

11-08-2005



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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)

REC

TRADEMARK

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Citicorp North America, Inc.

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State, Other

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment, Merger, Security Agreement, Change of Name, Other Release of Intellectual Property Security Agreement

Execution Date: June 30, 2005

2. Name and Address of receiving party(ies)

Name: Laidlaw International, Inc. (as successor in interest to Laidlaw Investments Ltd.)

Internal Address: Suite 400

Street Address: 55 Shuman Blvd.

City: Naperville State: IL Zip: 60563

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State: Delaware, Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached: Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

76/218,084

B. Trademark Registration No.(s)

See Attached

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Intellectual Property Docketing

Internal Address: SHEARMAN & STERLING LLP

Street Address: 599 Lexington Avenue

City: New York State: NY Zip: 10022

6. Total number of applications and registrations involved:

12

7. Total fee (37 CFR 3.41) \$ 315.00

- Enclosed, Authorized to be charged to deposit account

8. If check is missing or otherwise insufficient, charge deposit account number:

50-0324

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Jordan Altman

Name of Person Signing

Signature

November 1, 2005

Date

Total number of pages including cover sheet, attachments, and document: 37

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

11/07/2005 ECOOPER 00000079 76218084

01 FC:8521 02 FC:8522

40.00 DP 275.00 DP

Continuation of Trademark Recordation Form Cover Sheet

Continuation of Box 1:

<p>Name and Address of receiving party(ies) Name: <u>A1 Leasing, Inc.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>6200 S. Syracuse Way</u></p> <p>City: <u>Greenwood Village</u> State: <u>CO</u> Zip: <u>80111</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>Florida</u></p> <p><input type="checkbox"/> Other _____</p>	<p>Name and Address of receiving party(ies) Name: <u>Adam Transportation Service, Inc.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>6200 S. Syracuse Way</u></p> <p>City: <u>Greenwood Village</u> State: <u>CO</u> Zip: <u>80111</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>New York</u></p> <p><input type="checkbox"/> Other _____</p>
<p>Name and Address of receiving party(ies) Name: <u>Allied Bus Sales, Inc.</u></p> <p>Internal Address: <u>Suite 400</u></p> <p>Street Address: <u>55 Shuman Blvd.</u></p> <p>City: <u>Naperville</u> State: <u>IL</u> Zip: <u>60563</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>Indiana</u></p> <p><input type="checkbox"/> Other _____</p>	<p>Name and Address of receiving party(ies) Name: <u>Ambulance Acquisition, Inc.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>6200 S. Syracuse Way</u></p> <p>City: <u>Greenwood Village</u> State: <u>CO</u> Zip: <u>80111</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>Delaware</u></p> <p><input type="checkbox"/> Other _____</p>
<p>Name and Address of receiving party(ies) Name: <u>American Emergency Physicians Management, Inc.</u></p> <p>Internal Address: <u>Suite 5200</u></p> <p>Street Address: <u>1717 Main Street</u></p> <p>City: <u>Dallas</u> State: <u>TX</u> Zip: <u>75201</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>California</u></p> <p><input type="checkbox"/> Other _____</p>	<p>Name and Address of receiving party(ies) Name: <u>American Investment Enterprises, Inc.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>6200 S. Syracuse Way</u></p> <p>City: <u>Greenwood Village</u> State: <u>CO</u> Zip: <u>80111</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>Nevada</u></p> <p><input type="checkbox"/> Other _____</p>

Name and Address of receiving party(ies)
 Name: American Medical Pathways, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response Delaware Valley, LLC
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: _____
 Other Delaware Limited Liability Company

Name and Address of receiving party(ies)
 Name: American Medical Response Holdings, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response Management, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response Mid-Atlantic, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Pennsylvania
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response Northwest, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Oregon
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Colorado, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Connecticut, Incorporated
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Connecticut
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Georgia, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Illinois, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Inland Empire
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Massachusetts, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Massachusetts
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of North Carolina, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Oklahoma, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of South Carolina, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Southern California
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Tennessee, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response of Texas, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response West

