




Certificate of Completion
&
Satisfaction

Insured/Claimant: Angel Rodriguez
Loss Address: 1810 Castle Rock Dr, Houston, TX 77090
Policy #: _____
Claim #: _____
Our File #/Name: _____

This is to certify the repairs/mitigation with Restoration 1, at the above noted property, have been completed to our entire satisfaction.

Authorized Signature: Angel Rodriguez 
(Insured/Claimant or Authorized Represent)

Printed Name: ANGEL RODRIGUEZ

Date: 9/22/17

Additional Comments: PAID IN FULL - \$3,000

Restoration 1
Representative/ Technician Signature: Mark Everett

Printed Name: Mark Everett