

Flood Medics Restoration

1020 Crews Road, Suite L Matthews, NC 28105 Ph: 704-559-9969 / Fx: 704-973-0256

Certificate of Completion

| Owner: Juhn + Au | bin | |
|--|---|-------------|
| Address: | | |
| City, State, Zip: Dick Hill | 56 29732 | |
| This is to certify that Flood Medics Rest and to my entire satisfaction. | storation has successfully completed the restoration contract between themselved on this day of | es ' } |
| we have completed the job for which yo the work we performed, as well as your | s to provide unexcelled mitigation and restoration services to our customers. If ou hired us, to your satisfaction, please sign and date below. Your feedback on feedback on our employees is very important to us. Therefore, we encourage | |
| you to share your comments or suggestic Thank you for choosing Flood Medics F | | |
| Comments: Wien | 100. 11 CLAS | 5 |
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| | | _ |
| - | | _ |
| | | |
| | for one full year commencing upon date of job completion and upon full and final payment for services rendered. | |
| Emergency Phase 1 Work Only: | | |
| _ | Property Owner / Authorized Agent Date | _ |
| Phase 2 Restoration Work Only: | 11/2 | 1/201 |
| - | Property Owner / Authorized Agent | <i>/ '-</i> |
| Fired Medica Book at the | Mih. Met 11/21/ | 15 |
| Flood Medics Restoration: | Authorized Agent for Flood Medics Rostoration Date | 5 |