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: California

Other _____

Name and Address of receiving party(ies)
 Name: American Medical Response, Inc.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: Delaware

Other _____

Name and Address of receiving party(ies)
 Name: AMR Brockton, L.L.C.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: _____

Other Delaware Limited Liability Company

Name and Address of receiving party(ies)
 Name: Associated Ambulance Service Inc.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: New York

Other _____

Name and Address of receiving party(ies)
 Name: Atlantic Ambulance Services Acquisition, Inc.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: Delaware

Other _____

Name and Address of receiving party(ies)
 Name: Atlantic/Key West Ambulance, Inc.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: Delaware

Other _____

Name and Address of receiving party(ies)
 Name: Atlantic/Palm Beach Ambulance, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Broward Ambulance, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Charles T. Mitchell, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Hawaii
 Other _____

Name and Address of receiving party(ies)
 Name: Chatham Coach Lines, Inc.
 Internal
 Address: Suite 400
 Street Address: 55 Shuman Blvd.
 City: Naperville State: IL Zip: 60563
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Concorde Adjusters, Inc.
 Internal
 Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Coordinated Health Services, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Pennsylvania
 Other _____

Name and Address of receiving party(ies)
 Name: Desert Valley Medical Services, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: ECEP, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Missouri
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Anesthesia Services, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Contract of Arkansas, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Arkansas
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Holdings Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Alabama, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Alabama
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Arizona, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Arizona
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of California, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Colorado, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Colorado
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Florida, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Georgia, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Hawaii, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Hawaii
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Indiana, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Indiana
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Iowa, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Iowa
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Kentucky, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Kentucky
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Louisiana, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Louisiana
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Maryland, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Maryland
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Michigan, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Michigan
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Minnesota, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Minnesota
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Mississippi, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Mississippi
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Missouri, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Missouri
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Nevada, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Nevada
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of New Hampshire, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New Hampshire
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of New Jersey, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New Jersey
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of New Mexico, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New Mexico
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of New York, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New York
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of North Carolina, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: North Carolina
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of North Dakota, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: North Dakota
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Ohio, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Ohio
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Oklahoma, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Oklahoma
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Oregon, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Oregon
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Pennsylvania, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Pennsylvania
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Rhode Island, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Rhode Island
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of South Carolina, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: South Carolina
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Tennessee, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Tennessee
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Texas, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Texas
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Vermont, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Vermont
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Virginia, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Virginia
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Washington, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Washington
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of West Virginia, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: West Virginia
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare of Wisconsin, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Wisconsin
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Physician Providers, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Missouri
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Physician Services, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Services of Illinois, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Illinois
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare Services of Massachusetts, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Massachusetts
 Other _____

Name and Address of receiving party(ies)
 Name: Emcare, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Em-Code Reimbursement Solutions, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Emergency Medicine Education Systems, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Texas
 Other _____

Name and Address of receiving party(ies)
 Name: Emergency Specialists of Arkansas, Inc. II
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Texas
 Other _____

Name and Address of receiving party(ies)
 Name: First Medical/Emcare Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Five Counties Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New York
 Other _____

Name and Address of receiving party(ies)
 Name: Florida Emergency Partners, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Texas
 Other _____

Name and Address of receiving party(ies)
 Name: Fountain Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Alabama
 Other _____

Name and Address of receiving party(ies)
 Name: Gieger Transfer Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Mississippi
 Other _____

Name and Address of receiving party(ies)
 Name: Golden Gate Associates

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: California

Other _____

Name and Address of receiving party(ies)
 Name: Hank's Acquisition Corp.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: Alabama

Other _____

Name and Address of receiving party(ies)
 Name: Healthcare Administrative Services, Inc.

