



New York State Certified Ambulance Service

Phone: 585-593-1977 * Fax: 585-593-7684 * PO Box 586, Wellsville, New York 14895

"A Partner in EMS"

May 20, 2024

Southwestern Regional EMS Council
c/o Southern Tier Healthcare System
150 N Union Street
Olean, New York

Re: Application for the Transfer of Ambulance Operating Authority
Medical Transport Service, Inc

Dear Alicia,

Enclosed please find two original New York State Department of Health Bureau of EMS Application for the Transfer of Ambulance Operating Authority packets seeking a positive finding of fitness and competency as required by Public Health Law Article 30 so that there may be a transfer of stock in Medical Transport Service, Inc from Dan Marsh to Scott M. Lanphier. The same is being sent to you today electronically with an electronic copy going to the Operations Division of the NYS Department of Health.

So, you are aware, Medical Transport Service, Inc has been part of the EMS system in Allegany County for more than 40 years and co-managed for the past 10 plus years by Scott Lanphier and me. In 2018 Medical Transport Service, Inc was found to be fit and competent during a name change TOA, at which time Mr. Lanphier was found to be fit and competent. It is anticipated that there should be no problems with the application.

If you have any questions regarding the application, please feel free to contact me. I look forward to the transfer being on the Council's Agenda for the June meeting. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dan Marsh', is written over the typed name.

Dan Marsh

**APPLICATION PURSUANT TO PHL 3010
FOR TRANSFER OF MEDICAL TRANSPORT SERVICE, INC STOCK**

Dan Marsh
To
Scott Lanphier

TABLE OF CONTENTS

- A. Application for Transfer of Ownership (DOH 3777)

- B. Affirmation of Fitness and Competency (DOH 3778) (with attachments)
Scott Lanphier

- C. Statement of Purpose and Intent (signed in counterparts)

- D. Resume of New Owner

- E. Deficiency Notices and Malpractice Actions

- F. Statement of Current Ownership

- G. State of End Ownership

- H. Primary Operating Territory Map

- I. NYS Department of Health Ambulance Operating Certificate(current)

Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

Type of Service (check one)

- New service (Sections A,B,C,D,F)
 Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
 Transfer of existing service operating authority (Sections A,D,E,F)

- Ambulance
 ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service		DOH Agency Code	Federal Employer Identification Number		
Medical Transport Service, Inc		0229	16-1355756		
Address		City	State	Zip	County
PO Box 586		Wellsville	NY	14895	Allegany
Contact Person		Title			
Scott M Lanphier		Operations Manager			
Business Phone	Home Phone	Cell Phone		E-mail	
(585) 593- 1977	() -	(585) 610- 8909		slanphier87@gmail.com	
Current Organizational Sponsor Type					
<input checked="" type="checkbox"/> Proprietary	<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Volunteer Independent	<input type="checkbox"/> Industrial		
<input type="checkbox"/> Volunteer Fire Department	<input type="checkbox"/> Municipal/Government	<input type="checkbox"/> Other			
Type of Ownership					
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> LLC	

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Dan D Marsh

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as "surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc." are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Allegany County

For expansion list existing primary operating territory

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier	
McNeil and Company	
Agent	Business Phone
Gallagher	(585) 593 - 4296
Types and Limits of Coverage	<input checked="" type="checkbox"/> General Liability <input type="checkbox"/> Other Coverage is 1 Million; 3 Million

Section D Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)

EMT AEMT Critical Care Paramedic

Agency Medical Director Address City State Phone Number
Robert Wicelinski **455 Underwood Ave** **Elmira** **NY** **(516) 351 - 4969**

Agency Providing Medical Control Phone Number
Jones Memorial Hospital - Emergency Department **(585) 593 - 0235**

System Medical Director Address City State Phone Number
WREMAC **462 Grider St** **Buffalo** **NY** **(716) 898 - 3600**

Size of Population to be Served Days of operation Hours of operation
49,000 **Sat, Sun, Mon, Tues, Wed, Thurs, Fri** **24 hours**

Projected Call Volume Total **5,000** Emergency **3,000** Non-Emergency **2,000**

Source of Statistics for Call volume PCR Dispatch Center Agency Call Record Other

Total no. of ambulances Total no. of emergency ambulance service vehicles (EASV'S) Total no. of ALS First Response vehicles
8 **4** **0**

Section E Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners' stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service Federal Employer Identification Number
Medical Transport Service, Inc DBA MTS **16-1355756**

Address City State Zip County
PO Box 586 **Wellsville** **NY** **14895** **Allegany**

Contact Person Title
Scott M Lanphier **Operations Manger**

Business Phone Home Phone Cell Phone E-mail
(585) 593 - 1977 () **(585) 610 - 8909** **slanphier87@gmail.com**

Proposed Organizational Sponsor Type
 Proprietary Hospital Based Volunteer Independent Industrial
 Volunteer Fire Department Municipal/Government Other

Proposed Type of Ownership
 Individual Partnership Government Corporation LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)
Scott M Lanphier

Section F Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 800. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

- Attachments Required
- Detailed narrative to support need or statement of purpose and intent for transfer
 - Affirmation of Fitness and Competence (DOH-3778)
 - DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
 - Financial information including funding budget and insurance
 - Primary operating territory map

Name of Owner or CEO Title
Signature **5/23/24** Date

Notary Public affirmation and acknowledgement
 Mariah Greenman
 Notary Public, State of New York
 Reg. No. 01GR0015629
 Qualified in Allegany County
 Commission Expires November 4, 2027

FOR REGIONAL EMS COUNCIL USE ONLY
 Date Application Received _____
 Date of Council Decision _____
 Approved Denied Rejected – Incomplete
 Council Chair Signature _____

COMMERCIAL GENERAL LIABILITY DECLARATIONS

Arch Insurance Company Harborside 3, 210 Hudson St, Suite 300 Jersey City, NJ 07311-1107 Phone: 866-413-5550	McNeil & Company, Inc. P.O. Box 5670 67 Main Street Cortland, NY 13045
NAMED INSURED: <u>Medical Transport Service, Inc.</u> <u>PO Box 586</u> MAILING ADDRESS: <u>Wellsville, NY 14895</u> POLICY PERIOD: FROM <u>01/01/2024</u> TO <u>01/01/2025</u> AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$100,000	Any one premises
MEDICAL EXPENSE LIMIT	\$5,000	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$1,000,000	Any one person or organization
GENERAL AGGREGATE LIMIT		\$3,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT		\$3,000,000

RETROACTIVE DATE (CG 00 02 ONLY)
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW. RETROACTIVE DATE: <u>None</u> (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS
FORM OF BUSINESS: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> TRUST <input type="checkbox"/> LIMITED LIABILITY COMPANY <input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>Commercial Ambulance Service</u>

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
See CG DS01 - Supp - Classification Schedule	

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
See CG DS01 - Supp - Classification Schedule							
				STATE TAX OR OTHER (if applicable)	\$	PER ILDS00 _____	
				TOTAL PREMIUM (SUBJECT TO AUDIT)	\$	_____	
PREMIUM SHOWN IS PAYABLE:				AT INCEPTION		Incl _____	
				AT EACH ANNIVERSARY	\$	_____	
				(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)			
AUDIT PERIOD (IF APPLICABLE)		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY		

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
See attached 00 ML0207 00 Forms List

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned: 01/07/2024	By: <i>Mary E. Beckel</i>
(Date)	(Authorized Representative) McNeil & Company, Inc.

