

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: ABC Ambulance LLC CON No. 139

D.B.A. (Doing Business As): _____ Business Phone: _____

Financial Records Address: 2336 E Magnolia St City: Phoenix Zip Code: 85034

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: Neal Thomas

Report Contact Person: Neal Thomas Business Phone: 602310102 Ext. 112

Report for Period From: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: x Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
ABC Ambulance LLC's parent organization is Priority Transport LLC which owns 100% of ABC.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.
I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Neal Thomas
President

Date: 7-6-16

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ABC Ambulance LLC

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			3	3
2	Number of BLS Billable Transports:			465	465
3	Number of Loaded Billable Miles:			7,382	7,382
4	Waiting Time (Hr. & Min.):				0
5	Canceled (Non-Billable) Runs:			43	43
					Number
					Donated Hours
Volunteer Services: (OPTIONAL)					
6	Paramedic and IEMT	.....			.....
7	Emergency Medical Technician - B	.....			.....
8	Other Ambulance Attendants	.....			.....
9	Total Volunteer Hours	.....			0

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ABC Ambulance LLC
FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	<u>Type of Service</u>	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:	_____	_____	3
2	Number of BLS Billable Transports:	_____	_____	465
3	Number of Loaded Billable Miles:	_____	_____	7,382
4	Waiting Time (Hr. & Min.):	_____	_____	0
5	Canceled (Non-Billable) Runs:	_____	_____	43
				Number
				Donated Hours
Volunteer Services: (OPTIONAL)				
6	Paramedic and IEMT	.....	.....	_____
7	Emergency Medical Technician - B	.....	.....	_____
8	Other Ambulance Attendants	.....	.....	_____
9	Total Volunteer Hours	.....	.....	0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ABC Ambulance LLC

FOR THE PERIOD

FROM: January 1, 2016

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ <u>354,922</u>
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	<u>76,821</u>
3	Medicare Settlement	Page 3.1, Line 12	<u>45,527</u>
4	Contractual Discounts	Page 7, Line 22	<u>0</u>
5	Subscription Service Settlement	Page 8, Line 4	<u>0</u>
6	Other (Attach Schedule)	Page 3.1, Line 13	<u>0</u>
7	Total	Sum of Lines 2 through 6	<u>122,348</u>
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	<u>232,574</u>
9	Sales of Subscription Service Contracts	Page 8, Line 8	<u>0</u>
10	Total Operating Revenue	Line 8, plus Line 9	\$ <u>232,574</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>20,000</u>
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	<u>99,069</u>
13	General and Administrative Expenses	Page 5, Line 20	<u>278,201</u>
14	Cost of Goods Sold	Page 3, Line 15	<u>26,622</u>
15	Other Operating Expense	Page 6, Line 28	<u>59,574</u>
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	<u>3,457</u>
17	Subscription Service Direct Selling	Page 8, Line 23	<u>0</u>
18	Total Operating Expense	Sum of Lines 11 through 17	<u>486,923</u>
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	<u>-254,349</u>
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	<u>0</u>
21	Non-Operating Revenue and Expense		<u>0</u>
22	Non-Deductible Expenses (Attach Schedule)		<u>0</u>
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	<u>0</u>
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	<u>-254,349</u>
Provision for Income Taxes:			
25	Federal Income Tax		<u>0</u>
26	State Income Tax		<u>0</u>
27	Total Income Tax	Lines 25, plus Line 26	<u>0</u>
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	<u>-254,349</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ABC Ambulance LLC

FOR THE PERIOD

FROM: January 1, 2016

TO: December 31, 2016

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ <u>603.06</u>	x No. of Runs	<u>3</u>	=	\$ <u>1,809</u>
		Rate		x No. of Runs		=	<u>0</u>
2	BLS Base Rate Amount	Rate	<u>538.97</u>	x No. of Runs	<u>465</u>	=	<u>249,691</u>
		Rate		x No. of Runs		=	<u>0</u>
3	Mileage Rate Amount	Rate	<u>13.39</u>	x No. of Billable Miles	<u>7,382</u>	=	<u>98,845</u>
		Rate		x No. of Billable Miles		=	<u>0</u>
4	Waiting Charge Amount	Rate		x No. of Hours		=	<u>0</u>
		Rate		x No. of Hours		=	<u>0</u>
5	Medical Supplies (Gross Charges to patients)						<u>4,577</u>
6	Nurses Charges						
7	Total						<u>354,922</u>
8	Standby Revenue (Attach Schedule)						
9	Other Ambulance Service Revenue (Attach Schedule)						
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ <u>354,922</u>
<hr style="border-top: 1px dashed black;"/>							
Cost of Goods Sold: (Medical Supplies)							
11	Inventory at Beginning of Year						
12	Plus Purchases				<u>26,622</u>		
13	Plus Other Costs						
14	Less Inventory at End of Year						
15	Cost of Goods Sold (To Page 2, Line 14)						\$ <u>26,622</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ABC Ambulance LLC

