE MITIGATION	ber (optional): 23709		
Total Credit Hours: 3.0	, as follows			
General 3.0				
Course certified as: Class	sroom			
THIS HEREBY CERTIFIES THA	T KAREN LOZANO	, 1611454		
	(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:	01-15-2014			
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:		01-17-2014		

Course Number: 10835 Course Name: SMOKE AND ODG		nber (optional): 23709
Total Credit Hours: 3.0 , as f	ollows	
General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT JEF		, 430962
2 V	ame AS ON LICENSE)	(License Number)
has taken and successfully com Education. This course of study Insurance in accordance with its	has been filed and approved	
Course Completion Date: 01-18	5-2014	
The above Continuing Education	n 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 at le	ast four years.	
Prepared on:		01-17-2014

Course Number: 108 Course Name: SMOK	35 E AND ODOR DAMAGE MITI	Offering Numbe	er (optional): 23709
Total Credit Hours: 3	0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	CLAUDIA ANN UNAN (Name AS ON LIC	ENSE)	(License Number)
Education. This cours	sfully completed on this of e of study has been filed not with its regulations.	day the above co and approved by	urse of study for Continuing the Texas Department of
Course Completion D	ate: 01-15-2014		
The above Continuing	Education credits have t	been submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLEA	un -		
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-10			
LICENSEE must retai	n for at least four years.		
Prepared on:		0	1-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 23709 IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LYMAN SETH BERR	YMAN 1798312
(Name AS ON LIC	
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: 01-15-2014	
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:	01-17-2014

Course Number: 10835 Offering Number (optional): 23709 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 HILDA I CHAVEZ	,1609168			
(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 Date: 01-15-2014				
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:	01-17-2014			

Course Number: 10835 Course Name: SMOKE AND ODOR		oer (optional): 23709	
Total Credit Hours: 3.0 , as foll	ows		
General 3.0			
v			
Course certified as: Classroom			
THIS HEREBY CERTIFIES THAT JODY (Nam	L LUCKIE e AS ON LICENSE)	, <u>1194368</u> (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: 01-15-2	014		
The above Continuing Education	credits have been submitted	I for official banking by:	
Provider Number: SERVICEMASTER CLEAN			
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027			
LICENSEE must retain for at least	t four years.		
Prepared on:		01-17-2014	

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITH	Offering Number (optional): 23709 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LISA M IZZI	1618413
(Name AS ON LIC	
has taken and successfully completed on this c Education. This course of study has been filed Insurance in accordance with its regulations.	lay the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 01-15-2014	
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:	01-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 23709 IGATION
Total Credit Hours: 3.0 , as follows General 3.0	
. Oerierai	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT KYLE WAYNE MELT (Name AS ON LIC	CENSE) 317386 (License Number)
has taken and successfully completed on this Education. This course of study has been filed Insurance in accordance with its regulations.	day the above course of study for Continuing I and approved by the Texas Department of
Course Completion Date: 01-15-2014	
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.	
Books and and	04.47.0044
Prepared on:	01-17-2014

Offering Number (optional): 23709

Course Number: 10835

Course Name: SMOKE AND	ODOR DAMAGE MITIGATION	
Total Credit Hours: 3.0 , General 3.0	as follows	
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT	TONY MICHAEL BISHOP (Name AS ON LICENSE)	, <u>1125090</u> (License Number)
has taken and successfully Education. This course of st Insurance in accordance with	completed on this day the above of	course of study for Continuing
Course Completion Date: (01-15-2014	
The above Continuing Educ	cation credits have been submitted	I 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:		01-17-2014

Course Number: 10835 Course Name: SMOKE AND C		er (optional): 23709
Total Credit Hours: 3.0 , a	as follows	
General 3.0		
Course certified as: Classroo	om	
THIS HEREBY CERTIFIES THAT	JAMES SCOTT HALL	, <u>1110935</u>
(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	1-15-2014	
The above Continuing Educa	ation credits have been submitted f	or official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027		
LICENSEE must retain for at	t least four years.	
Prepared on:	C	01-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAG	Offering Number (optional): 23709 GE MITIGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT ELIZABETH T (Name AS C	AMARA MCCRARY , 1669823 (License Number)
has taken and successfully completed of Education. This course of study has bee Insurance in accordance with its regulation.	n this day the above course of study for Continuing n filed and approved by the Texas Department of ons.
Course Completion Date: 01-15-2014	
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 y	ears.
Prepared on:	01-17-2014

