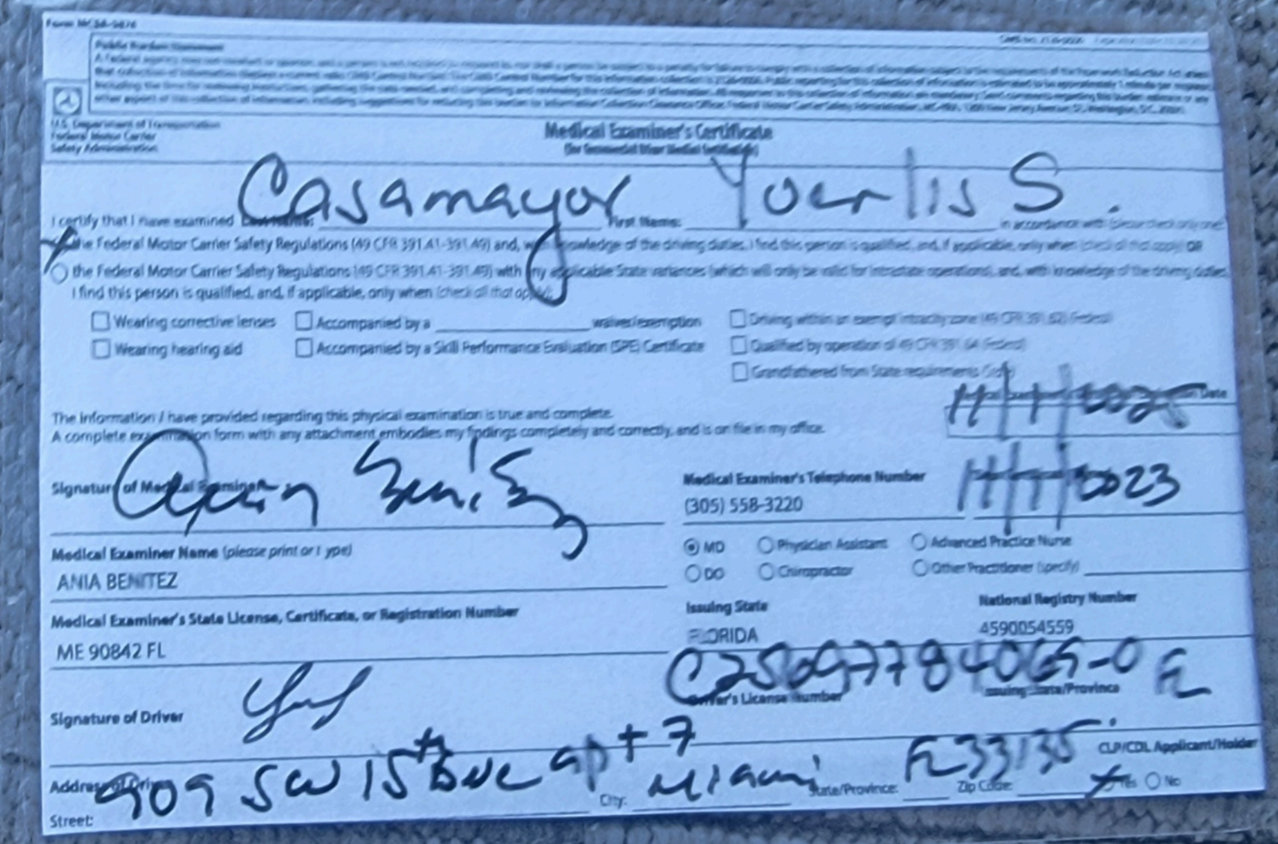

Medical Examiner's Certificate

I certify that I have examined Casamayor Yourlis S. 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 my 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 (Se

Date: 11/11/2025

The information I have provided regarding this physical examination is true and complete.
A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner

Medical Examiner's Telephone Number: (305) 558-3220

11/11/2023

Medical Examiner Name (please print or type): ANIA BENITEZ

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

Medical Examiner's State License, Certificate, or Registration Number: ME 90842 FL

Issuing State: FLORIDA

National Registry Number: 4590054559

Signature of Driver

Driver's License Number: C250677840650 Issuing State/Province: FL

Address of Driver

Street: 909 SW 15th Ave Apt 7 City: Miami State/Province: FL Zip Code: 33135

CLP/CDL Applicant/Holder: ☒ Yes ○ No