101777442

xxx-xx-5756

Continuing Education Course Completions in the State of Texas

			Confirmation			
Provider	81.3	63747477 - SI	ERVICEMASTEF	R CLEAN		
Course	31375 - Subrogation Reporting on Mitigation Claims					
Course Categ	gory : General					
ServiceType	: (CE Course Cor	mpletions			
Request Date	: '	10-08-2014				
State	: •	Texas				
Requestor	3.1	∟ori H Hart				
C					Deference	-
Confirmation ID	SSN	NPN Lic Nbr	Name	Status	Reference ID	Error Message
101777441	xxx-xx-8607	1048961	DAWN MARIE RHODES	Processed		
101777439	xxx-xx-4132	1553871	KIMBERLY RACHEL VALENTIN	Processed		
101777440	xxx-xx-5012	1872206	LYSSA Marie PITTS	Processed		
			GEORGE			

Processed

Main Menu

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1378645 TERRELL

Continue Processing

SUTTON **Generate Certificates**

Course Number: 31375 Course Name: Subrogation	n Reporting on Mitigation (Offering Number	er (optional):
Total Credit Hours: 3.0	, as follows		
General 3.0			
Course certified as: Class	sroom		
THIS HEREBY CERTIFIES THA			, 1048961
	(Name AS ON LICI	ENSE)	(License Number)
	study has been filed a		ourse of study for Continuing y the Texas Department of
Course Completion Date:	10-07-2014		
The above Continuing Edu	ucation credits have b	een submitted f	or official banking by:
Provider Number: SERVICEMASTER CLEAN			
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027			
LICENSEE must retain for	r at least four years.		
Prepared on:		1	10-08-2014

Course Number: 313 Course Name: Subro	Of ogation Reporting on Mitigation Clair	ffering Number (optional): _{ims}
Total Credit Hours: 3	3.0 , as follows	
General	3.0	
Course certified as:	Classroom	
THIS HEREBY CERTIFIE	S THAT KIMBERLY RACHEL VAL	ENTIN,1553871
	(Name AS ON LICEN	(License Number)
Education. This cours		the above course of study for Continuing d approved by the Texas Department of
Course Completion D)ate: 10-07-2014	
The above Continuing	g Education credits have bee	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:		10-08-2014

Course Number: 313 Course Name: Subro	75 gation Reporting on Mitigation (Offering Number (optional): Claims	
Total Credit Hours: 3	.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	S THAT LYSSA Marie PITTS	, 1872206	
	(Name AS ON LICE	ENSE) (License Numbe	<u>r)</u>
Education. This cours	e of study has been filed ance with its regulations.	ay the above course of study for 0 and approved by the Texas Depai	
The above Continuing	g Education credits have b	een submitted for 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:		10-08-2014	

Offering Number (optional):

Course Number: 31375

Course Name: Subrogation Reporting on Mitigation Claims	
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 Continu Education. This course of study has been filed and approved by the Texas Department of Insurance in accordance with its regulations. Course Completion Date: 10-07-2014	
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: 10-08-2014	