

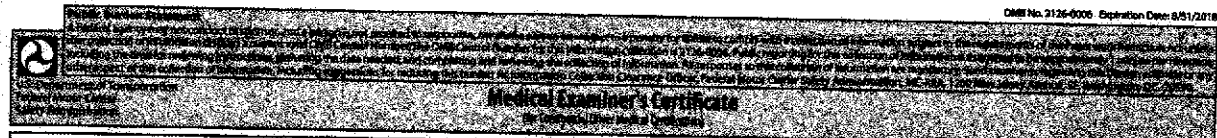


I certify that I have examined Last Name: Lamb First Name: MIKE In accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office. Medical Examiner's Certificate Expiration Date: 3-12-19

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 509-733-4282 Date Certificate Signed: 3-12-18
 Medical Examiner's Name (please print or type): JANICE LEBLANC
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____
 Medical Examiner's State License, Certificate, or Registration Number: AP 29905394 Issuing State: WA National Registry Number: 8729956766
 Driver's Signature: [Signature] Driver's License Number: Lamb MR 39904 Issuing State/Province: _____
 Driver's Address: 404 Silver Crown City: Northport State/Province: WA Zip Code: 99157 Yes No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.



I certify that I have examined Last Name: Lamb First Name: Michael In accordance with (please check only one):
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
 the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
 Wearing corrective lenses Accompanied by a _____ waiver/exemption Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
 Wearing hearing aid Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of 49 CFR 391.64 (Federal)
 Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office. Medical Examiner's Certificate Expiration Date: 4/30/2021

Medical Examiner's Signature: [Signature] Medical Examiner's Telephone Number: 509-132-4282 Date Certificate Signed: 4/30/2019
 Medical Examiner's Name (please print or type): Missisa Brooks
 MD Physician Assistant Advanced Practice Nurse
 DO Chiropractor Other Practitioner (specify) _____
 Medical Examiner's State License, Certificate, or Registration Number: AP 608183101 Issuing State: WA National Registry Number: 1073893772
 Driver's Signature: [Signature] Driver's License Number: Lamb MR 399104 Issuing State/Province: WA
 Driver's Address: 404 Silver Crown Ave City: Northport State/Province: WA Zip Code: 99157 Yes No

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