Internal
 Address: Suite 5200

Street Address: 1717 Main Street

City: Dallas State: TX Zip: 75201

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: Delaware

Other _____

Name and Address of receiving party(ies)
 Name: Helix Physicians Management, Inc.

Internal
 Address: Suite 5200

Street Address: 1717 Main Street

City: Dallas State: TX Zip: 75201

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: California

Other _____

Name and Address of receiving party(ies)
 Name: Hemet Valley Ambulance Service, Inc.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: California

Other _____

Name and Address of receiving party(ies)
 Name: International Life Support, Inc.

Internal
 Address: Suite 200

Street Address: 6200 S. Syracuse Way

City: Greenwood Village State: CO Zip: 80111

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-State: Hawaii

Other _____

Name and Address of receiving party(ies)
 Name: Kutz Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Wisconsin
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw International Finance Corporation, Inc.
 Internal
 Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Medical Transportation, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw One, Inc.
 Internal
 Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transit Holdings, Inc.
 Internal
 Address: Suite 400
 Street Address: 55 Shuman Blvd.
 City: Naperville State: IL Zip: 60563
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transit Management Company, Inc.
 Internal
 Address: Suite 400
 Street Address: 55 Shuman Blvd.
 City: Naperville State: IL Zip: 60563
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Pennsylvania
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transit Services, Inc.
 Internal Address: Suite 200
 Street Address: 5360 College Blvd.
 City: Overland Park State: KS Zip: 66211
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transit, Inc.
 Internal Address: Suite 400
 Street Address: 55 Shuman Blvd.
 City: Naperville State: IL Zip: 60563
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Medical Holdings, Inc.
 Internal Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transportation Holdings, Inc.
 Internal Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transportation Management, Inc.
 Internal Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Ohio
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Transportation, Inc.
 Internal Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw Two, Inc.
 Internal
 Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Laidlaw USA, Inc.
 Internal
 Address: Suite 300
 Street Address: 600 Six Flags Drive
 City: Arlington State: TX Zip: 76011
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New York
 Other _____

Name and Address of receiving party(ies)
 Name: Lifecare Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Illinois
 Other _____

Name and Address of receiving party(ies)
 Name: Lifefleet Southeast, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: LINC Transportation, LLC
 Internal
 Address: _____
 Street Address: 55 Shuman Blvd.
 City: Naperville State: IL Zip: 60563
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: _____
 Other Delaware Limited Liability Company

Name and Address of receiving party(ies)
 Name: Medevac Medical Response, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Missouri
 Other _____

Name and Address of receiving party(ies)
 Name: Medivac MidAmerica, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Missouri
 Other _____

Name and Address of receiving party(ies)
 Name: Medic One of Cobb, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Medi-Car Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: Medi-Car Systems, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: Medlife Emergency Medical Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Alabama
 Other _____

Name and Address of receiving party(ies)
 Name: Mercy Ambulance of Evansville, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Indiana
 Other _____

Name and Address of receiving party(ies)
 Name: Mecrcy Life Care
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Mercy, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Nevada
 Other _____

Name and Address of receiving party(ies)
 Name: Metro Ambulance Service (Rural), Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Metro Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Metro Ambulance Services, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Metropolitan Ambulance Service
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Midwest Ambulance Management Company
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Mobile Medic Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Norman Bruce Jetton, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Old Stat, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Pacific Emergency Specialists Management, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Paramed, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Michigan
 Other _____

Name and Address of receiving party(ies)
 Name: Park Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New York
 Other _____

Name and Address of receiving party(ies)
 Name: Physician Account Management, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: Provider Account Management, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Puckett Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Randle Eastern Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: Regional Emergency Services, L.P.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership Delaware
 Corporation-State: _____
 Other _____

Name and Address of receiving party(ies)
 Name: Reimbursement Technologies, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Pennsylvania
 Other _____

