

MOTOR  
CARRIER

KM of RHINELANDER INC.

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined

CHARLES Motowski

(DRIVER'S NAME - Print)

In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 - 391.49) and with knowledge of his duties, I find him qualified under the regulations.

- Qualified only when wearing corrective lenses  
 Qualified only when wearing a hearing aid  
 Medically unqualified unless accompanied by a waiver

A completed examination form for this person is on file in my office at

ONEIDA MALL

(ADDRESS)

10-1-83

(DATE of EXAMINATION)

LEE SWANK

(NAME of EXAMINING DOCTOR - Print)

Lee Swank

(SIGNATURE of EXAMINING DOCTOR)

Charles Motowski

(SIGNATURE of DRIVER)

Eagle River Wisc.

(ADDRESS of DRIVER)