

CERTIFICATE OF CONTINUING EDUCATION COURSE COMPLETION
Texas Department Of Insurance

Course Number: 91479
Course Name: Remediating Bio-hazard Events

Offering Number (optional):

Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT SADIE LEIGH SICKA, 1628678
(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: 03-07-2017

The above Continuing Education credits have been submitted for official banking by:

Provider Number:
SERVICEMASTER ADVANCED RESTORATION/FRYCO

1630 WEST EULESS BLVD
EULESS, TX 76040-6825

LICENSEE must retain for at least four years.

Prepared on:

03-07-2017

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Course certified as: Classroom

THIS HEREBY CERTIFIES THAT APRIL DAWN YOUNG, 465855
(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.

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Course certified as: Classroom

THIS HEREBY CERTIFIES THAT HUONG LAN LAM, 1550505
(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.

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Total Credit Hours: 1.0 , as follows

General 1.0

Course certified as: Classroom

THIS HEREBY CERTIFIES THAT BRENDA GENTRY KING, 1916340
(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: 03-07-2017

The above Continuing Education credits have been submitted for official banking by:

Provider Number:

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1630 WEST EULESS BLVD
EULESS, TX 76040-6825

LICENSEE must retain for at least four years.

Prepared on:

03-07-2017