NOTE
OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

POLICY NUMBER: MAPK05910018

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:
4194 Main Street, Scio, NY 14880

CLASSIFICATION AND PREMIUM						
CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
			Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
Ambulance Service, First Aid or Rescue Squads - Other than Not-For-Profit [Includes Products and Completed Ops]	40031		Incl	Incl	Incl	Incl
Buildings or Premises - office - premises occupied by employees of the insured - Other than Not-For-Profit [Includes Products and Completed Ops]	61224		Incl	Incl	Incl	Incl

Total Advance Premium Incl

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations, and any other person or organization qualifying as a Named Insured under this policy. The words "we", "us" and "our" refer to the company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section II – Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERAGES

COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

- (1) The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and
- (2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements under Coverages A or B or medical expenses under Coverage C.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments – Coverages A and B.

b. This insurance applies to "bodily injury" and "property damage" only if:

- (1) The "bodily injury" or "property damage" is caused by an "occurrence" that takes place in the "coverage territory";

- (2) The "bodily injury" or "property damage" occurs during the policy period; and

- (3) Prior to the policy period, no insured listed under Paragraph 1. of Section II – Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph 1. of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph 1. of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:

- (1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;
- (2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or
- (3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.

e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

BUSINESS AUTO DECLARATIONS

ITEM ONE

Company Name: Arch Insurance Company	
Producer Name: McNeil & Company, Inc.	
Named Insured: Medical Transport Service, Inc.	
Mailing Address: PO Box 586 Wellsville, NY 14895	
Policy Period	
From: 01/01/2024	
To: 01/01/2025	At 12:01 AM Standard Time at your mailing address shown above
Previous Policy Number: MAPK05910017	


Form Of Business:		
<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other:	

In return for the payment of the premium, and subject to all the terms of this Policy, we agree with you to provide the insurance as stated in this Policy.

Premium Shown Is Payable At Inception: \$ Incl.
Audit Period (if applicable): <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (not applicable in New York) (IL 01 98 in Washington)
See attached 00 ML0207 forms list

ITEM ONE (Cont'd)

Countersignature Of Authorized Representative
Name: Mary E. McNeil
Title: President, McNeil & Company, Inc.
Signature: 
Date: 01/07/2024

Note

Officers' facsimile signatures may be inserted here, on the Policy cover or elsewhere at the company's option.

POLICY NUMBER: MAPL20020603

IL DS 00 09 08

COMMON POLICY DECLARATIONS

Arch Specialty Insurance Company 330 Boston Post Road, Suite 200 Darien, CT 06820 Phone: 203-388-3300	McNeil & Company Inc. PO Box 5670 20 Church Street Cortland, NY 13045
NAMED INSURED: <u>Medical Transport Service, Inc.</u>	
MAILING ADDRESS: <u>PO Box 586</u> <u>Wellsville, NY 14895</u>	
BUSINESS ADDRESS: <u>4194 Main Street,</u> <u>Scio, NY 14880</u>	
POLICY PERIOD: FROM <u>01/01/2024</u> TO <u>01/01/2025</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

BUSINESS DESCRIPTION	Commercial Ambulance Service
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IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.	
	PREMIUM
CAPITAL ASSETS PROGRAM (OUTPUT POLICY) COVERAGE PART	\$ _____
COMMERCIAL AUTOMOBILE COVERAGE PART	\$ _____
COMMERCIAL GENERAL LIABILITY COVERAGE PART	\$ _____
COMMERCIAL INLAND MARINE COVERAGE PART	\$ _____
COMMERCIAL LIABILITY UMBRELLA	\$ _____
COMMERCIAL PROPERTY COVERAGE PART	\$ _____
CRIME AND FIDELITY COVERAGE PART	\$ _____
EMPLOYMENT-RELATED PRACTICES LIABILITY COVERAGE PART	\$ 12,929
EQUIPMENT BREAKDOWN COVERAGE PART	\$ _____
FARM COVERAGE PART	\$ _____
LIQUOR LIABILITY COVERAGE PART	\$ _____
MEDICAL PROFESSIONAL LIABILITY COVERAGE PART	\$ 20,761
POLLUTION LIABILITY COVERAGE PART	\$ _____
<hr/>	
TOTAL: \$	33,690.00
Premium shown is payable: \$ _____ at inception. \$ _____	

Stamping Fee	50.54
Surplus Lines Tax	1,212.84

TOTAL INCLUDING TAXES AND FEES: \$ 34,953.38

FORMS APPLICABLE TO ALL COVERAGE PARTS (SHOW NUMBERS):

See attached 00 ML0207 00 Forms List

Countersigned: 01/07/2024	By: <i>Mary E. McNeil</i>
(Date)	(Authorized Representative)

McNeil & Company, Inc.

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

THE INSURER(S) NAMED HEREIN IS (ARE) NOT LICENSED BY THE STATE OF NEW YORK, NOT SUBJECT TO ITS SUPERVISION, AND IN THE EVENT OF THE INSOLVENCY OF THE INSURER(S), NOT PROTECTED BY THE NEW YORK STATE SECURITY FUNDS. THE POLICY MAY NOT BE SUBJECT TO ALL OF THE REGULATIONS OF THE DEPARTMENT OF FINANCIAL SERVICES PERTAINING TO POLICY FORMS.

ARCH INSURANCE COMPANY
Harborside 3
210 Hudson Street, Suite 300
Jersey City, NJ 07311-1107

DECLARATIONS
PORTABLE EQUIPMENT COVERAGE FORM

POLICY NO. MAIM05910118
RENEWAL OF POLICY NO. MAIM05910117

NAMED INSURED: Medical Transport Service, Inc.

MAILING ADDRESS: PO Box 586
Wellsville, NY 14895

POLICY PERIOD: From 01/01/2024 To 01/01/2025
at 12:01 A.M. Standard Time at your Mailing Address shown above

FORM OF BUSINESS: Individual Joint Venture Partnership Corporation Limited Liability Company
 Other (specify):
Commercial Ambulance Service

LIMITS OF INSURANCE: Portable Equipment – \$ 205,000
Other Property – see the Schedule of Other Property
N/A

DEDUCTIBLE: \$1,000 Portable Equipment
\$N/A Other Property

PREMIUM FOR THIS COVERAGE: \$1,464 Total Premium
\$ Advance Premium (if any)
Commercial Inland Marine TRIA 37.00

Forms and Endorsements made a part of this policy at time of issue:

See Attached Forms List

In return for the payment of the premium, and subject to all of the terms and conditions of this policy, we agree with you to provide the insurance as stated in this policy. These Declarations, together with the Common Policy Conditions and Coverage Form(s) and any endorsements, complete the above numbered policy.