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Service:			
1	Legal Fees	\$	<u>186,623</u>
2	Collection Fees		<u>33,208</u>
3	Accounting and Auditing		<u>1,653</u>
4	Lobbying		<u>34,400</u>
5	Medical Director		<u>1,309</u>
6	Total		\$ <u>257,193</u>
 Travel and Entertainment:			
7	Meals and Entertainment		
8	Transportation - Other Company Vehicles		
9	Travel		<u>1,677</u>
10	Other (Attach Schedule)		
11	Total		<u>1,677</u>
 Other General and Administrative:			
12	Office Supplies		<u>1,471</u>
13	Postage		<u>63</u>
14	Telephone		
15	Advertising		<u>3,580</u>
16	Professional Liability Insurance		<u>3,403</u>
17	Dues and Subscriptions		<u>2,102</u>
18	Other (Attach Schedule)		<u>8,713</u>
19	Total		<u>19,332</u>
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ <u>278,201</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ABC Ambulance LLC

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>14,832</u>
2	Amortization		
3	Total		\$ <u>14,832</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>0</u>
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Building / Station Expense:

5	Building and Cleaning Supplies		
6	Utilities		<u>2,152</u>
7	Property Taxes		<u>0</u>
8	Property Insurance		
9	Repairs and Maintenance		<u>2,138</u>
10	Other (Attach Schedule)		
11	Total		<u>4,290</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>2,380</u>
13	Fuel		<u>2,968</u>
14	General Vehicle Service and Maintenance		<u>7,305</u>
15	Major Repairs		
16	Insurance - Service Vehicles		<u>11,292</u>
17	Communications		<u>954</u>
18	Total		<u>24,898</u>

Other Expenses:

19	Dispatch		
20	Education / Training		<u>1,146</u>
21	Uniforms and Uniform Cleaning		<u>3,980</u>
22	Meals and Travel for Ambulance personnel		
23	Maintenance Contracts		
24	Minor Equipment - Not Capitalized		<u>10,428</u>
25	Ambulance Supplies - Nonchargeable		
26	Schedule		
27	Total		<u>15,554</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>59,574</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

FOR THE PERIOD

FROM:

TO: December 31, 2016

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Discount Percent	Allowance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
(Post Total to Page 2, Line 4)					0

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

FOR THE PERIOD

FROM:

TO:

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description	Other Operating Revenues:
1	Supportive Funding - Local (attach schedule)	\$
2	Grant Funds - State (attach schedule)	
3	Grant Funds - Federal (attach schedule)	
4	Grant Funds - Other (attach schedule)	
5	Patient Finance Charges	
6	Patient Late Payment Charges	
7	Interest Earned - Related Person / Organization	
8	Interest Earned - Other	
9	Gain on Sale of Operating Property	
10	Other:	
11	Other:	
12	Total Other Operating Revenues	\$ 0
Other Operating Expenses:		
13	Loss on Sale of Operating Property	
14	Other:	
15	Other:	
16	Total Other Operating Expenses	0
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ABC Ambulance LLC
 FROM: January 1, 2015 TO: December 31, 2015

Schedule I
**DETAIL OF SALARIES / WAGES
 Officers / Owners**

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IDENT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1	Neal Thomas	President	0%	\$		\$		\$				\$	
2	Cyril Cross	Vice President	0%										
3													
4													
5													
6													
7	TOTAL			\$		\$		\$				\$	

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Peak Total
to Pg. 4, Column 2
Line 1

Peak Total
to Pg. 4, Column 1
Line 1

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line No. Detail of Salaries / Wages - Other Than Officers / Owners

1 MANAGEMENT:

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
<u>Dir Operations</u>	<u>Varies</u>	<u>_____</u>	<u>70-80k</u>	<u>_____</u>
<u>Clinical Manager</u>	<u>Varies</u>	<u>_____</u>	<u>70-80k</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

2 AMBULANCE PERSONNEL:

<u>EMT</u>	<u>Varies</u>	<u>11-14</u>	<u>_____</u>	<u>_____</u>
<u>Medic</u>	<u>Varies</u>	<u>12-18</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

3 OTHER PERSONNEL:

<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

FOR THE PERIOD

FROM:

TO:

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts*
1	200 Ambulance	28-Jun-05	58,000	100%	58,000	SL	5	58,000	-	70,280	-
2	201 Ambulance	8/1/15	75,665	100%	75,665	SL	5	-	5,404.88	76,881	-
3	202 Ambulance	10/1/15	80,725	100%	80,725	SL	5	-	3,844.03	76,881	-
4	203 Ambulance	10/1/15	80,139	100%	80,139	SL	5	-	3,816.12	76,323	-
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										13,065

