

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, I caused to be served the Original Response to Petition for Change of Physician upon:

Idaho Industrial Commission
700 South Clearwater Lane
Post Office Box 83720
Boise, Idaho 83720-0041

- via: Personal Service of Process
- Regular U. S. Mail
- Faxed to 208-332-7558

I also hereby certify that on the _____ day of _____, 20____, I caused to be served a true and correct copy of the foregoing Response to Petition for Change of Physician upon:

CLAIMANT’S NAME AND ADDRESS

- via: Personal Service of Process
- Regular U. S. Mail

Signature

Print or Type Name