Countersigned at:

McNeil & Company, Inc.

by:

Mary E. McNeil

Authorized Signature and Title

01/07/2024

Date

mg

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ENDORSEMENT SCHEDULE

FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT THE TIME OF ISSUE:

<u>NUMBER</u>	<u>EDITION</u>	<u>NAME</u>
DEC MA 0511	11/12	Portable Equipment Policy Declarations
00 ML0207 FORMS	11/03	Endorsement Schedule
MA0511	11/12	Portable Equipment Coverage Form
05 ML0002 00	12/14	Signature Page
IL P 001	01/04	OFAC - U.S. Treasury Department
IL0268	01/14	New York Changes - Cancellation and Nonrenewal
IL0017	11/98	Common Policy Conditions
IL0183	08/08	New York Changes
IL0952	01/15	Cap on Losses from Certified Acts of Terrorism
CM0001	09/04	Commercial Inland Marine Conditions
CM0104	09/15	New York Changes
MA5004	01/11	Loss Payable

All other terms and conditions of this Policy remain unchanged.


Issued By: Arch Insurance Company

Endorsement Number:

Policy Number: MAIM05910118

Named Insured: Medical Transport Service, Inc.

Endorsement Effective Date: 01/01/2024



Authorized Representative

THE STATE INSURANCE FUND

100 Chestnut St, Suite 400, Rochester, NY, 14604-2490
(888) 875-5790

Document Type: INFORMATION PAGE	Group No: 090	Period Covered: * 08/01/2023 TO 08/01/2024	R.B. File No: 000430833R
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INSURED: R 2406 101-2

REPRESENTATIVE: 18432

MEDICAL TRANSPORT SERVICE, INC
PO BOX 586
WELLSVILLE NY 14895

RICHARDSON & STOUT INC
80 NORTH MAIN ST
WELLSVILLE NY 14895

Policy No: R 2406 101-2
Date: 06/13/2023
Document Number: E10001816418

MP 906

* PERIOD OF COVERAGE BEGINS AND ENDS AT TWELVE AND ONE MINUTE O'CLOCK A.M. EASTERN STANDARD TIME
TYPE OF BUSINESS: CORPORATION (FOR PROFIT)

INFORMATION PAGE RENEWAL POLICY

THIS POLICY INCLUDES THESE ENDORSEMENTS AND/OR SCHEDULES:

YOU MUST REPORT ANY CHANGE IN OWNERSHIP TO US IN WRITING WITHIN 90 DAYS OF THE DATE OF THE CHANGE. CHANGE IN OWNERSHIP INCLUDES SALES, PURCHASES, OTHER TRANSFERS, MERGERS, CONSOLIDATIONS, DISSOLUTIONS, FORMATIONS OF A NEW ENTITY, AND OTHER CHANGES PROVIDED FOR IN THE APPLICABLE EXPERIENCE RATING PLAN. EXPERIENCE RATING IS MANDATORY FOR ALL ELIGIBLE INSURED. THE EXPERIENCE RATING MODIFICATION FACTOR, IF ANY, APPLICABLE TO THIS POLICY, MAY CHANGE IF THERE IS A CHANGE IN YOUR OWNERSHIP OR IN THAT OF ONE OR MORE OF THE ENTITIES ELIGIBLE TO BE COMBINED WITH YOU FOR EXPERIENCE RATING PURPOSES.

FAILURE TO REPORT ANY CHANGE IN OWNERSHIP, REGARDLESS OF WHETHER THE CHANGE IS REPORTED WITHIN 90 DAYS OF SUCH CHANGE, MAY RESULT IN REVISION OF THE EXPERIENCE RATING MODIFICATION FACTOR USED TO DETERMINE YOUR PREMIUM.

THIS REPORTING REQUIREMENT APPLIES REGARDLESS OF WHETHER AN EXPERIENCE RATING MODIFICATION IS CURRENTLY APPLICABLE TO THIS POLICY.

THE EXPERIENCE RATING CREDIT SHOWN BELOW IS IN ACCORDANCE WITH YOUR PAST ACCIDENT EXPERIENCE UNDER THE EXPERIENCE RATING PLAN AS PROMULGATED BY THE APPROPRIATE RATING ORGANIZATION.

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12/29/2016

NEW YORK EXCLUSION OF EXECUTIVE OFFICER(S) ENDORSEMENT

THIS POLICY DOES NOT COVER FOR CLAIMS OR SUITS THAT ARISE FROM BODILY INJURY SUFFERED BY THE SOLE EXECUTIVE OFFICER AND ONLY STOCKHOLDER OF THE INSURED CORPORATION, OR TWO EXECUTIVE OFFICERS WHO TOGETHER ARE THE ONLY OFFICERS AND STOCKHOLDERS OF THE INSURED CORPORATION, WHEN SUCH CORPORATION HAS OTHER EMPLOYEES WHO ARE REQUIRED TO BE COVERED BY THE LAW, AND THE CORPORATION HAS ELECTED TO EXCLUDE FROM COVERAGE

**THIS IS NOT A BILL. IMPORTANT PREMIUM CALCULATION, PLEASE RETAIN FOR YOUR RECORDS.
FOR ATTACHMENT TO WORKERS' COMPENSATION - EMPLOYERS' LIABILITY POLICY**

(SEE REVERSE SIDE FOR CONDITIONS)

PAGE 1 CONT.

This policy includes, with their permission, some copyright materials of the National Council on Compensation Insurance and the New York Compensation Insurance Rating Board.

CONDITIONS

1. THE POLICY ISSUED BY THE STATE INSURANCE FUND IS A CONTINUOUS ONE AND REMAINS IN EFFECT UNTIL CANCELLED.
2. THIS DOCUMENT NEITHER REINSTATES THE POLICY IF PREVIOUSLY CANCELLED NOR RESCINDS ANY OUTSTANDING CANCELLATION NOTICE.
3. FOR THE PURPOSE OF SERVING NOTICE, THIS ASSURED AGREES THAT THE ADDRESS SHOWN ON PAGE ONE OF THIS DOCUMENT IS BOTH BUSINESS AND RESIDENCE ADDRESS OF THIS ASSURED AND/OR ANY REPRESENTATIVE OF THIS ASSURED UPON WHOM NOTICE MAY BE SERVED.
4. PURSUANT TO CHAPTER 55 OF THE LAWS OF 1992, ALL CHECKS RETURNED UNPAID WILL BE SUBJECT TO A \$20 ADMINISTRATIVE FEE.

