



**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused to be served the Original Petition for Change of Physician upon either the following Employer or its Surety:

EMPLOYER'S NAME AND ADDRESS		SURETY'S NAME AND ADDRESS
_____	OR	_____
_____		_____
_____		_____

via:  
( ) Personal Service of Process                      ( ) Personal Service of Process

via:  
( ) Regular U. S. Mail                                      ( ) Regular U.S. Mail

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

Idaho Industrial Commission  
317 Main Street  
Post Office Box 83720  
Boise, Idaho 83720-0041

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

\_\_\_\_\_  
Signature