* Complete Description of property, date placed in service, and rent/lease amount only. Post to Pg 73, Line 19, Column K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD _____

FROM: _____

TO: _____

Schedule III
DEPRECIATION and/or RENT/LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "Straight Line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent/Lease Amounts
1	Ambulance Equipment	3-Sep-15	13,250	100%	13,250	SL	5		1,767	11,483	0
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19										

Complete Description of property, date placed in service, and remaining amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ABC Ambulance LLC

FOR THE PERIOD

FROM:

January 1, 2016

TO:

December 31, 2016

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1	Wells Fargo	4.57 %	\$ -	\$ 244,730	\$ -	\$ 3,457
2						
3						
4						
	Communication Equipment Name of Payee:					
5						
6						
7						
	Other Property and Equipment Name of Payee:					
8						
9						
10						
	Working Capital Name of Payee:					
11						
12						
13						
	Other Name of Payee:					
14		%				
15	TOTAL		\$ 0	\$ 244,730	\$ 0	\$ 3,457

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ABC Ambulance LLC
FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash		\$	<u>539,897</u>	
2	Accounts Receivable			<u>204,514</u>	
3	Less: Allowance for Doubtful Accounts			<u>-20,000</u>	
4	Inventory			<u>0</u>	
5	Prepaid Expenses			<u>8,477</u>	
6	Other Current Assets			<u> </u>	
7	TOTAL CURRENT ASSETS				\$ <u>732,888</u>
9	PROPERTY & EQUIPMENT				<u>249,779</u>
10	Less: Accumulated Depreciation			<u>-14,831</u>	
11	OTHER NON CURRENT ASSETS				<u> </u>
12	TOTAL ASSETS				\$ <u>967,836</u>

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable		\$	<u>877,142</u>	
14	Current Portion of Notes Payable			<u> </u>	
15	Current Portion of Long-Term Debt			<u>45,498</u>	
16	Deferred Subscription Income			<u> </u>	
17	Accrued Expenses and Other			<u> </u>	
18				<u> </u>	
19				<u> </u>	
20	TOTAL CURRENT LIABILITIES				\$ <u>922,638</u>
21	NOTES PAYABLE				<u> </u>
22	LONG-TERM DEBT OTHER			<u>199,234</u>	
23	TOTAL LONG-TERM DEBT				<u>199,234</u>

EQUITY & OTHER CREDITS

Paid-In Capital:					
24	Common Stock			<u> </u>	
25	Paid-In Capital in Excess of Par Value			<u> </u>	
26	Contributed Capital			<u>250,000</u>	
27	Retained Earnings			<u>-149,686</u>	
28	<u>Net Income</u>			<u>-254,350</u>	
29				<u> </u>	
30	Fund Balance			<u> </u>	
31	TOTAL EQUITY				<u>-154,036</u>
32	TOTAL LIABILITIES & EQUITY				\$ <u>967,836</u>

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LABORATION & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

ABC Ambulance LLC

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

1	Net (loss) Income	\$	<u>-254,350</u>
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense		<u>14,832</u>
3	Allowance for Doubtful accounts		<u>-20,000</u>
4	Other current asset		<u>100,313</u>
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable		<u>-164,514</u>
6	Inventories		
7	Prepaid Expenses		<u>-8,477</u>
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable		<u>861,383</u>
9	Accrued Expenses		<u>15,761</u>
10	Deferred Subscription Income		
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$	<u>544,947</u>

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment		<u>-249,780</u>
13	Proceeds from Disposal of Property & Equipment		
14	Purchases of Investments		
15	Proceeds from Disposal of Investments		
16	Loans Made		
17	Collections on Loans		
18	Other		
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES		<u>-249,780</u>

FINANCING ACTIVITIES:

<i>New Borrowings:</i>			
20	Long-Term		<u>248,430</u>
21	Short-Term		
<i>Debt Reduction:</i>			
22	Long-Term		<u>-3,700</u>
23	Short-Term		
24	Capital Contributions		
25	Dividends Paid	\$	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		<u>244,730</u>
27	NET INCREASE (Decrease) IN CASH		<u>539,897</u>
28	CASH AT BEGINNING OF YEAR		<u>0</u>
29	CASH AT END OF YEAR		<u>539,897</u>

SUPPLEMENTAL DISCLOSURES:

<i>Non-cash Investing and Financing Transactions:</i>			
30
31		
32		
33	Interest Paid (Net of Amounts Capitalized)		
34	Income Taxes Paid	\$	

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