Name and Address of receiving party(ies)
 Name: S.C. Food Services (U.S.A.), Inc.
 Internal
 Address: Building 6
 Street Address: 816 South Military Trail
 City: Deerfield Beach State: FL Zip: 33442
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Safe Ride Services, Inc.
 Internal
 Address: Suite 200
 Street Address: 5360 College Blvd.
 City: Overland Park State: KS Zip: 66211
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Arizona
 Other _____

Name and Address of receiving party(ies)
 Name: San Francisco Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Seminole County Ambulance, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Delaware
 Other _____

Name and Address of receiving party(ies)
 Name: Springs Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: California
 Other _____

Name and Address of receiving party(ies)
 Name: Stat Physicians, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Florida
 Other _____

Name and Address of receiving party(ies)
 Name: Sunrise Handicap Transport Corp.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: New York
 Other _____

Name and Address of receiving party(ies)
 Name: Sutran, Inc.
 Internal
 Address: Suite 200
 Street Address: 5360 College Blvd.
 City: Overland Park State: KS Zip: 66211
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: South Dakota
 Other _____

Name and Address of receiving party(ies)
 Name: Tek, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Illinois
 Other _____

Name and Address of receiving party(ies)
 Name: The Gould Group, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Texas
 Other _____

Name and Address of receiving party(ies)
 Name: Tidewater Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Virginia
 Other _____

Name and Address of receiving party(ies)
 Name: Tifton Management Services, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Troup County Emergency Medical Services, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Tucker Emergency Services, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Georgia
 Other _____

Name and Address of receiving party(ies)
 Name: Van Tran of Tucson, Inc.
 Internal
 Address: Suite 200
 Street Address: 5360 College Blvd.
 City: Overland Park State: KS Zip: 66211
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Arizona
 Other _____

Name and Address of receiving party(ies)
 Name: Physicians & Surgeons Ambulance Service, Inc.
 Internal
 Address: Suite 200
 Street Address: 6200 S. Syracuse Way
 City: Greenwood Village State: CO Zip: 80111
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Ohio
 Other _____

Name and Address of receiving party(ies)
 Name: EmCare of Connecticut, Inc.
 Internal
 Address: Suite 5200
 Street Address: 1717 Main Street
 City: Dallas State: TX Zip: 75201
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State: Connecticut
 Other _____

<p>Name and Address of receiving party(ies)</p> <p>Name: <u>Medic One Ambulance Services, Inc.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>6200 S. Syracuse Way</u></p> <p>City: <u>Greenwood Village</u> State: <u>CO</u> Zip: <u>80111</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____</p> <p><input type="checkbox"/> Association _____</p> <p><input type="checkbox"/> General Partnership _____</p> <p><input type="checkbox"/> Limited Partnership _____</p> <p><input checked="" type="checkbox"/> Corporation-State: <u>Delaware</u></p> <p><input type="checkbox"/> Other _____</p>	
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Continuation of Box 4:

Registration Numbers

1,916,853	2,258,407	2,193,012	1,317,259
1,915,480	2,249,976	2,429,030	2,463,604
2,256,259	2,193,013	2,281,589	

NO ADDITIONAL PAGES

RELEASE OF INTELLECTUAL PROPERTY SECURITY INTEREST

This Release of Intellectual Property Security Interest, dated as of June 30, 2005, by CITICORP NORTH AMERICA, INC. (the "Assignor"), as Administrative Agent for the Lenders, in favor of those parties listed on Schedule D (collectively, the "Assignees" and each an "Assignee"). Capitalized terms used herein but not otherwise defined herein have the meanings set forth (or incorporated) in the US IP Security Agreement (as is defined below).

