WebCE 12222 Merit Dr., Suite 500 Dallas, TX 75251

7/6/2023

Bryan J Anderson 48901 Hwy 93 Ste. A No. 276 Polson, MT 59860

Dear Bryan J Anderson:

Congratulations! You have successfully completed the education course indicated on the enclosed Certificate(s) of Completion.

Next Steps:

- Verify the information located on your certificate and complete any required areas
- Refer to the requirements area on the WebCE course catalog for more information on your state licensing, certification or registration renewal process

We sincerely appreciate you choosing WebCE for your professional education needs and hope you will allow us to continue to serve you in the future. Please feel free to contact our support team at 877-488-9308 or by email at customerservice@webce.com, if you have any questions.

Thank you again for your business, we wish you the all the best in your career!

Cordially, WebCE Customer Service

Montana Continuing Education Certificate of Completion

This certifies that Bryan J Anderson

Has successfully completed Ethics for the Insurance Services Practitioner

| 11/01/2010 | 36 | 65-6400-113 | 4 | | | |
|----------------------|--------------------|--|---|--------------------|--|--|
| Date of completion | C | Course Number | Credit Hours | | | |
| icensee's Informatio | on: | | | | | |
| 928201 7569878 | | 3 | | | | |
| License Number | NPN | | | | | |
| rovider Information | <u>:</u> | | | | | |
| WebCE | | | Don Shipp | 11/01/2010 | | |
| Provider Name | | | Course Director Nam | e Signature Date | | |
| 365 | 877-4 | 488-9308 | | | | |
| Provider Number | Provider | Phone Number | | | | |
| 12222 Merit D | Dr., Suite 50 | 00 | Δ | | | |
| Provider | Address | | | Q_{2} | | |
| Dallas | тх | 75251 | 1 m | Alon Shipp | | |
| City | State | Zip | Provide | Provider signature | | |
| | | | | | | |
| | <u>l certify t</u> | hat I personally co (Must be completed) | ompleted this course. I to be valid) | | | |
| | | | 48901 Hwy 93 Ste | . A, No. 276 | | |
| | | - | Licensee's Busine | | | |
| | | | Polson, MT | 59860 | | |
| Licensee's Signature | | | City | State Zip | | |

LICENSEES SHOULD MAINTAIN THE ORIGINAL CERTIFICATE FOR THEIR RECORDS.