



c/o Greenlight CE Partners 805 Buck Ct Erlanger KY 41018

CA State Provider Approval Number: 127903

CALIFORNIA STATE CONTINUING EDUCATION CERTIFICATE OF COMPLETION

2016 MEDICARE ADVANTAGE & PART D PLAN TRAINING

TITLE OF COURSE

325752

COURSE NUMBER

6

CA STATE APPROVED CREDIT(S)

3/18/2016

DATE OF COURSE

16843 VALLEY BLVD. #E-116

STREET ADDRESS

FONTANA, CA 92335

CITY, STATE, ZIP

I acknowledge that submitting a false or fraudulent Certificate of Completion to the Commissioner may subject any application for an insurance license to denial, and any license to suspension or revocation.

A handwritten signature in red ink, appearing to read "Mark Laake", is written over a horizontal line.

SIGNATURE OF INSTRUCTOR OR PROVIDER DIRECTOR,
MARK LAAKE

ORIGINAL SIGNATURE OF STUDENT
KEITH JOHNSON
0H94792

NOTE: According to the California Insurance Code Section 1749.3, all students who have taken a Continuing Education course must retain their Certificate of Completion for **five (5)** years.