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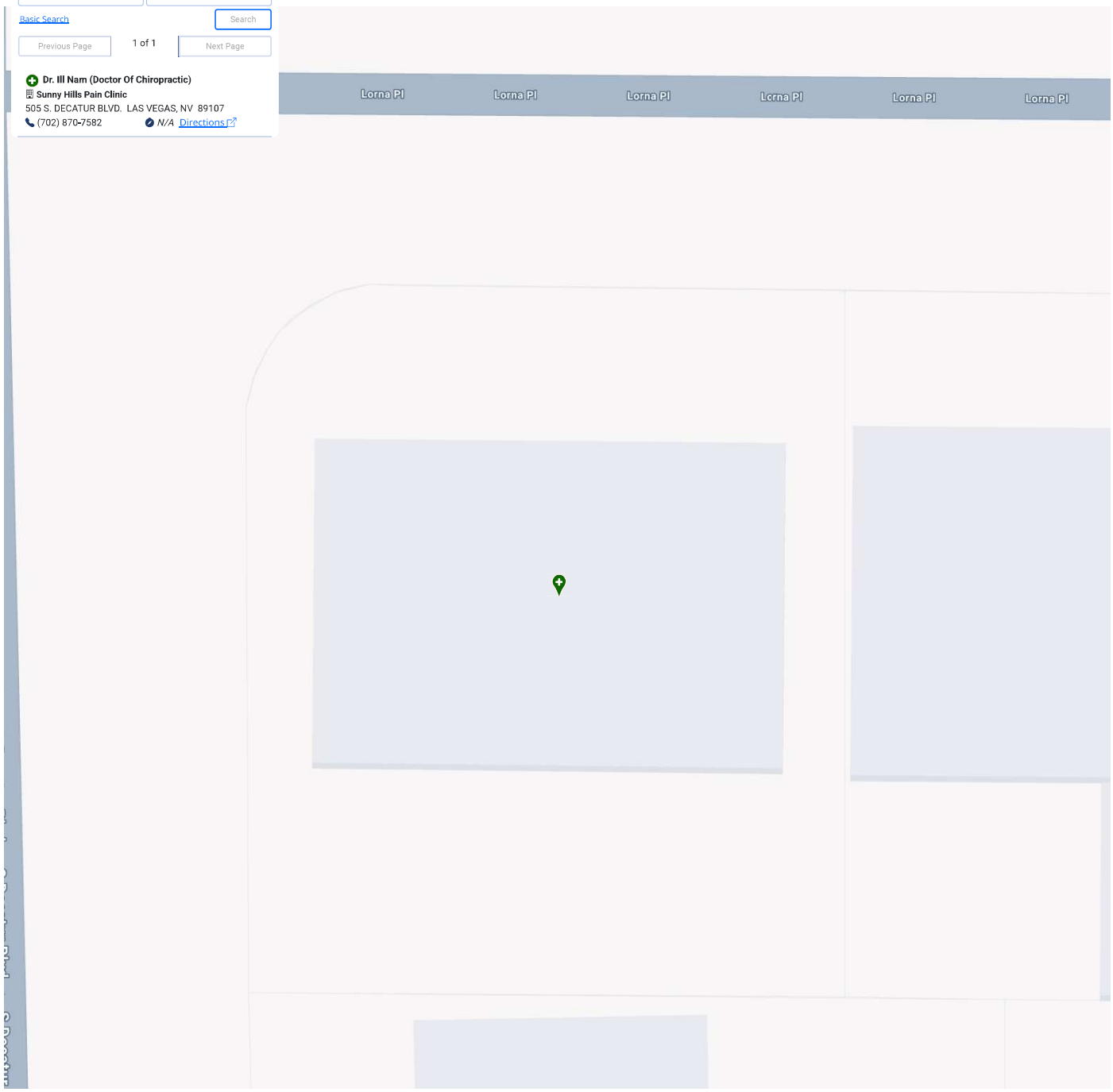
Dr. Ill Nam (Doctor Of Chiropractic)
Sunny Hills Pain Clinic
505 S. DECATUR BLVD. LAS VEGAS, NV 89107
(702) 870-7582 N/A Directions



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Federal Motor Carrier Safety Administration

