

**EXHIBIT C**  
**CERTIFICATE OF COMPLETION**  
IDAHO DEPARTMENT OF INSURANCE CONTINUING EDUCATION RULE NO. 53

|  |                         |                |                   |
|--|-------------------------|----------------|-------------------|
| _____<br>Producer Name (Type or Print) | _____<br>License Number |                |                   |
| _____<br>Street Address                | _____<br>City           | _____<br>State | _____<br>Zip Code |

I, \_\_\_\_\_,  
Authorized Provider Representative (Type or Print)

do hereby certify that the person named herein has successfully completed the following **Idaho approved** course:

Course Title \_\_\_\_\_

Idaho Course Number \_\_\_\_\_

Attendance/Completion Date \_\_\_\_\_

Name of Provider/Sponsor \_\_\_\_\_

Credit Hours Earned \_\_\_\_\_

**This course has been certified by the Idaho Department of Insurance  
pursuant to Department of Insurance Rule No. 53.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

**THIS DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLETION WILL BE ACCEPTED AS EVIDENCE OF COMPLETION OF AN APPROVED COURSE. THE LICENSEE MUST RETAIN COPIES OF HIS OR HER CERTIFICATES OF COMPLETION EARNED FOR THE MOST RECENT TWO (2) YEAR PERIOD.**

THIS FORM MAY BE REPRODUCED BY THE COURSE SPONSOR ONLY.

Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043