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

			Confirmation			
Provider Course Course Categ ServiceType Request Date State Requestor	-	: 94493 - Ti : General				
Confirmation ID	SSN	NPN Lic Nbr		Status	Reference ID	Error Message
116994555	xxx-xx-1561	1110935	HALL	Processed		
116994558	xxx-xx-9908	631569	MODESTA HERNANDEZ MUNOZ	Processed		
116994550	xxx-xx-5098	1259233	GENE NATHAN SCHLESINGER	Processed		The Lienan
116994554		505549		Error		The License Number counot be found in the state database.
116994556	xxx-xx-0573	1405098	DAISY ESPINOZA	Processed		
116994552	xxx-xx-4821	535974	KATHERYN ROSE BARNES	Processed		
116994549	xxx-xx-5268	494321	ROBERT ERNEST NORRIS	Processed		
116994551	xxx-xx-0986	290536	DANA BOOKOUT CRAIG	Processed		
116994553	xxx-xx-4017	510020	ROBERT LARRY HADEN	Processed		
116994557	xxx-xx-7043		LINDA J DELLES	Processed		
116994548	xxx-xx-0479	1674485	LEONARD ROY HEINZE	Processed		
116994547	xxx-xx-2509	1496859	JAMES THOMAS COOK	Processed		
		Ger Continue Pi	rocessing	Main Menu	7	

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

		Confirmation	1		
Provider : 363747477 - SERVICEMASTER CLEAN					
Course					
Course Category	: General				
ServiceType	CE Cours	e Completions			
Request Date	109-10-201	5			
State	: Texas	: Texas			
Requestor : Lori H Hart					
Confirmation SSN	NPN <sup>Lic</sup> Nbr	Name	Status	Reference ID	Error Message
116995595 xxx-xx	-0904 505154	SCOTT A BROOKS	Processed	I	
	<u>Ger</u>	nerate Certific	ates .		
	Continue Pr	ncessing	Main Menu		

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Offering Number (optional): 31455

Course Name: Trauma and Bio-Hazard Losses	
Total Credit Hours: 4.0 , as follows  General 4.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JAMES SCOTT HALL (Name AS ON LICENSE) (Licens	e Number)
has taken and successfully completed on this day the above course of s Education. This course of study has been filed and approved by the Tex Insurance in accordance with its regulations.	study for Continuing as Department of
Course Completion Date: 09-09-2015	
The above Continuing Education credits have been submitted for official	l 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: 09-10-2015	i

Course Number: 94493 Course Name: Trauma and Bio-Hazard Losses	Offering Number (optional): 31455
Total Credit Hours: 4.0 , as follows	
General 4.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT MODESTA HERNAND (Name AS ON LIC	DEZ MUNOZ , 631569 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.	ay the above course of study for Continuing
Course Completion Date: 09-09-2015	
The above Continuing Education credits have by	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:	09-10-2015

Course Number: 94493 Course Name: Trauma and Bio		per (optional): 31455		
Total Credit Hours: 4.0 , a	s follows			
General 4.0				
Course certified as: Classroo	om			
THIS HEREBY CERTIFIES THAT	GENE NATHAN SCHLESINGER	_,1259233		
(	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: 09	9-09-2015			
The above Continuing Educa	tion credits have been submitted	for official banking by:		
Provider Number: SERVICEMASTER CLEAN				
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027				
LICENSEE must retain for at	least four years.			
Prepared on:		09-10-2015		

Course Number: 94493 Course Name: Trauma and Bio-l	Offering Numbe	er (optional): 31455
Total Credit Hours: 4.0 , as	follows	
General 4.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT DA		1405098
(Na	ame AS ON LICENSE)	(License Number)
has taken and successfully con Education. This course of study Insurance in accordance with it	npleted on this day the above co y has been filed and approved by s regulations.	urse of study for Continuing the Texas Department of
Course Completion Date: 09-0	9-2015	
The above Continuing Education	on 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 le	ast four years.	
Prepared on:	OS	9-10-2015

ourse Number: 94493 Offering Number (optional): 31455 ourse Name: Trauma and Bio-Hazard Losses		
Total Credit Hours: 4.0 , as follows		
General 4.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT KATHERYN ROSE BA		
(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 and approved by the Texas Department of	
Course Completion Date: 09-09-2015		
The above Continuing Education credits have t	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:	09-10-2015	

