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National Registry Number: 7439624193

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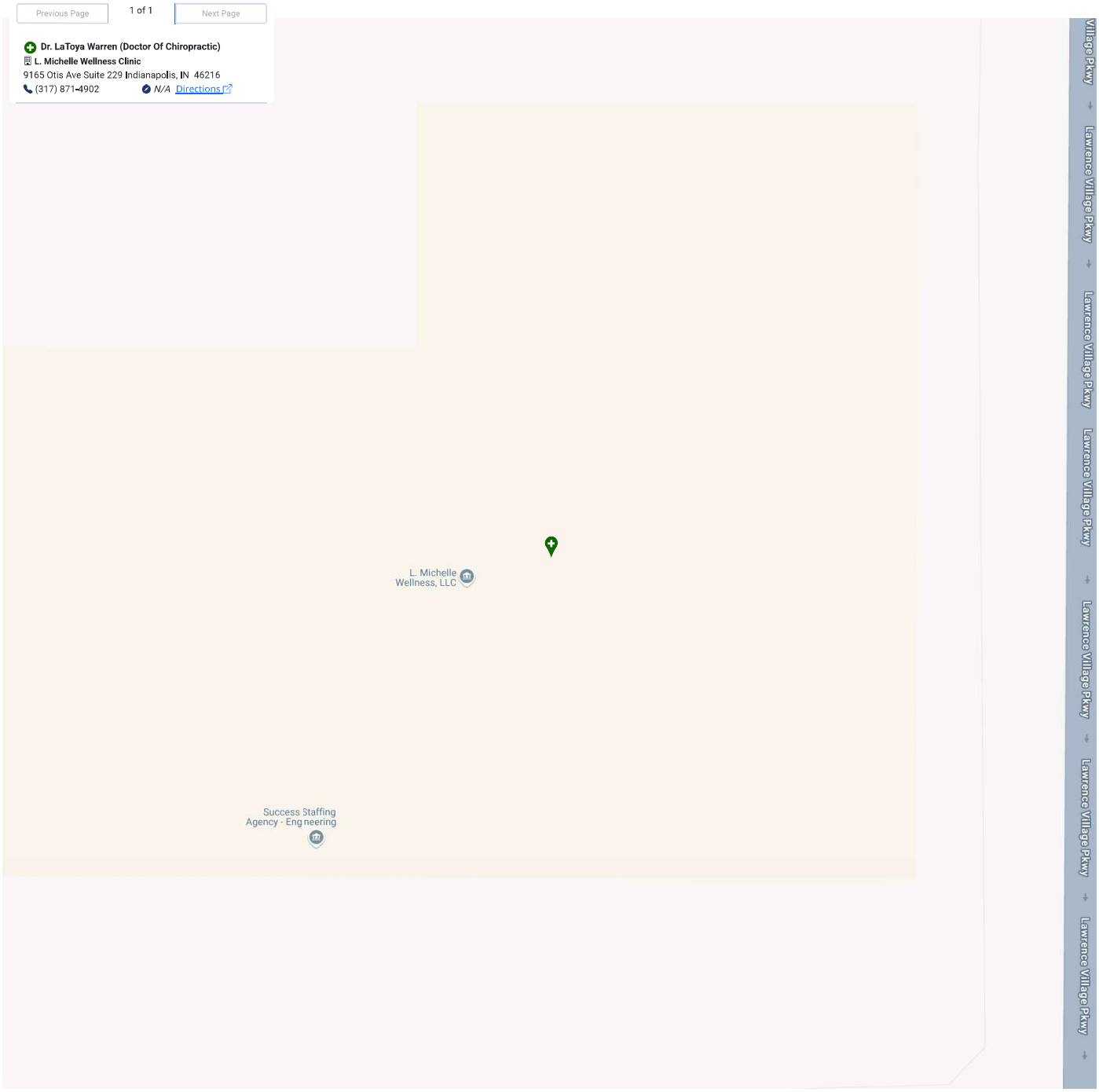
Dr. LaToya Warren (Doctor Of Chiropractic)
L. Michelle Wellness Clinic
9165 Otis Ave Suite 229 Indianapolis, IN 46216
(317) 871-4902 N/A Directions