EMS Agency Personnel Roster

Agency Name
Medical Transport Service, Inc

Agency Code
0229

Date Submitted
Page 1 of 4

List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Barrett	Andrew		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beckman	Hunter		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bryan	Kameron		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Budinger	Brooke	510370	10 / 31 / 2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Button	Anna	516146	07 / 31 / 2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Campbell	Colin	492866	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carl	Gavin		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carman	Eric	501289	01 / 31 / 2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cavanaugh	William		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cochran	Jane	397016	06 / 30 / 2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Covert	Tyler	457495	04 / 30 / 2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dowd	Minziellida	511100	02 / 28 / 2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duffney	Scott	190087	01 / 31 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Edwards	Richard	197303	12 / 31 / 2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Erdmann	Lucas	492871	07 / 30 / 2024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eveland	Reagan	505825	05 / 27 / 2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Evens	Darren	468041	01 / 31 / 2024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Farrand	Alexis	482783	02 / 28 / 2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Forward	Terry	300360	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Gadd	Morgan		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gadd	Robert	505827	07 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gates	Jonathan	488995	02 / 20 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Graves	Thomas	070201	05 / 31 /2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Green	Hunter		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Greene	Genevieve	505828	07 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Haggerty	David	396782	04 / 30 /2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hall	David	488996	04 / 30 /2025	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hall	Hunter	465135	12 / 31 /2023	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hamer	Charles		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hamilton	Cara	505830	06 / 30 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hand	Emily	436401	09 / 30 /2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Haskins	Joseph	413028	07 / 31 /2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Helms	Kelison	337738	01 / 31 /2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Horton	Joshua	321039	07 / 31 /2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Irish	Cecil	322313	04 / 30 /2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kelly	Jonathan	245321	11 / 30 /2024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Knobloch	Tegan	483732	07 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kozlowski	James		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Kurschner	Kathleen		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lanphier	Scott	322277	07 / 31 /2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lee	Zoey	492873	08 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lett	Crystal	489001	02 / 28 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lewis	Hunter	505832	07 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lightfoot	Quincy	489002	03 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lunn	Scott	489003	02 / 28 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marsh	Dan	049979	10 / 31 /2023	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McCaslin	Chad		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McKnight	Killian	505834	07 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McMahon	Jacob		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
McMahon	Todd	511105	03 / 31 /2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pawloski	Andrew	515832	07 / 31 /2026	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Perry	Alexander		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Slawson	Michael		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smith	Corey	374777	05 / 31 /2024	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stanton	Wyatt		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Stephens	Sean		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sweet	Alan	406991	07 / 31 /2024	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMS Agency Personnel Roster

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List All Personnel Alphabetically		DOH-Certified Personnel		Level of Certification (Check One)					Check Other Levels	
Last Name	First Name	DOH-Issued ID Number	Expires	CFR	EMT	AEMT	CC	P	CPR/AED	First Aid
Waters	Kevin	395344	06 / 30 /2025	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Weishaupt	Joseph		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Whitney	Kenneth	447153	01 / 31 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Willmart	Heidi		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Woodruff	Adrian		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Woodworth	Larry		/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Woolaway	Evan	489696	09 / 30 /2025	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

Medical Transport Service, Inc	0229
Name of EMS Agency	NYS EMS Agency Code
Full Name of Corporate Entity requiring F&C review as a new owner/operator	
Scott M Lanphier	Operations Manager
Full Name of Individual	Title
4194 State Route 19 South, Belmont New York 14813	
Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator	
██████████	10-01-1987
Social Security Number (this is not releasable under the provisions of FOIL)	Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES NO

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- Home or residence licensed by NYS or equivalent in any other state.
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

→ If **NO** has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

→ If **YES** has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.

Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Scott M Lanphier

Full Name

Signature

Date

5-23-24

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Scott M Lanphier

Full Name

Signature

Date

5-23-24

Notary Public Affirmation and Acknowledgement

Notary Public Name

Signature

Date

Marich Greenman

5/23/24

Mariah Greenman
Notary Public, State of New York
Reg. No. 01GR0015629
Qualified in Allegany County
Commission Expires November 4, 2027

Please affix Notary Public Stamp or equivalent.

PLEDGEHOLDER AGREEMENT

This Pledgeholder Agreement is entered into as of June 30, 2024.

RECITALS

A. Dan Marsh, an individual residing in the state of New York with an address at 4553 Charles Street, Scio, NY 14880 (the "Seller") and Scott Lanphier, an individual residing in the state of New York with an address at 4194 State Route 19, Belmont New York 14813 (the "Buyer"), have entered into that certain Stock Purchase Agreement, dated of even date herewith (the "Purchase Agreement") pursuant to which Seller agreed to sell to Buyer, and Buyer agreed to purchase from Seller, one hundred (100) shares of common stock, no par value (the "Shares") of Medical Transport Service, Inc., a New York corporation (the "Company"). As consideration for the Shares, the Buyer has executed and delivered to the Seller a Promissory Note also dated June 30, 2024.

B. As security for the full and timely payment of the Note, the Buyer has granted to the Seller a security interest in all of the Shares and hereby pledges the Shares (the "Pledged Shares") as collateral.

C. The Seller and the Buyer now desire to appoint Dan Marsh as their agent (the "Agent") with respect to certain certificate(s) evidencing the Pledged Shares.

PLEDGEHOLDER INSTRUCTIONS

The Seller and the Buyer hereby authorize and direct the Agent to hold the documents and certificate(s) delivered to the Agent pursuant to these instructions (these "Instructions") and to take the following actions with respect thereto, and the Seller, the Buyer, and the Agent hereby agree as follows:

1. The Buyer hereby delivers and/or agrees to deliver to the Agent an Assignment Separate From Certificate executed in blank (the "Stock Power"), attached hereto as Schedule 1.

2. The provisions of these Instructions shall apply for so long as the Seller has a security interest in the Pledged Shares pursuant to the Note. Upon full payment by the Buyer of all indebtedness under the Note, the Agent shall promptly deliver the Pledged Shares back to the Buyer.

3. As security for the full repayment of the Note, the Buyer has granted (and hereby confirms) to the Seller a security interest in the Pledged Shares. Notwithstanding anything herein to the contrary, the Agent holds the Pledged Shares as the Seller's agent to perfect the Seller's security interest in the Pledged Shares, and not as an escrow holder for Buyer and the Seller. Nothing herein shall be construed to permit the Buyer any control over the Pledged Shares while so held, the right to direct disposal of the Pledged Shares, or any other right inconsistent with the Agent's possession of the Pledged Shares as perfecting the Seller's security interest, *provided however*, that this provision shall not apply in connection with any sale or transfer of Pledged Shares pursuant to which the entire remaining balance of the Note is paid in full. In the event the Buyer fails to make any payment under the Note when due, or otherwise defaults in any obligation due the Seller under the Note, the Agent shall deliver the Pledged Shares to the Seller, or take such other action as the Seller, as a secured creditor shall direct. The Buyer acknowledges that state or

federal securities laws may restrict the public sale of the Pledged Shares, and may require private sales at prices or on terms less favorable to the Seller than public sales. The Buyer agrees that where the Seller, in its sole discretion, determines that a private sale is appropriate, such sale shall be deemed to have been made in a commercially reasonable manner.

