

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: R/M Arizona Holdings, Inc. CON No.: 58
 DBA (Doing Business As): Lifestar EMS Phone: (800) 352-2309
 Financial Records Address: 8465 N. Pima Road City: Scottsdale Zip Code: 85258
 Mailing Address (If Different): _____
 Owner/Manager: Rural/Metro Corporation
 Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
 Report for Period: From: January 1, 2014 To: December 31, 2014
 Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

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: Vice President Date: 6-29-15

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

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>		
01	Number of ALS Billable Transports:	0	0	2,412	<u>2,412</u>		
02	Number of BLS Billable Transports:	0	0	448	<u>448</u>		
03	Number of Loaded Billable Miles:	0	0	59,581	<u>59,581</u>		
04	Waiting Time (Hr. & Min.):	0.0	0.0	0.0	<u>0.0</u>		
05	Cancelled (Non-billable) Runs:				<table border="1"> <tr> <td align="right">827</td> </tr> <tr> <td align="center">Number</td> </tr> </table>	827	Number
827							
Number							
	Volunteer Services: (OPTIONAL)				Donated Hours		
06	Paramedic, EMT-I, and AEMT				<u>0</u>		
07	Emergency Medical Technician (EMT)				<u>0</u>		
08	Other Ambulance Attendants				<u>0</u>		
09	Total Volunteer Hours				<u>0</u>		

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

* Number shown is total number of calls minus number of transports

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$5,637,205</u>
Less:			
02	AHCCCS Settlement.....		(\$1,026,524)
03	Medicare Settlement.....		(\$1,348,284)
04	Contractual Discounts.....	Pg 7 Ln 22	<u>\$0</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$2,374,808)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$3,262,397</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$3,262,397</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$1,142,274</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$1,290,110</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$187,901</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$65,808</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$274,773</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$92,275</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$3,053,142</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$209,256</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	<u>(\$2,550)</u>
21	Non-Operating Revenue and (Expenses)		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$71</u>
23	Total Other Revenue/Expenses.....		<u>(\$2,550)</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$206,705</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		<u>\$70,280</u>
26	State Income Tax.....		<u>\$14,469</u>
27	Total Income Tax.....		<u>\$84,749</u>
28	Ambulance Service - Net income (Loss)		<u>\$121,956</u>

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Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Non-Deductible Expenses:		
22.1	Contributions and Penalties	<u>\$71</u>
22.2		<u> </u>
22.3		<u> </u>
22.4		<u> </u>
22.5		<u> </u>
22.6		<u> </u>
22.7		<u> </u>
22	Total.....Page 2, Non-Deductible Expenses	<u> </u> \$71

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	2,412	=	\$ 3,522,467
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	448	=	\$ 654,894
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	59,581	=	\$ 1,295,922
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	0.0	=	\$ -
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)		\$ 163,922
6	Nurses Charges		\$ 0
7	Total		\$ 5,637,205
8	Standby Revenue (Attach Schedule)		\$ -
9	Other Ambulance Service Revenue (Attach Schedule)		\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)		\$ 5,637,205

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		N/A
12	Plus Purchases		
13	Plus Other Costs		
14	Less Inventory at End of Year		N/A
15	Cost of Goods Sold (To Page 2, Line 14)		\$ 65,808 *

* The disposable medical supplies are expensed as used and are not inventoried by CON

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Benefits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	2.4	\$176,796
06	Payroll Taxes.....		\$13,800
07	Employee Benefits.....		\$17,858
08	Total.....	2.4	\$208,455
	Gross Wages - AMBULANCE PERSONNEL		
	(Attach schedule II):		
		<u>**Casual Labor</u>	<u>Wages</u>
09	Paramedic, EMT-I, and AEMT.....	\$2	17.3 568,663
10	Emergency Medical Technician (EMT).....		10.2 \$245,368
11	Nurses.....		0.0 \$0
12	Payroll Taxes.....		\$63,539
13	Employee Benefits.....		\$82,226
14	Total.....	27.5	\$959,796
	Gross Wages - OTHER PERSONNEL (Attach Schedule II):		
15	Dispatch.....	0.6	\$21,451
16	Mechanics.....	1.2	\$52,607
17	Office and Clerical.....	0.4	\$13,251
18	Other.....	0.3	\$16,044
19	Payroll Taxes.....		\$8,067
20	Employee Benefits.....		\$10,440
21	Total.....	2.5	\$121,860
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	32.4	\$1,290,110