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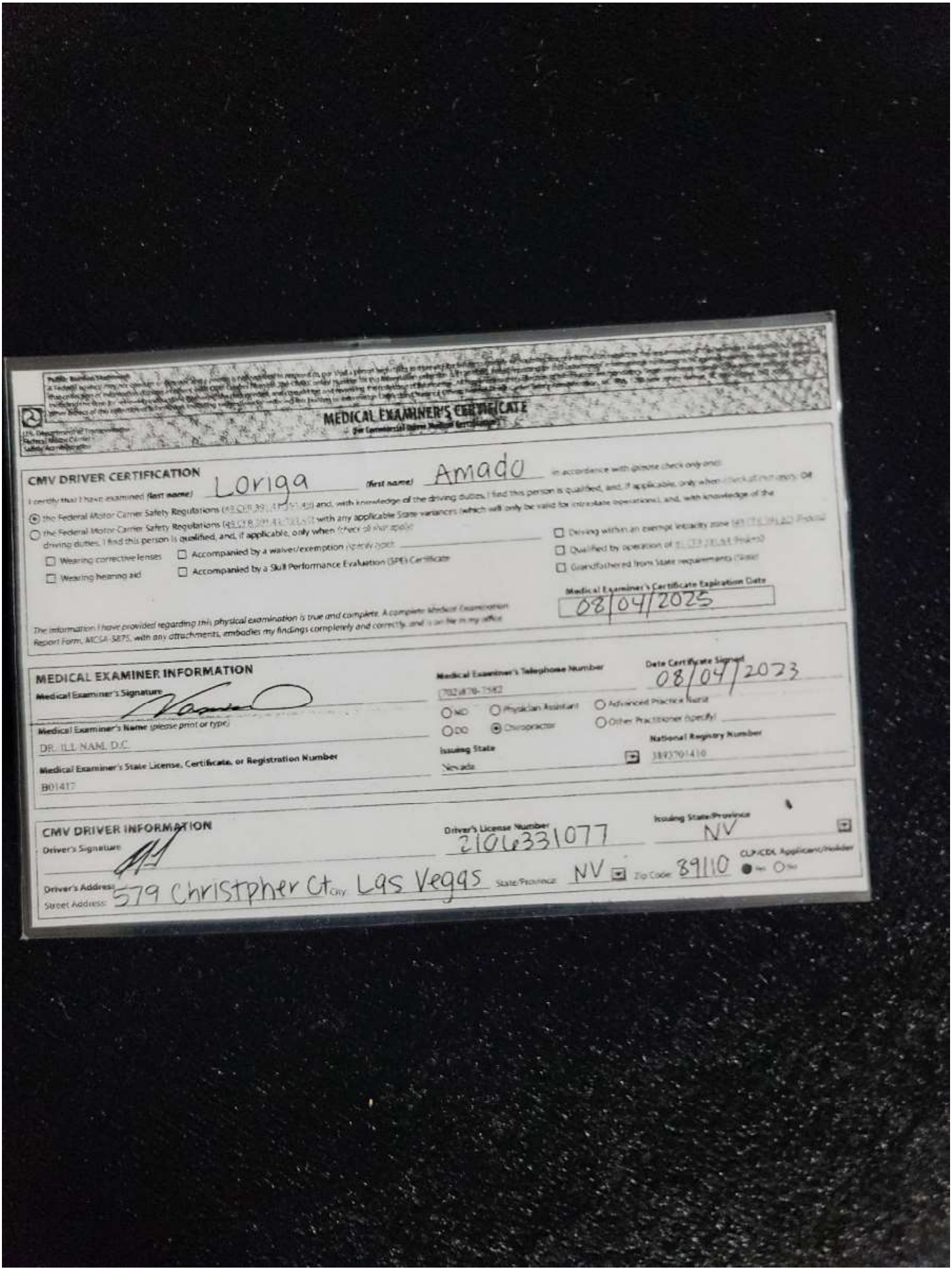

MEDICAL EXAMINER'S CERTIFICATE

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Loriga (first name) Amado 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):

( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.47) 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
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type)
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Qualified by operation of (49 CFR 391.64 Grand)
- ☐ Grandfathered from State requirements (State)

Medical Examiner's Certificate Expiration Date: 08/04/2025

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 INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number: (702) 870-7582

Date Certificate Signed: 08/04/2023

Medical Examiner's Name (please print or type): DR. ILL NAM, D.C

( ) MD (•) Chiropractor ( ) Physician Assistant ( ) Advanced Practice Nurse ( ) DO ( ) Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: B01417

Issuing State: Nevada

National Registry Number: 3893701410

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: 2106331077

Issuing State/Province: NV

Driver's Address: Street Address: 579 Christpher Ct City: Las Vegas State/Province: NV Zip Code: 89110

CLP/CDL Applicant/Holder: (•) Yes ( ) No