

B1 (Official Form 1) (04/13)

United States Bankruptcy Court EASTERN DISTRICT OF KENTUCKY PIKEVILLE DIVISION		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Elkhorn Ambulance Service, Inc.		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): 20-3029006		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 223 Bridge St Elkhorn City, KY		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE 41522		ZIP CODE
County of Residence or of the Principal Place of Business: Pike		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): PO Box 858 Elkhorn City, KY		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE 41522		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above):		ZIP CODE
Type of Debtor (Form of Organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box.) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached. <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Check one box: Chapter 11 Debtors <input checked="" type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors		
<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets		
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities		
<input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s): Elkhorn Ambulance Service, Inc.	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor:	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p style="text-align: center;">X _____</p> <p style="text-align: right;">Date</p>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input type="checkbox"/> Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			

(Name of landlord that obtained judgment)			

(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Elkhorn Ambulance Service, Inc.</p>
Signatures	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____</p> <p>X _____</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____</p> <p>(Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p>
<p>Signature of Attorney*</p> <p>X <u>/s/ Noah R. Friend</u></p> <p>Noah R. Friend Bar No. 92209</p> <p>Noah R. Friend Friend & Hunt, Attorneys at Law, PLLC P.O. Box 610 Pikeville, KY 41502</p> <p>Phone No. (606) 369-7030 Fax No. (502) 716-6158</p> <p><u>7/15/2013</u></p> <p>Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____</p> <p>_____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>Elkhorn Ambulance Service, Inc.</p> <p>X <u>/s/ Terry Thompson</u></p> <p>Signature of Authorized Individual</p> <p>Terry Thompson</p> <p>Printed Name of Authorized Individual</p> <p>President</p> <p>Title of Authorized Individual</p> <p><u>7/15/2013</u></p> <p>Date</p>	

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF KENTUCKY
PIKEVILLE DIVISION

IN RE: **Elkhorn Ambulance Service, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
911 Billing Services & Consultant Inc. P.O. Box 589 Madisonville, KY 42431	911 Billing Services & Consult PO Box 589 Madisonville, KY 42431 (270) 824-8123	Billing Services		\$37,969.00
KY Division of Unemployment Insurance PO Box 948 Frankfort, KY 40602	KY Unemployment Insurance PO Box 948 Frankfort, KY 40602 (502) 564-6835	Taxes		\$15,414.16
Air Gas 92 Kinzer Rd Prestonsburg, KY 41653	Air Gas 92 Kinzer Rd Prestonsburg, KY 41653 (770) 590-6154	Trade Debt	<i>Disputed</i>	\$8,530.86
Jones Oil Company, Inc. PO Box 3427 Pikeville, KY 41502	Jones Oil PO Box 3427 Pikeville, KY 41502 (606) 432-5724	Trade Debt		\$5,312.15
Adkins Wrecker & Auto Repair 7297 Millard Hwy Pikeville, KY 41501	Adkins Wrecker & Auto Repair 7297 Millard Hwy Pikeville, KY 41501 (606) 432-5418	Trade Debt		\$5,128.12
Progressive Medical International 2460 Ash St Vista, CA 92081	Progressive Medical Intl 2460 Ash St Vista, CA 92081 1-800-764-0636	Trade Debt		\$4,558.00

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF KENTUCKY
PIKEVILLE DIVISION

IN RE: **Elkhorn Ambulance Service, Inc.**

Case No.

Chapter **11****LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS***Continuation Sheet No. 1*

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
Titan Medical PO Box 24267 Jackson, MS 39225	Titan Medical PO Box 24267 Jackson, MS 39225 1-888-350-7659	Trade Debt		\$4,548.63
John Tackett, CPA 693 N. Mayo Trail Pikeville, KY 41501	John Tackett 693 N. Mayo Trail Pikeville, KY 41501 (606) 432-8112	Professional Services		\$4,000.00
A&S Auto Parts, Inc. PO Box B Elkhorn City, KY 41522	A&S Auto Parts Inc PO Box B Elkhorn City, KY 41522 (606) 754-4095	Trade Debt		\$3,013.07
BP PO Box 70887 Charlotte, NC 28272	BP PO Box 70887 Charlotte, NC 28272 1-800-299-5766	Trade Debt		\$2,812.49
Arnold Bartley 3875 Marrowbone Creek Rd Elkhorn City, KY 41522	Arnold Bartley 3875 Marrowbone Creek Rd Elkhorn City, KY 41522 (606) 754-8190	Rent		\$1,500.00
Stericycle PO Box 6575 Carol Stream, IL 60197	Stericycle PO Box 6575 Carol Stream, IL 60197 1-866-783-7422	Trade Debt		\$842.26
Riverside Supply, LLC PO Box 392 Pikeville, KY 41502	Riverside Supply, LLC PO Box 392 Pikeville, KY 41502 (606) 754-5056	Trade Debt		\$817.54

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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF KENTUCKY
PIKEVILLE DIVISION

IN RE: **Elkhorn Ambulance Service, Inc.**

Case No.