WHEREAS, Laidlaw Investments Ltd., an Ontario corporation as predecessor to Laidlaw International Inc., a Delaware corporation, entered into a Credit Agreement dated as of June 19, 2003 (as amended, amended and restated, supplemented or otherwise modified from time to time, the "Credit Agreement"), with the Canadian Borrowers, Citicorp North America, Inc. as Administrative Agent and as Collateral Agent, and the Lender Parties thereto;

WHEREAS, as a condition precedent to the making of Advances and the issuance of Letters of Credit by the Lender Parties under the Credit Agreement and the entry into Secured Hedge Agreements by the Hedge Bank from time to time, each Assignee has executed and delivered that certain Security Agreement dated June 19, 2003 made by the Assignees to the Collateral Agent (as amended, amended and restated, supplemented or otherwise modified from time to time, the "Security Agreement");

WHEREAS, under the terms of the Security Agreement, the Assignees have granted to the Collateral Agent, for the ratable benefit of the Canadian Secured Parties, a security interest in, among other property, certain intellectual property of the grantors, and executed that certain US IP Security Agreement dated June 19, 2003 (the "US IP Security Agreement") for recording with the United States Patent and Trademark Office, the United States Copyright Office and other governmental authorities;

WHEREAS, the US IP Security Agreement was recorded in the United States Patent and Trademark Office on September 29, 2003 at Reel/Frame 002839/0890;


WHEREAS, the US IP Security Agreement was recorded in the United States Copyright Office on August 30, 2003 at Volume/Document No. 3505/626;

WHEREAS, Assignor has agreed to release its security interest in the Collateral and assign, transfer, and grant all of its right, title and interest in the Collateral to Assignees;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Assignor does hereby release and convey to the Assignees, without recourse, representation or warranty of any kind, the Assignor's security interest in and to the Assignee's right, title and interest in and to the Collateral, including the Collateral listed on Schedules A, B and C, granted pursuant to the US IP Security Agreement.

IN WITNESS WHEREOF, Assignor has caused this Release of Intellectual Property Security Interest to be duly executed as of the date above first written.

ASSIGNOR
CITICORP NORTH AMERICA, INC.,
as Administrative Agent

By: 
Name: ASGHAR ALI
Title: VP

SCHEDULE A
PATENTS

NONE

SCHEDULE B**TRADEMARKS**

Owner	Trademark	Reg./App. No.	Reg./App. Date	Country
Laidlaw Medical Transportation, Inc.	MedTrans	1,916,853	9/5/95	USA
Laidlaw Medical Transportation, Inc.	MedTrans	1,915,480	8/29/95	USA
Laidlaw Transit, Inc.	Edliance & Design	76/218,084	3/1/01	USA
Laidlaw Transit, Inc.	Vtrak	2,256,259	6/29/99	USA
Laidlaw Transit, Inc.	Transtrak	2,258,407	7/6/99	USA
American Medical Response, Inc.	American Medical Pathways	2,249,976	6/1/99	USA
American Medical Response, Inc.	American Medical Response	2,193,013	10/6/98	USA
American Medical Response, Inc.	AMR and design	2,193,012	10/6/98	USA
American Medical Response, Inc.	AMR and design	2,429,030	2/20/01	USA
American Medical Response Mid-Atlantic, Inc.	Event Medical Services	2,281,589	9/28/99	USA
EmCare, Inc.	Emcare	1,317,259	1/29/85	USA
EmCare, Inc.	Emcare and design	2,463,604	6/26/01	USA

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Grantor	Title	Country	Registration No.	Registration Date
American Medical Response Northeast	Transportation services: Field performance standards	USA	TX4383092	9/16/96
American Medical Response, Inc.	MEDS (American Medical Response)	USA	Txu1008380	12/18/01
American Response Northeast	Emergency medical service field performance standards	USA	TX4347806	8/8/96
Laidlaw Medical Transportation, Inc.	Field performance standards: Colorado Version, June 996	USA	TX768097	11/12/96
Laidlaw Transit, Inc.	Crisis and emergency management manual	USA	N/A	N/A
Laidlaw Transit, Inc.	School safety and security program	USA	N/A	N/A
Laidlaw Transit, Inc.	State of Illinois school bus drivers permitting regulations manual	USA	TX4381832	9/23/96