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>				
	Professional Services:				
01	Legal Fees		\$13		
02	Collection Fees		\$27,569		
03	Accounting and Auditing		\$7		
04	Data Processing Fees		\$0		
05	Other (Schedule Attached)		\$7,211		
06	Total.....			\$34,801	
	Travel and Entertainment:				
07	Meals and Entertainment.....		\$75		
08	Transportation - Other Company Vehicles.....		\$0		
09	Travel.....		\$972		
10	Other:				
11	Total.....			\$1,047	
	Other General and Administrative:				
12	Office Supplies.....		\$7,442		
13	Postage.....		\$1,957		
14	Telephone.....		\$15,966		
15	Advertising.....		\$6		
16	General Liability Insurance.....		(\$1,144)		
17	Dues and Subscriptions.....		\$6,463		
18 a	Other (Schedule Attached).....		\$19,040		
18 b	Other: Corporate Support Services.....		\$102,324		
19	Total.....			\$152,053	
20	Total General and Administrative Expenses (To Page 2, Line 13).....			\$187,901	

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$1,173
5.2	Management & Human Resources	\$0
5.3	Medical Direction	\$572
5.4	Other (did not fit any other line item)	\$5,467
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$7,211</u>

Other General and Administrative:		
18.a.1	Public Relations	\$68
18.a.2	Printing	\$912
18.a.3	Business Licenses & Misc Taxes	\$16,527
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$1,533
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$19,040</u>

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$26,941	
02	Amortization.....	\$0	
03	Total.....		<u>\$26,941</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$123,222</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$922	
06	Utilities.....	\$27,022	
07	Property Taxes.....	\$2,514	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$11,767	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$42,225</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$4,187	
13	Fuel.....	\$50,849	
14	General Vehicle Service & Maintenance.....	\$409	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$10,947	
17	Other: Tires	\$7,418	
18	Total.....		<u>\$73,809</u>
	Other Expenses:		
19	Dispatch.....	\$51	
20	Education / Training.....	\$1,387	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$4,731	
24	Minor Equipment - Not Capitalized.....	\$2,405	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$8,575</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$274,773</u></u>

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02	N/A				
03					
04					
05					
06					
07					
08					
09					
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42					
43					
	ALLOWANCE TOTAL To Page 2 Line 4	0	\$0		\$0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	_____
	LESS:	
02	AHCCCS Settlement	_____
03	Medicare Settlement	_____
04	Subscription Service Settlements	_____
05	Subscription Service Bad Debt	_____
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	_____
07	Net Revenue from Subscription Service Runs	_____
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$0
09	Other Revenue (Attach Schedule)	_____
10	Total Subscription Service Revenue	=====
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation/Amortization	_____
19	Rent/Lease	_____
20	Building/Station Expenses	_____
21	Transportation-Vehicles	_____
22	Other (Not Classified Above and Misc)	_____
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	=====

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

OTHER OPERATING REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>		
Other Operating Revenues:			
01	Supportive Funding - Local (Attach Schedule)	.....	_____
02	Grant Funds - State (Attach Schedule)	.....	_____
03	Grant Funds - Federal (Attach Schedule)	.....	_____
04	Grant Funds - Other (Attach Schedule)	.....	_____
05	Patient Finance Charges	.....	_____
06	Patient Late Payment Charges	.....	_____
07	Interest Earned - Related Person/Organization	.....	_____
08	Interest Earned - Other	.....	_____
09	Interest Income and Miscellaneous Revenue	.....	\$429
10	Gain On Sale of Operating Property	.....	0
11	Other:	.....	_____
12	Total Other Operating Revenues		<u>\$429</u>
Other Operating Expenses:			
13	(Loss) On Sale of Operating Property	.....	(\$2,979)
14	Other:	.....	_____
15	Other:	.....	_____
16	Total Other Operating Expenses		<u>(\$2,979)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		<u><u>(\$2,550)</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: **Lifestar EMS**

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

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

Line No.	Name	Title	% of Ownership	Management	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals	
												Wages Paid To Owners	*FTE
01	N/A			\$				\$					
02													
03													
04													
05													
06													
07	Total			\$			\$		\$			\$	N/A
													1
													2

* Full - time equivalents (F. T. E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**SCHEDULE II
DETAIL OF SALARIES / WAGES**

Management, Ambulance Personnel, Other Personnel

Line
No.