Offering Number (optional): 23709

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 VICKI LAJUAN GUIDRY , 325434 (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: 01-15-2014
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: 01-17-2014

Course Number: 10835 Course Name: SMOKE AND		nber (optional): 23709
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	£
THIS HEREBY CERTIFIES THAT	JOHN ANTHONY AVILA (Name AS ON LICENSE)	, 1613543 (License Number)
has taken and successfully Education. This course of s Insurance in accordance wi	completed on this day the above tudy has been filed and approved the its regulations.	course of study for Continuing by the Texas Department of
Course Completion Date:	01-15-2014	
The above Continuing Educ	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 a	at least four years.	
Prepared on:		01-17-2014

Course Number: 10835 Offering Number (optional): 23709 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 KAY C MANNING , 854221 (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: 01-15-2014			
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: 01-17-2014			

Course Number: 10835 O Course Name: SMOKE AND ODOR DAMAGE MITIGA	ffering Number (optional): 23709 TION		
Total Credit Hours: 3.0 , as follows			
General 3.0			
Course certified as: Classroom			
THIS HEREBY CERTIFIES THAT ANN KRISTINE ECHELS (Name AS ON LICEN			
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: 01-15-2014			
The above Continuing Education credits have been	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:	01-17-2014		

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE	Offering Number (optional): 23709 MITIGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT KATHRYN FRAM (Name AS ON	
	this day the above course of study for Continuing filed and approved by the Texas Department of ns.
Course Completion Date: 01-15-2014	
The above Continuing Education credits h	ave 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	ars.
Prepared on:	01-17-2014

Course Number: 10835 Course Name: SMOKE AN	Offering Number Offering Number DODOR DAMAGE MITIGATION	er (optional): 23709	
Total Credit Hours: 3.0	, as follows		
General 3.0			
Course certified as: Class	sroom		
THIS HEREBY CERTIFIES THA		_, _479003	
	(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:	01-15-2014		
The above Continuing Edu	ucation 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:	,	01-17-2014	

Course Number: 10835 Course Name: SMOKE AND ODOR DAI		er (optional): 23709
Total Credit Hours: 3.0 , as follows	S	
General 3.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT ANGELA	HAWK GIBSON	_,1541386
(Name A	S 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: 01-15-2014		
The above Continuing Education cred	dits 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 for	ur years.	
Prepared on:		01-17-2014

Course Number: 10835 Course Name: SMOKE AND OR		(optional): 23709	
Total Credit Hours: 3.0 , as	s follows		
General 3.0			
Course certified as: Classroon	n		
THIS HEREBY CERTIFIES THAT R		510020	
(1)	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: 01-	15-2014		
The above Continuing Educati	ion credits have been submitted fo	or official banking by:	
Provider Number: SERVICEMASTER CLEAN			
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027			
LICENSEE must retain for at l	east four years.		
Prepared on:	0	1-17-2014	

Course Number: 1083 Course Name: SMOKI	85 E AND ODOR DAMAGE MITIC		r (optional): 23709
Total Credit Hours: 3.0	o , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	THAT ULONA P ALLSBROO	KS ,	1036636
	(Name AS ON LIC	ENSE)	(License Number)
Education. This course			urse of study for Continuing the Texas Department of
Course Completion Da	ate: 01-15-2014		
The above Continuing	Education credits have b	peen submitted fo	or official banking by:
Provider Number: SERVICEMASTER CLEA	.N		
PO BOX 751027 FHI-183 MEMPHIS, TN 38175-102	800 T. G. C.		
LICENSEE must retain	n for at least four years.		
Prepared on:		0.	1-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITH	Offering Number (optional): 23709 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LOLA DIANE ALLEN (Name AS ON LIC	, <u>1381444</u> (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
Course Completion Date: 01-15-2014	
The above Continuing Education credits have b	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:	01-17-2014