4. To facilitate (i) the exercise of the Seller's rights as a secured party; and (ii) the performance of these Instructions, the Buyer does hereby constitute and appoint the Agent as the Buyer's attorney-in-fact and agent to execute with respect to the Pledged Shares all certificates, stock assignments, or other instruments which shall be necessary or appropriate to make such securities negotiable and complete any transaction herein contemplated, including the Seller's exercise of its rights as a secured party. The Buyer understands that such appointment is coupled with an interest and is irrevocable. Subject to the provisions of these Instructions, the Buyer shall exercise all rights and privileges of a member of the Company while the Pledged Shares are held by the Agent; provided, however, the Buyer may not sell, transfer, dispose of, or in any manner encumber any of the Pledged Shares while the Pledged Shares are held by Agent hereunder other than in connection with any sale or transfer of Pledged Shares pursuant to which the entire remaining balance of the Note (including both principal and accrued interest) is paid in full.

5. If at the time of termination of the pledge of the Pledged Shares, the Agent shall have in his possession any documents, securities, or other property belonging to the Buyer, the Agent shall deliver all of same to the Buyer and shall be discharged of all further obligations hereunder.

6. The Agent's duties hereunder may be altered, amended, modified, or revoked only by a writing signed by the Seller and the Buyer, and approved by the Agent.

7. The Agent shall not be personally liable for any act the Agent may do or omit to do hereunder as agent for the Seller, or attorney in fact for the Buyer while acting in good faith and in the exercise of the Agent's own good judgment after advisement by the Agent's own attorneys, and any act done or omitted by the Agent pursuant to the advice of the Agent's own attorneys shall be conclusive evidence of such good faith.

8. In consideration of the Agent's acceptance of this appointment, the Seller agrees to indemnify and hold harmless the Agent as to any liability incurred by Agent to any person by reason of its having accepted such appointment or in carrying out the provisions of this Pledgeholder Agreement, and to reimburse the Agent for all its costs and expenses (including, without limitation, legal counsel fees and expenses) reasonably incurred by reason of any matter relating to or arising under this Pledgeholder Agreement except in the event of the Agent's negligence, misconduct or willful violation of the terms of this Agreement.

9. The Agent has a good faith duty to abide by the terms of this Agreement. The Agent is hereby expressly authorized to disregard any and all warnings by any of the parties hereto or by any other person, firm, or other entity, excepting only orders or process of courts of law, and is hereby expressly authorized to comply with and obey orders, judgments, or decrees of any court. In the event the Agent obeys or complies with any such order, judgment, or decree of any court, the Agent shall not be liable to any of the parties hereto or to any other person, firm, or other entity by reason of such compliance notwithstanding that any such order, judgment, or decree shall be subsequently reversed, modified, annulled, set aside, vacated, or found to have been entered without jurisdiction.

10. The Agent shall not be liable in any respect on account of the identity, authorities, or rights of the parties executing or delivering or purporting to execute or deliver any agreements or documents called for by the Purchase Agreement or any documents or papers deposited or called for hereunder.

11. The Agent shall not be liable for the barring of any rights under the statute of limitations with respect to these Instructions or any documents deposited with the Agent.

12. By signing this Pledgeholder Agreement, the Agent becomes a party hereto only for the purpose of said Pledgeholder Agreement. The Agent shall not be considered a party to the Purchase Agreement or to any documents or agreements called for by the Purchase Agreement.

13. The Agent may resign from its duties hereunder at any time upon written notice to the Seller and the Buyer and delivery of all documents and certificates held in this escrow to the successor Agent. If a successor agent has not been appointed within thirty (30) days, the Agent may deliver all such documents and certificates to the Seller, at which time, all further responsibilities and duties of the Agent shall cease.

14. If prior to the termination of these Instructions the Agent shall resign or otherwise cease to operate as Agent, a successor agent shall be designated by the Seller and the Buyer.

15. All notices and other communications hereunder shall be in writing and shall be deemed given if delivered personally or mailed by registered or certified mail (return receipt requested) to the parties at the following addresses (or at such other address for a party as shall be specified by like notice):

(a) if to the Seller, to:

Dan Marsh
4553 Charles Street,
Scio, NY 14880

(b) if to the Buyer, to:

Scott Lanphier
4194 State Route 19S
Belmont, New York 14813

(c) if to the Agent, to:

Dan Marsh
4553 Charles Street,
Scio NY 14880

16. The provisions of this Pledgeholder Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, executors, administrators, successors and assigns.

17. This Pledgeholder Agreement, the Note and any claim, controversy, dispute or cause of action (whether in contract or tort or otherwise) based upon, arising out of or relating to

this Pledgeholder Agreement and the transactions contemplated hereby and thereby shall be governed by, and construed in accordance with, the laws of the State of New York.

18. This Pledgeholder Agreement, the Note, the Stock Power and the Purchase Agreement contain the entire understanding of the Seller and the Buyer with respect to the subject matter contained herein, and there are no other contracts, agreements, understandings, representations, warranties, or covenants with respect to the subject matter contained herein. This Pledgeholder Agreement may be executed in counterparts, each of which shall be considered an original but together which shall constitute one and the same instrument.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the Seller and the Buyer have executed this Pledgeholder Agreement as of the date first above written.

BUYER:



Scott Lanphier

SELLER:



Dan Marsh

AGENT:



Dan Marsh

[SIGNATURE PAGE TO PLEDGEHOLDER AGREEMENT]

Scott M. Lanphier
PO Box 111
Scio, New York 14880
(585) 610-8909
slanphier87@gmail.com

Experience:

Medical Transport Service Inc. Scio, NY
Operations Supervisor 06/08-Present
Responsible for providing management, leadership, direction and administration of all aspects of daily operations. Respond and adequately determine the needs of the ill or injured, Maintain patient care, including administration of medications, providing resuscitation efforts, starting Intravenous lines and interpreting Electro Cardio Grams. To treat ill or injured patients following the pre-established protocols, and maintain direct communication with on line medical control.

Level 3 Communications Coudersport, PA
Service Delivery Associate 2/11 -07/12
Responsible for processing IP/Data, Transport and Voice orders into various proprietary order entry systems for all customers in a timely manner related to new installations, inbound Automated Service Requests (ASR), record changes, Move-Add-Change (MAC) and Disconnect requests; Act as first point of contact for internal/external customer service escalations; address internal/external customer requests, complaints and issues in a timely manner and with a professional attitude; provide coaching and mentoring to associates, give feedback and input in developing, implementing and evaluating plans, work processes, systems and procedures to achieve annual goals, objectives and work standards; interacts with internal/external customers, their representatives and field personnel in a professional manner to provide service and support using multiple proprietary operating systems; enforce compliance of corporate policies/procedures and business objectives; ensure compliance with relevant government and industry legislation.

