



**Certificate of Completion**  
**IS HEREBY GRANTED TO**

Amanda Freeman

NAME

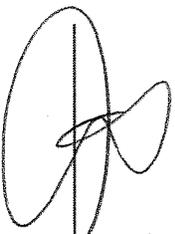
TO CERTIFY THAT THEY HAVE COMPLETED TO SATISFACTION IN

DMA TRAIN THE TRAINER

TYPE OF TRAINING

09/28/2020

COMPLETION DATE

  
DAVID SCHWARTZ

TRAINER SIGNATURE