Course Number: 10835 Offering Number (optional): 23709 Course Name: SMOKE AND ODOR DAMAGE MITIGATION			
Total Credit Hours: 3	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIE	S THAT CHARLENE HEDRICK		883241
	(Name AS ON LIC	ENSE)	(License Number)
Education. This cours	ssfully completed on this o se of study has been filed ince with its regulations.	ay the above cou and approved by	rse of study for Continuing the Texas Department of
Course Completion [Date: 01-15-2014		
The above Continuin	g Education credits have t	een submitted fo	r official banking by:
Provider Number: SERVICEMASTER CLE	AN		
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-16	•		
LICENSEE must reta	ain for at least four years.		
Prepared on:		01	-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 23709 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
-	
THIS HEREBY CERTIFIES THAT DARLA K JACKSON (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: 01-15-2014	day the above course of study for Continuing and approved by the Texas Department of
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:	01-17-2014

Offering Number (optional): 23709

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 GREGORY CHARLES JOPLING , 1502321 (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: 01-15-2014
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: 01-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITH	Offering Number (optional): 23709 GATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT GEORGE M GLUCK (Name AS ON LIC	, <u>886282</u> 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
Course Completion Date: 01-15-2014	
The above Continuing Education credits have b	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:	01-17-2014

Course Number: 10835 Offering Number (optional): 23709 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 KRISTEN ELLEN MU	ENINGHOFF , 415708	
(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.	day the above course of study for Continuing	
Course Completion Date: 01-15-2014		
The above Continuing Education credits have	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:	01-17-2014	

Course Number: 10835 Offering Number (optional): 23709 Course Name: SMOKE AND ODOR DAMAGE MITIGATION		
Total Credit Hours: 3.0 ,	as follows	
General 3.0		
Course certified as: Classro	oom	
THIS HEREBY CERTIFIES THAT	Name AS ON LICENSE)	, <u>1615755</u> (License Number)
has taken and successfully Education. This course of s Insurance in accordance wi	completed on this day the above co tudy has been filed and approved by	urse of study for Continuing
Course Completion Date:	01-15-2014	
The above Continuing Educ	cation credits have been submitted f	or 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:	O	1-17-2014

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MITI	Offering Number (optional): 23709 GATION
Total Credit Hours: 3.0 , as follows General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT FARON FURCHE FAI	
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: 01-15-2014	
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:	01-17-2014

Course Number: 10835 Offering Number (optional): 23709 Course Name: SMOKE AND ODOR DAMAGE MITIGATION			23709
Total Credit Hours: 3.0	, as follows		
General 3.0			
Course certified as: Class	room		
THIS HEREBY CERTIFIES THA	RAUL IVAN ESCOBAR (Name AS ON LICENS)	, <u>1380348</u> E) (License Nu	ımber)
has taken and successfully Education. This course of Insurance in accordance w	completed on this day the study has been filed and a	ne above course of study	for Continuing
Course Completion Date:	01-15-2014		
The above Continuing Edu	cation credits have been	submitted for official ban	ıking by:
Provider Number: SERVICEMASTER CLEAN			
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027			
LICENSEE must retain for	at least four years.		
Prepared on:		01-17-2014	

Course Number: 10835 Course Name: SMOKE AND ODOR DAMAGE MIT	Offering Number (optional): 23709 IGATION
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MARILYN K KUSS	, 856517
(Name AS ON LIC	(License Number)
has taken and successfully completed on this Education. This course of study has been filed Insurance in accordance with its regulations.	day the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 01-15-2014	
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:	01-17-2014

Course Number: 10835 Offering Number (optional): 23709 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 LISA DENISE ANDERS (Name AS ON LICE		
has taken and successfully completed on this d Education. This course of study has been filed a Insurance in accordance with its regulations.		
Course Completion Date: 01-15-2014		
The above Continuing Education credits have b	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:	01-17-2014	

Course Number: 10835 Offering Number (optional): 23709 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 ANA E IBAR		1275532
(Name AS	ON LICENSE) (L	icense 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: 01-15-2014		
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:	01-1	17-2014