CCSI Coudersport, PA
Service Delivery Associate (Contractor) 11/10 - Present
Responsible for processing IP/Data, Transport and Voice orders into various proprietary order entry systems for all customers in a timely manner related to new installations, inbound Automated Service Requests (ASR), record changes, Move-Add-Change (MAC) and Disconnect requests; Act as first point of contact for internal/external customer service escalations; address internal/external customer requests, complaints and issues in a timely manner and with a professional attitude; provide coaching and mentoring to associates, give feedback and input in developing, implementing and evaluating plans, work processes, systems and procedures to achieve annual goals, objectives and work standards; interacts with internal/external

Scott M. Lanphier

Resume – Page 2

customers, their representatives and field personnel in a professional manner to provide service and support using multiple proprietary operating systems; enforce compliance of corporate policies/procedures and business objectives; ensure compliance with relevant government and industry legislation.

Allegany Co. Sheriff's Office

Belmont, NY

Emergency 911 Dispatcher

07/09 to 05/10

Answered emergency 911 calls; appropriately dispatched police, fire, and ambulance units within Allegany County; maintained real-time knowledge of where units were assigned; logged all calls per department policy; conducted radio checks with law enforcement to enhance their safety; handled routine calls/inquiries from citizens; assisted co-workers as needed; used independent judgment to assist responders as needed; interfaced with emergency responders/dispatchers in contiguous counties as needed; entered data in computer systems as appropriate; handled routine paperwork as assigned..

Wellsville Police Department

Wellsville, NY

Communications Technician

06/07 to 07/09

Duties as listed above, plus interfaced with village departments, emergency responders/dispatchers in Allegany, contiguous counties, and Pennsylvania as needed; maintained observation of prisoners to maintain safety and security.

Brand Name Appliance

Wellsville, NY

Installation Technician

11/05 to 06/07

Delivered and installed new appliances; removed old appliances from Customers' homes; maintained knowledge of technical revisions; presented a positive company image to public; assisted with customer service as needed; properly disposed of removed appliances.

Pizza King

Wellsville, NY

Delivery Driver

03/05 to 11/05

Delivered pizza in Wellsville area in a safe, timely manner; Prepared meals for customers; accurately operated cash register.

Scott M. Lanphier

Resume – Page 3

Education: Wellsville Central School Wellsville, NY
NYS Regents Diploma
Majored in Diesel Mechanics at Belmont BOCES and graduated
from same.

New York State Certified Albany, NY
Advanced Emergency Medical Technician – Critical Care
NYS – Department of Health

References: Attached

MTS



SCOTT LANPHIER
OPERATIONS MANAGER



YORK STATE Bureau of Emergency Medical Services and Trauma Systems

EMS PROVIDER CERTIFICATION

[Back to Search Results](#)

Provider ID:
322277
Name:
Lanphier, Scott M
County:
Allegany

Status:
Status OK

Certification Level

Emergency Medical Technician-Critical Care (EMT-CC)

Expiration Date

07/31/2024

ADVANCED CARDIOVASCULAR LIFE SUPPORT

ACLS Provider



Scott Lanphier

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date	Renew By	eCard Code
1/22/2024	01/2026	245405296191



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

PEDIATRIC ADVANCED LIFE SUPPORT

PALS Provider



American Academy of Pediatrics



Scott M Lanphier

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Pediatric Advanced Life Support (PALS) Program.

Issue Date	Renew By	eCard Code
1/25/2024	01/2026	245425336033



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.

BASIC LIFE SUPPORT

BLS Provider



Scott Lanphier

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date	Renew By	eCard Code
1/23/2023	01/2025	235413959992



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to www.heart.org/cpr/mycards.



Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

12/14/2023

Medical Transport Service, Inc.
PO Box 586
Wellsville, NY 14895

Attention: Scott Lanphier, Ops Manager

Dear Mr. Lanphier,

The Plan of Correction (SOD 20230444) submitted to the Department by your agency has been found to be acceptable.

Your agency has demonstrated that it is compliant with the Public Health Law and Part 800 regulations.

Thank you for your cooperation with the process; your efforts will benefit your crew members and the patients you serve.

Should you have any questions or need additional information please do not hesitate to contact me at (716) 847-4391.

Sincerely,

Donald Trzepacz Jr.
Donald Trzepacz Jr.
District Chief / Investigator
Emergency Preparedness and Response

New York State Department of Health
Bureau of Emergency Medical Services and Trauma Systems
Western New York Regional Office
295 Main Street, Suite 300
Buffalo, NY 14203
(716) 847-4643 (Office) | (518) 416-5592 (Cell)
donald.trzepacz@health.ny.gov

CC: Agency File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION
NEW YORK STATE DEPARTMENT OF HEALTH – BUREAU OF EMERGENCY MEDICAL SERVICES

Agency Code: 0229	SOD Record: 20230444
Agency Name: Medical Transport Service, Inc.	Date of Violation: 10/16/2023
Address: PO Box 586 Wellsville, NY 14895	NYS BEMS Representative issuing SOD: Donald Trzepacz District Chief - Investigator

As a result of a recent incident or investigation, Department of Health representatives identified the following deficiency(s). This identified deficiency(s) must be corrected for you to be in compliance with Title 10 of the New York Codes Rules and Regulations (10NYCRR) and/or Article 30 of the Public Health Law of New York State. In the column headed "Provider's Plan of Correction", please describe the plan for corrective action and submit by 12/7/2023. Use additional sheets as necessary. Responding to this statement does not preclude enforcement action. However, failure to respond by 12/7/2023 MAY result in enforcement action being taken.

Deficiencies and 10NYCRR Citations

SECTION 3006. QUALITY IMPROVEMENT PROGRAM.

By January first, nineteen hundred ninety-seven, every ambulance service and advanced life support first response service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance service or advanced life support first response service, and which shall pursue opportunities to improve patient care and to resolve identified problems. The quality improvement program may be conducted independently or in collaboration with other services, with the appropriate regional council, with an EMS program agency, with a hospital, or with another appropriate organization approved by the department. Such program shall include a committee of at least five members, at least three of whom do not participate in the provision of care by the service. At least one member shall be a physician, and the others shall be nurses, or emergency medical technicians, or advanced emergency medical technicians, or other appropriately qualified allied health

Provider's Plan of Correction

1. We have formed a QA/QI committee as follows:
 Robert Wicelinski (Physician)
 Connor Parker (RN)
 Paul Edwards (MIS EMT-cc)
 Evan Woolaway (MIS EMT-B)
 Todd McMahon (MIS EMT-B)
 Neal Green (Belfast Paramedic)
 Margaret Thompson (Belfast EMT-B)
 Dan Marsh (MIS EMT-CC/Alternate)
 Scott Lanphier (MIS EMT-CC/Alternate)
2. We have developed a schedule of PCR QA as follows:
 January..... Syncope/Unconscious
 February..... Chest pain/Cardiac
 March..... AMS/Diabetic issues
 April..... Respiratory distress
 May..... Cardiac arrest
 June..... Trauma
 July..... Abdominal pain
 August..... CVA/TIA
 September..... Seizures
 October..... Hosp-to-hosp transfers
 November..... General illness
 December..... Allergic reactions
3. We will schedule continuing education based on the results of the monthly QA sampling.
4. We will participate in the regional QA/QI program operated through the University of Rochester Office of Prehospital medicine under the auspices of Dr. Jeremy Cushman.

personnel. The quality improvement committee shall have the following responsibilities:

3006(1)(c)

to periodically review information concerning compliance with standard of care procedures and protocols, grievances filed with the service by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients. A quality improvement program shall also include participation in the department's prehospital care reporting system and the provision of continuing education programs to address areas in which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols. Continuing education programs may be provided by the service itself or by other organizations.