Chapter **11**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Continuation Sheet No. 2

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured also state value of security]
EC True Value PO Box 177 Elkhorn City, KY 41522	EC True Value PO Box 177 Elkhorn City, KY 41522 (606) 754-4591	Trade Debt		\$761.98
Elkhorn Drug PO Box 532 Elkhorn City, KY 41522	Elkhorn Drug PO Box 532 Elkhorn City, KY 41522 606-754-0221	Trade Debt		\$594.58
Southeastern Emergency Equipment PO Box 1097 Youngsville, NC 27596	SE Emergency Equipment PO Box 1097 Youngsville, NC 27596 1-800-334-6656	Trade Debt		\$0.00
KY Department of Revenue Legal Branch - Bankruptcy Section PO Box 5222 Frankfort, KY 40602	KY Dept of Revenue Legal Branch - Bankruptcy PO Box 5222 Frankfort, KY 40602	Taxes		\$0.00
Internal Revenue Service ATTN: Centralized Insolvency Operation P.O. Box 7346 Philadelphia, PA 19101-7346		Taxes		\$0.00

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the Corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 7/15/2013

Signature: /s/ Terry Thompson
Terry Thompson
President

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**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF KENTUCKY
PIKEVILLE DIVISION**

IN RE: **Elkhorn Ambulance Service, Inc.**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 7/15/2013

Signature **/s/ Terry Thompson**
Terry Thompson
President

Date _____

Signature _____

911 Billing Services & Consultant Inc.
P.O. Box 589
Madisonville, KY 42431

A&S Auto Parts, Inc.
PO Box B
Elkhorn City, KY 41522

Adkins Wrecker & Auto Repair
7297 Millard Hwy
Pikeville, KY 41501

Air Gas
92 Kinzer Rd
Prestonsburg, KY 41653

Air Gas
Mid-America Region
PO Box 1117
Bowling Green, KY 42101-1117

Arnold Bartley
3875 Marrowbone Creek Rd
Elkhorn City, KY 41522

BP
PO Box 70887
Charlotte, NC 28272

Citizens National Bank
620 Broadway St
Paintsville, KY 41240

EC True Value
PO Box 177
Elkhorn City, KY 41522

Elkhorn Ambulance Service, Inc.
PO Box 858
Elkhorn City, KY 41522

Elkhorn Drug
PO Box 532
Elkhorn City, KY 41522

Internal Revenue Service
ATTN: Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

John Tackett, CPA
693 N. Mayo Trail
Pikeville, KY 41501

Jones Oil Company, Inc.
PO Box 3427
Pikeville, KY 41502

KY Department of Revenue
Legal Branch - Bankruptcy Section
PO Box 5222
Frankfort, KY 40602

KY Division of Unemployment Insurance
PO Box 948
Frankfort, KY 40602

Noah R. Friend
Friend & Hunt, Attorneys at Law, PLLC
P.O. Box 610
Pikeville, KY 41502

Progressive Medical International
2460 Ash St
Vista, CA 92081

Riverside Supply, LLC
PO Box 392
Pikeville, KY 41502

Southeastern Emergency Equipment
PO Box 1097
Youngsville, NC 27596

Stericycle
PO Box 6575
Carol Stream, IL 60197

Titan Medical
PO Box 24267
Jackson, MS 39225

**United States Bankruptcy Court
Eastern District of Kentucky**

IN RE: ELKHORN AMBULANCE SERVICE, INC.
DEBTOR

Case No. _____

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this Chapter 11 case.

<i>Name and last known address or place of business of holder</i>	<i>Security Class</i>	<i>Number of Securities</i>	<i>Interest</i>
Terry Thompson PO Box 858 Elkhorn City, KY 41522			50%
James Justice PO Box 858 Elkhorn City, KY 41522			50%

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, Terry Thompson, the President and authorized agent of Elkhorn Ambulance Service, Inc., named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: July 15, 2013 Signatures: /s/ Terry Thompson, President

By: Elkhorn Ambulance Service, Inc.
Terry Thompson, President