Offering Number (optional): 31455

Course Name: Traum	na and Bio-Hazard Losses	One mig Number	i (Optional). 31433
Total Credit Hours: 4	.0 , as follows		
General	4.0		
Course certified as:	Classroom		
THIS HEREBY CERTIFIES	ROBERT ERNEST NO (Name AS ON LIC	DRRIS ENSE)	(License Number)
has taken and succes Education. This cours	ssfully completed on this d	ay the above co	urse of study for Continuing the Texas Department of
Course Completion D	rate: 09-09-2015		
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:		08	9-10-2015

Course Number: 94493 Course Name: Trauma and Bio-Ha	Offering Numb azard Losses	per (optional): 31455
Total Credit Hours: 4.0 , as fo	ollows	
General 4.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT DANA	A BOOKOUT CRAIG	290536
(Nar	me AS ON LICENSE)	(License Number)
has taken and successfully comp Education. This course of study I Insurance in accordance with its	has been filed and approved b	ourse of study for Continuing by the Texas Department of
Course Completion Date: 09-09-	2015	
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 leas	st four years.	
Prepared on:		09-10-2015

Course Number: 94493 Course Name: Trauma and Bio-Hazard Losses	Offering Number (optional): 31455
Total Credit Hours: 4.0 , as follows	
General 4.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT ROBERT LARRY HA	
(Name AS ON L	CENSE) (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: 09-09-2015	
The above Continuing Education credits have Provider Number: SERVICEMASTER CLEAN	been submitted for official banking by:
PO BOX 751027 FHI-1834 MEMPHIS, TN 38175-1027	
LICENSEE must retain for at least four years.	
Prepared on:	09-10-2015

Course Number: 94493 Course Name: Trauma and Bio-Hazard Losses	Offering Number (optional): 31455
Total Credit Hours: 4.0 , as follows	
General 4.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LINDA J DELLES	479003
(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 and approved by the Texas Department of
Course Completion Date: 09-09-2015	
The above Continuing Education credits have t	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:	09-10-2015

Course Number: 94493 Course Name: Trauma and Bio-Hazard Losses	Offering Number (optional): 31455
Total Credit Hours: 4.0 , as follows	
General 4.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT LEONARD ROY HEIN	ZE 1674485
(Name AS ON LIC	
has taken and successfully completed on this d Education. This course of study has been filed a Insurance in accordance with its regulations.	ay the above course of study for Continuing and approved by the Texas Department of
Course Completion Date: 09-09-2015	
The above Continuing Education credits have b	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:	09-10-2015

Course Number: 94493 Course Name: Trauma and Bio-Hazard Losse	Offering Number (optional): 31455
Total Credit Hours: 4.0 , as follows	
General 4.0	
Course certified as: Classroom	
THIS HEREBY CERTIFIES THAT JAMES THOMA	
(Name AS ON	N LICENSE) (License Number)
has taken and successfully completed on Education. This course of study has been Insurance in accordance with its regulation	this day the above course of study for Continuing filed and approved by the Texas Department of ns.
Course Completion Date: 09-09-2015	
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 yea	ars.
Prepared on:	09-10-2015

Course Number: 94493 Course Name: Trauma and Bio-Hazard Losses	Offering Number (optional): 31455	
Total Credit Hours: 4.0 , as follows		
General 4.0		
Course certified as: Classroom		
THIS HEREBY CERTIFIES THAT SCOTT A BROOKS	505154	
(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: 09-09-2015		
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:	09-10-2015	