#### Continuing Education Course Completions in the State of Texas

#### Confirmation

Provider 363747477 - SERVICEMASTER CLEAN

Course : 31375 - Subrogation Reporting on Mitigation Claims

Course Category : General

ServiceType ... CE Course Completions

Request Date 02-24-2014
State Texas
Requestor : Lori H Hart

Confirmation ID	SSN	NPN Lic Nbr	Name	Status	Reference ID	Error Message
92471302	xxx-xx-7098	1502091	SALLY ANN LORENZO	Processed		
92471305	xxx-xx-3855		GILDREATH	Processed		
92471306	xxx-xx-6490	1739146	JAMES RYAN TOOLE	Processed		
92471304	xxx-xx-6670	1334283	RONALD JOE STANFIELD	Processed		
92471303	xxx-xx-7809	1499810	RHONDA DENEAN HAWKINS	Processed		
		Gen	erate Certificates			
		Continue Pro	ocessing Ma	in Menu		

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Course Number: 31375 Course Name: Subrogation Reporting on Mitigation Reporting	Offering Number (optional): 24193 aims
Total Credit Hours: 3.0 as follows	
General 3.0	
Course certified as: Classroom	
	4
THIS HEREBY CERTIFIES THAT SALLY ANN LORENZO (Name AS ON LICE	
has taken and successfully completed on this da Education. This course of study has been filed a Insurance in accordance with its regulations.  Course Completion Date: 02-19-2014	
The above Continuing Education credits have be	een submitted for official banking by:
Provider Number: SERVICEMASTER CLEAN	
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-10 <b>27</b>	
LICENSEE must retain for at least four years.	
Prepared on:	02-24-2014

Course Number: 313 Course Name: Subro	375 ogation Reporting on Mitigation	•	er (optional): 24193
Total Credit Hours: 3	3.0 , as follows		
General	3.0		
Course certified as:	Classroom		
THIS HERERY CERTIFIE	S THAT WILLIAM MACK GIL	BREATH	1385713
THIS HEREBY SERVING	(Name AS ON LIC		(License Number)
Education. This coun			ourse of study for Continuing y the Texas Department of
Course Completion [	<b>Date</b> : 02-19-2014		
The above Continuin	g Education credits have	been submitted	for official banking by:
Provider Number: SERVICEMASTER CLE	:AN		
PO BOX 751027 FHI-18 MEMPHIS, TN 38175-1	=		
LICENSEE must reta	ain for at least four years.		
Prepared on:		1	02-24-2014

Course Number: 31375 Course Name: Subrogation Reporting on Mitigation	Offering Number (optional): 24193 Claims
Total Credit Hours: 3.0 , as follows	
General 3.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JAMES RYAN TOOLE	<u>, 1739146</u>
(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: 02-19-2014	
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:	02-24-2014

Course Number: 313 Course Name: Subro	375 ogation Reporting on Mitigation	•	(optional): 24193
Total Credit Hours: 3	3.0 as follows		
General	3.0		
Course certified as:	Classroom		
This HEREBY CERTIFIE	S THAT RONALD JOE STAN	IFIELD,	1334283
	(Name AS ON LI	CENSE)	(License Number)
Education. This cour	se of study has been filed ance with its regulations.	day the above cou and approved by	urse of study for Continuing the Texas Department of
The above Continuir	ng Education credits have	been 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:		0	2-24-2014

Course Number: 31375 Course Name: Subrogation Rep	_	er (optional): 24193
Total Credit Hours: 3.0 , as	s follows	
General 3.0		
Course certified as: Classroom	m	
THIS HEREBY CERTIFIES THAT R	RHONDA DENEAN HAWKINS	1499810
	Name AS ON LICENSE)	(License Number)
has taken and successfully concentration. This course of student in accordance with	ompleted on this day the above on the court of the desired and approved by its regulations.	ourse of study for Continuing by the Texas Department of
Course Completion Date: 02	2-19-2014	
The above Continuing Educa	tion credits have been submitted	for official banking by:
Provider Number: SERVICEMASTER CLEAN		
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-10 <b>27</b>		
LICENSEE must retain for at	least four years.	
Prepared on:		02-24-2014