U.S. DEPARTMENT OF TRANSPORTATION

Federal Motor Carrier Safety Administration

1200 NEW JERSEY AVENUE, SE

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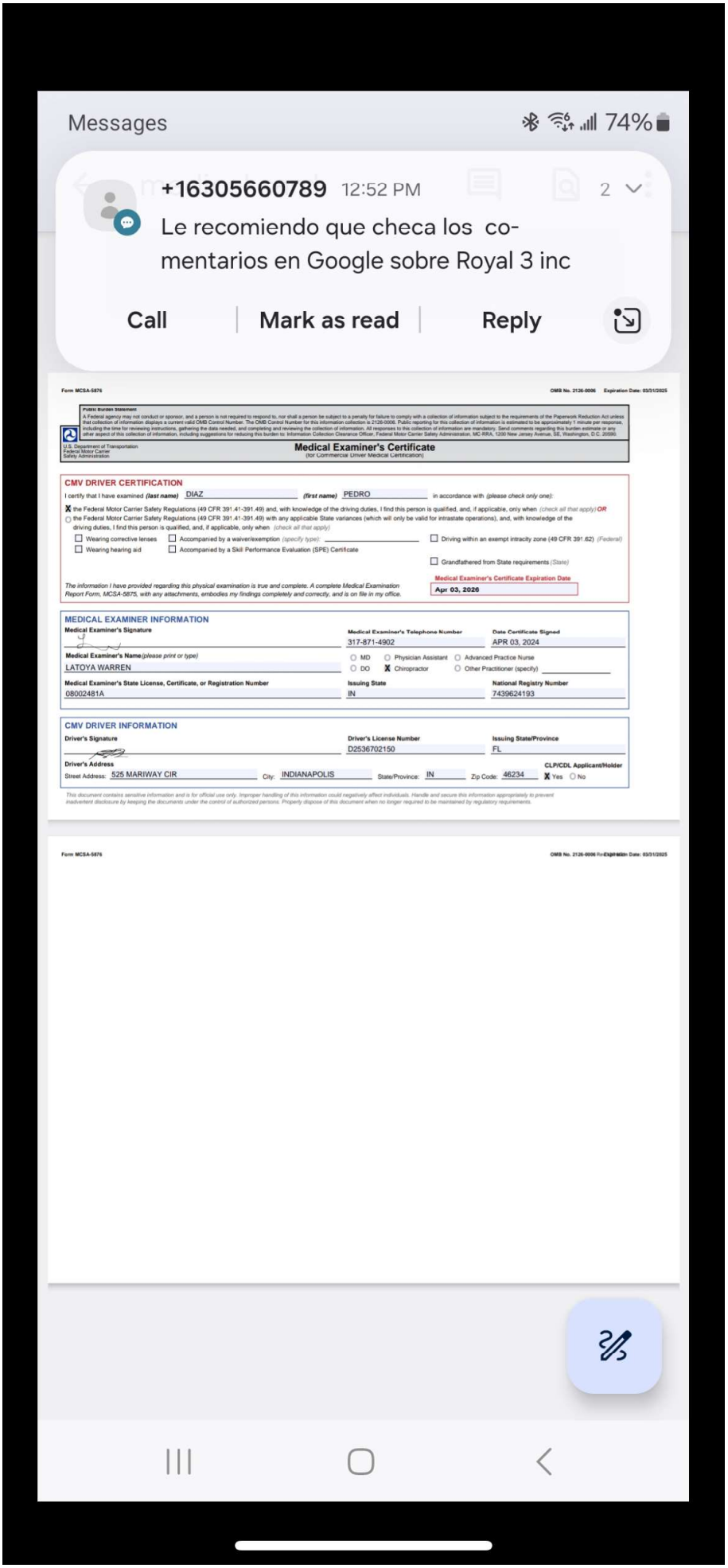

Form MCSA-5876 OMB No. 2126-0006 Expiration Date: 03/31/2025

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U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined *(last name)* DIAZ *(first name)* PEDRO in accordance with *(please check only one)*:

X 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 *(specify type)*: _____ ☐ Driving within an exempt intracity zone (49 CFR 391.62) *(Federal)*

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ 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
Apr 03, 2026

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Medical Examiner's Telephone Number: 317-871-4902

Date Certificate Signed: APR 03, 2024

Medical Examiner's Name *(please print or type)*: LATOYA WARREN

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO X Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 08002481A

Issuing State: IN

National Registry Number: 7439624193

CMV DRIVER INFORMATION

Driver's Signature

Driver's License Number: D2536702150

Issuing State/Province: FL

Driver's Address
Street Address: 525 MARIWAY CIR City: INDIANAPOLIS State/Province: IN Zip Code: 46234

CLP/CDL Applicant/Holder
X Yes ○ No

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