



Certificate of Completion

Name of Licensee

NMLS Identification Number

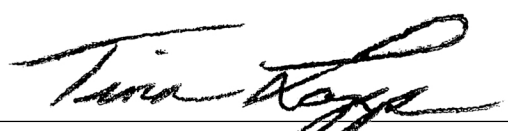
Awarded for the successful completion of hours of Prelicensing Education in the following course:

Course Title

Approval Number

Date of Completion

1400214
School Provider ID


Tina Lapp, Authorized Signature

By accepting this certificate, I hereby acknowledge receipt of my course completion and authorize the education provider to report my education hours to NMLS. I am the named person on this certificate and have completed this course. I further attest I completed the course in accordance with the Rules of Conduct.