Detail of Salaries/Wages - Other Than Officers/Owners

		METHOD OF COMPENSATION			
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$'s per Run or Shift
01	MANAGEMENT:				
	Various Local Management	40 Hours a week	x	x	N/A
	Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:				
	Paramedic	56/50/48/40 hours/week	x		N/A
	EMT	56/50/48/40 hours/week	x		N/A
	Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL				
	Various Support Staff	40 Hours a week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**SCHEDULE III
DEPRECIATION AND/OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)**

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Vehicle Rental			100%							\$0
02	Equipment Rental			100%							\$3,672
03											
04	Ambulances	Various	\$93,907	100%	\$93,907	SL	Various	\$0	\$14,277	\$79,808	
05	Accessorial Equipment	Various	\$1,300	100%	\$1,300	SL	Various	\$0	\$520	\$1,300	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$95,207		\$95,207				\$14,797		\$3,672

To Pg 13
Ln 19, Col I

To Pg 13
Ln 19, Col K

Complete description of property, date placed in service, and rent/lease amount columns only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**SCHEDULE III
DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)**

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$117,435
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$2,115
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$595		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$11,549		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$12,145		\$119,550
19	SUBTOTAL (from Pg 12 Ln 20)		\$95,207		\$95,207				\$14,797		\$3,672
20	SUM of Ln 18 and 19		\$95,207		\$95,207			\$0	\$26,941		\$123,222

To Pg 6, Ln 01

* Complete description of property, date placed in service, and rent/lease amount columns only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Beg. of Period	(3) Principal Balance End of Period	(4) Related Persons or Organizations	(5) Interest Expense Other
<u>Service Vehicles & Accessorial Equipment</u>						
<u>Name of payee:</u>						
01		%	\$	\$		\$
02						
03						
04						
<u>Communications Equipment</u>						
<u>Name of Payee:</u>						
05		%	\$	\$		\$
06						
07						
<u>Other Property & Equipment</u>						
<u>Name of Payee:</u>						
08		%	\$	\$		\$
09						
10						
<u>Working Capital</u>						
<u>Name of Payee:</u>						
11	Various - See Audited Financials	Various	In Corp Balances	\$ 0		\$92,275
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$	\$		\$
15	TOTAL		N/A	N/A	0	\$92,275

---- (To Pg 2, Cl 2, Ln 16) ----

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AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

BALANCE SHEET

(in thousands, except shares)

ASSETS

Current assets:		
01	Cash and cash equivalents	\$ 56
02	Restricted cash	4
03	Accounts receivable, net	336
04	Inventories	16
05	Deferred tax assets, net	72
06	Prepaid expenses and other current assets	24
07	Total current assets	507
08	Property and equipment, net	154
09	Goodwill	333
10	Intangible assets, net	436
11	Deposits	93
12	Deferred tax assets, net	0
13	Other assets	14
14	Total assets	\$ 1,538

LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$ 69
16	Accrued and other current liabilities	93
17	Deferred revenue	42
18	Deferred tax liabilities, net	0
19	Current portion of long-term debt	55
20	Total current liabilities	260
21	Long-term debt, net of current portion	821
22	Deferred tax liabilities, net	233
23	Other liabilities	88
24	Total liabilities	1,402
Stockholder's equity:		
25	Common stock, \$0.01 par value, 900 shares authorized, 100 shares issued and outstanding	0
26	Preferred stock, \$0.01 par value, 100 shares authorized, zero shares issued and outstanding	0
27	Additional paid-in capital	239
28	Accumulated other comprehensive loss	(4)
29	Accumulated deficit	(98)
30	Total stockholder's equity	136
31	Total liabilities and stockholder's equity	\$ 1,538

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (98)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	67
03	Amortization of debt issuance costs	2
04	Accretion of interest on debt	9
05	Share-based compensation expense	1
06	Loss on sale of assets and property and equipment	1
07	Impairment of property and equipment, goodwill and intangible assets	5
Change in assets and liabilities:		
08	Accounts receivable, net	(140)
09	Inventories	1
10	Prepaid expenses and other current assets	7
11	Deposits	(0)
12	Other assets	3
13	Accounts payable	(10)
14	Accrued and other current liabilities	17
15	Deferred revenue	(1)
16	Other liabilities	15
17	Net cash used in operating activities	(121)
Cash flows from investing activities:		
18	Purchase of property and equipment	(51)
19	Proceeds from the sale/disposal of property and equipment	1
20	Decrease in restricted cash	29
21	Net cash used in investing activities	(21)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	50
23	Payments on capital leases	(2)
24	Reduction of Deposits related to Backstop Loan	1
25	Payments on Backstop Loan	(1)
26	Debt issuance costs	(7)
27	Proceeds received from Reorganized Parent's issuance of equity	54
28	Net cash provided by financing activities	95
29	Decrease in cash and cash equivalents	(47)
30	Cash and cash equivalents, beginning of period	103
31	Cash and cash equivalents, end of period	\$ 56

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Lifestar EMS

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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