Agency does not an active internal QA program

Provider Representative Signature and Title

Date

<i>Barbara</i> , <i>PRESIDENT</i>	<i>11-13-2023</i>
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NYS BEMS Representative Signature and Title

Date

<i>Donald Jzepakz Jr</i> <i>District Chief Investigator</i>	<i>10/19/2023</i>
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New York State Certified Ambulance Service

Phone: 585-593-1977 * Fax: 585-593-7684 * PO Box 586, Wellsville, New York 14895
medicaltransportservice1@gmail.com

Attachment #1:

Dan Marsh owns 100% of the stock of Medical Transport Service, Inc.

"Serving Allegany County Since 1979"

CERTIFICATE OF INCORPORATION

OF

MEDICAL TRANSPORT SERVICE, INC.

Under Section 402 of the Business Corporation Law

IT IS HEREBY CERTIFIED THAT:

(1) The name of the corporation is:

MEDICAL TRANSPORT SERVICE, INC.

(2) The purposes of the Corporation is to engage in any lawful act or activity for which corporations may be organized pursuant to the Business Corporation Law of the State of New York. The Corporation is not to engage in any act or activity requiring any consents or approvals by law without such consent or approval first being obtained.

For the accomplishment of the aforesaid purposes, and in furtherance thereof, the Corporation shall have, and may exercise, all of the powers conferred by the Business Corporation Law upon corporations formed thereunder, subject to any limitations contained in Article 2 of said law or in accordance with the provisions of any other statute of the State of New York.

(3) The number of shares which the corporation shall have the authority to issue is 200 shares, no par value.

(4) The principal office of the corporation is to be located in the County of Alleghany, State of New York.

(5) The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the Corporation served upon him is:

c/o The Corporation
P.O. Box 586
Wellsville, NY 14895

IN WITNESS WHEREOF, this certificate has been subscribed this 2nd day of May, 1989, by the undersigned, who affirms that the statements made herein are true under the penalties of perjury.

Joan Terry
Joan Terry
500 Central Avenue
Albany, New York 12206

NYS DEPARTMENT OF STATE

FILING RECEIPT

INCORPORATION (BUSINESS)

CORPORATION NAME

MEDICAL TRANSPORT SERVICE, INC.

<u>DATE FILED</u> 05/12/89	<u>DURATION & COUNTY CODE</u> P ALLE	<u>FILM NUMBER</u> C010180-3	<u>CASH NUMBER</u> 399846
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<u>NUMBER AND KIND OF SHARES</u> 200NFV	<u>LOCATION OF PRINCIPAL OFFICE</u>
--	-------------------------------------

*INFO

<u>ADDRESS FOR PROCESS</u> THE CORP. P.O. BOX 586 WELLSVILLE NY 14895	<u>REGISTERED AGENT</u>
--	-------------------------

FEES AND/OR TAX PAID AS FOLLOWS:

AMOUNT OF CHECK \$ _____	AMOUNT OF MONEY ORDER \$ 00110.00	AMOUNT OF CASH \$ _____
\$ 6.00 DOLLAR FEE TO COUNTY	\$ 100.00 FILING	
	\$ 00010.00 TAX	
	\$ CERTIFIED COPY	
	\$ CERTIFICATE	
	TOTAL PAYMENT \$ 0000110.00	
	REFUND OF \$	

FILER NAME AND ADDRESS

DICERBO & PALUMBO
201 NORTH UNION STREET

OLEAN NY 14760

TO FOLLOW

FILING RECEIPT

=====

ENTITY NAME : MEDICAL TRANSPORT SERVICE, INC.

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

=====

FILER:

FILED: 11/15/2018

CASH#: 436405

FILM#: 20181115021

DAN D MARSH; MEDICAL TRANSPORT
SERVICE, INC.
PO BOX 586
WELLSVILLE NY 14895

PRINCIPAL LOCATION

4194 STATE ROUTE 19
SOUTH
BELMONT
NY 14813



COMMENT:

ASSUMED NAME

MTS

=====

SERVICE COMPANY : +++ NO SERVICE COMPANY +++

CODE:
BOX :

FEEES 85.00

FILING : 25.00
COUNTY : 25.00
COPIES : 10.00
MISC : .00
HANDLE : 25.00

PAYMENTS: 85.00

CASH :
CHECK : 85.00
C CARD :

REFUND :

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
November 16, 2018.



Whitney Clark

Whitney Clark
Deputy Secretary of State for Business and
Licensing Services

STATE OF NEW YORK
DEPARTMENT OF STATE

ONE COMMERCE PLAZA
99 WASHINGTON AVENUE
ALBANY, NY 12231-0001
WWW.DOS.NY.GOV

ANDREW M. CUOMO
GOVERNOR

ROSSANA ROSADO
SECRETARY OF STATE

MEDICAL TRANSPORT SERVICE INC
PO BOX 586
WELLSVILLE NY 14895



**Department
of State**



Division of Corporations, State Records and Uniform Commercial Code

20181115021

New York State Department of State Division of Corporations State Records and Uniform Commercial Code One Commerce Plaza 99 Washington Avenue Albany, NY 12242 www.dos.ny.gov

Certificate of Assumed Name

(Pursuant to General Business Law §130)

REAL NAME OF ENTITY:

Medical Transport Service, Inc.

a. FICTITIOUS NAME, IF ANY, OF FOREIGN ENTITY (Not Assumed Name):

THE ENTITY WAS FORMED OR AUTHORIZED UNDER THE FOLLOWING NEW YORK LAW (Check one):

- Business Corporation Law, Education Law, Limited Liability Company Law, Not-for-Profit Corporation Law, Religious Corporations Law, Revised Limited Partnership Act, Other (specify law):

i. ASSUMED NAME OF ENTITY:

MTS

PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST INCLUDE NUMBER AND STREET). IF NONE, CHECK THIS BOX AND PROVIDE OUT-OF- STATE ADDRESS:

4194 State Route 19 South, Belmont NY 14813

COUNTY(IES) IN WHICH ENTITY DOES OR INTENDS TO DO BUSINESS:

ALL COUNTIES (or check applicable county(ies) below)

- Grid of New York counties with checkboxes: Albany, Allegany, Bronx, Broome, Oneida, Onondaga, Ontario, Orange, Cattaraugus, Cayuga, Chautauqua, Chemung, Putnam, Chenango, Clinton, Columbia, Cortland, Rockland, Delaware, Dutchess, Erie, Essex, Schoharie, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Suffolk, Franklin, Fulton, Genesee, Greene, Ulster, Hamilton, Herkimer, Jefferson, Kings, Sullivan, Tioga, Tompkins, Lewis, Livingston, Madison, Monroe, Warren, Washington, Westchester, Montgomery, Nassau, New York, Niagara, Wyoming, Yates, Wayne.

ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON, CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE. (Use page 2 if needed. The address(es) must be a number and street, city, state and zip code. The address(es) must be within the county(ies) indicated in paragraph 5.) If none, check this box: No New York State Business Location.

4194 State Route 19 South, Belmont NY 14813 (Ambulance Service operating in the entirety of Allegany

County)

Name or Type of Signer: Dan D Marsh

Signature: [Handwritten Signature]

Capacity of Signer (Check one): Authorized Person, Officer of the Corporation, General Partner of the Limited Partnership, Member of the Limited Liability Company, Manager of the Limited Liability Company

Certificate of Assumed Name

021

ADDRESS OF EACH LOCATION, INCLUDING NUMBER AND STREET, IF ANY, OF EACH PLACE WHERE THE ENTITY CARRIES ON OR CONDUCTS OR TRANSACTS BUSINESS IN NEW YORK STATE: (Continued)

RECEIVED
2018 NOV 15 AM 9:08

Filer's Name and Mailing Address:

Dan D Marsh

Name:

Medical Transport Service, Inc

Company, if Applicable:

PO Box 586

Mailing Address:

Wellsville, New York 14895

City, State and Zip Code:

100

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED NOV 15 2018

TAXS 436405

BY: CMP

NOTE: You are not required to use this form. This certificate should be prepared under the guidance of an attorney.

E: Limited Liability Companies and Limited Partnerships - \$25.

Corporations - \$25 plus the fee for each county indicated in paragraph 5. The additional fee for each county within New York City (Bronx, Kings, New York, Queens and Richmond) is \$100 additional. The fee for each county outside New York City is \$25. Checks over \$500 must be certified.

(office use only)

1352325

2

NOV 15 2018

Schedule 1

STOCK POWER AND ASSIGNMENT

SEPARATE FROM CERTIFICATE

FOR VALUE RECEIVED, and pursuant to that certain Stock Purchase Agreement dated as of June 30, 2024 (the "Agreement"), the undersigned hereby sells, assigns and transfers unto Dan Marsh, an individual, 100 shares of common stock, no par value of Medical Transport Service, Inc., a New York corporation (the "Company"), standing in the undersigned's name on the books of the Company, and does hereby irrevocably constitute and appoint Dan Marsh as the undersigned's attorney-in-fact, with full power of substitution, to transfer said shares on the books of the Company. THIS ASSIGNMENT MAY ONLY BE USED AS AUTHORIZED BY THE AGREEMENT AND ANY EXHIBITS THERETO.

Dated: 5-23-24

BUYER:



Scott Lanphier

NEW YORK STATE DEPARTMENT OF HEALTH
Ambulance Service Certificate



Medical Transport Service, Inc.

DBA: MTS



*is hereby certified as a New York State ambulance service in
accordance with the provisions of Article 30 of the
Public Health Law*

PRIMARY TERRITORY:

Allegany County

Handwritten signature of Ryan Greenbaum in black ink.

Emergency Medical Services Program

Handwritten signature of Howard Zucker M.D. in black ink.

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE

Keep conspicuously posted

NEW YORK STATE DEPARTMENT OF HEALTH
CONTROLLED SUBSTANCE LICENSE



Legal Name or Operator:
MEDICAL TRANSPORT SERVICE INC

Licensed Location:
MEDICAL TRANSPORT SERVICE INC
MTS
4194 STATE ROUTE 19S
PO BOX 109A
BELMONT, NY 14813

MEDICAL TRANSPORT SERVICE INC
MTS
4194 STATE ROUTE 19S
PO BOX 109A
BELMONT, NY 14813

Class: 03C
INSTITUTIONAL DISPENSER
LIMITED (EMS)

Schedule:
II III IV V

HAS GIVEN SATISFACTORY EVIDENCE THAT ALL QUALIFICATIONS AS REQUIRED BY ARTICLE 33 OF THE PUBLIC HEALTH LAW AND PART 80 OF THE ADMINISTRATIVE RULES AND REGULATIONS HAVE BEEN MET AND IS HEREBY GRANTED A LICENSE TO ENGAGE IN CONTROLLED SUBSTANCE ACTIVITY IN THE STATE OF NEW YORK IN THE CLASSIFICATION STATED ABOVE.

LICENSE #: 03C0219
EFFECTIVE: Nov 01 2023
EXPIRES: Oct 31 2025

A handwritten signature in black ink, appearing to read "James V. McDonald M.D. M.P.H.".

JAMES V. McDONALD, M.D., M.P.H.
COMMISSIONER OF HEALTH

TO BE PERMANENTLY DISPLAYED AT THE LICENSED SITE

New York State Department of Health

PFI: P434

Limited Service Laboratory Registration

CLIA: 33D1004430

Medical Transport Service Inc

4194 State Route 19 S

Belmont NY 14880

Director:

Robert Wicelinski, D.O.

Owner:

Medical Transport Service Inc

is hereby authorized to perform the following procedures in accordance
with Article 5, Title V, Section 579 of the Public Health Law.

Glucose

Renewal

Effective Date: September 1, 2022

Expiration Date: September 1, 2024

Single Site

Certification Type: WAIVER

Subject to Revocation

Registration Not Transferable

*The University of the State of New York
Education Department
Office of the Professions*

REGISTRATION CERTIFICATE
Do not accept a copy of this certificate

License Number: 277455-01

Certificate Number: 2482618

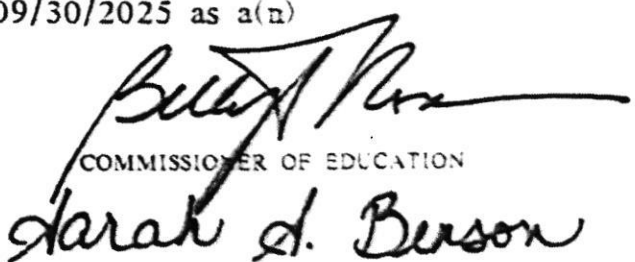
WICELINSKI ROBERT
455 UNDERWOOD AVE
ELMIRA NY 14905-0000

is registered to practice in New York State through 09/30/2025 as a(n)
PHYSICIAN

LICENSEE/REGISTRANT



EXECUTIVE SECRETARY



COMMISSIONER OF EDUCATION



DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.