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SCHEDULE D – ASSIGNEES

LIDLAW INVESTMENTS LTD. (AS PREDECESSOR IN INTEREST TO
LIDLAW INTERNATIONAL, INC.)
A1 LEASING, INC.
ADAM TRANSPORTATION SERVICE, INC.
ALLIED BUS SALES, INC.
AMBULANCE ACQUISITION, INC.
AMERICAN EMERGENCY PHYSICIANS MANAGEMENT, INC.
AMERICAN INVESTMENT ENTERPRISES, INC.
AMERICAN MEDICAL PATHWAYS, INC.
AMERICAN MEDICAL RESPONSE DELAWARE VALLEY, LLC
AMERICAN MEDICAL RESPONSE HOLDINGS, INC.
AMERICAN MEDICAL RESPONSE MANAGEMENT, INC.
AMERICAN MEDICAL RESPONSE MID-ATLANTIC, INC.
AMERICAN MEDICAL RESPONSE NORTHWEST, INC.
AMERICAN MEDICAL RESPONSE OF COLORADO, INC.
AMERICAN MEDICAL RESPONSE OF CONNECTICUT, INCORPORATED
AMERICAN MEDICAL RESPONSE OF GEORGIA, INC.
AMERICAN MEDICAL RESPONSE OF ILLINOIS, INC.
AMERICAN MEDICAL RESPONSE OF INLAND EMPIRE
AMERICAN MEDICAL RESPONSE OF MASSACHUSETTS, INC.
AMERICAN MEDICAL RESPONSE OF NORTH CAROLINA, INC.
AMERICAN MEDICAL RESPONSE OF OKLAHOMA, INC.
AMERICAN MEDICAL RESPONSE OF SOUTH CAROLINA, INC.
AMERICAN MEDICAL RESPONSE OF SOUTHERN CALIFORNIA
AMERICAN MEDICAL RESPONSE OF TENNESSEE, INC.
AMERICAN MEDICAL RESPONSE OF TEXAS, INC.
AMERICAN MEDICAL RESPONSE WEST
AMERICAN MEDICAL RESPONSE, INC.
AMR BROCKTON, L.L.C.
ASSOCIATED AMBULANCE SERVICE INC.
ATLANTIC AMBULANCE SERVICES ACQUISITION, INC.
ATLANTIC/KEY WEST AMBULANCE, INC.
ATLANTIC/PALM BEACH AMBULANCE, INC.
BROWARD AMBULANCE, INC.
CHARLES T. MITCHELL, INC.
CHATHAM COACH LINES, INC.
CONCORDE ADJUSTERS, INC.
COORDINATED HEALTH SERVICES, INC.
DESERT VALLEY MEDICAL TRANSPORT, INC.
ECEP, INC.
EMCARE ANESTHESIA SERVICES, INC.
EMCARE CONTRACT OF ARKANSAS, INC.
EMCARE HOLDINGS INC.
EMCARE OF ALABAMA, INC.
EMCARE OF ARIZONA, INC.

EMCARE OF CALIFORNIA, INC.
EMCARE OF COLORADO, INC.
EMCARE OF FLORIDA, INC.
EMCARE OF GEORGIA, INC.
EMCARE OF HAWAII, INC.
EMCARE OF INDIANA, INC.
EMCARE OF IOWA, INC.
EMCARE OF KENTUCKY, INC.
EMCARE OF LOUISIANA, INC.
EMCARE OF MARYLAND, LLC
EMCARE OF MICHIGAN, INC.
EMCARE OF MINNESOTA, INC.
EMCARE OF MISSISSIPPI, INC.
EMCARE OF MISSOURI, INC.
EMCARE OF NEVADA, INC.
EMCARE OF NEW HAMPSHIRE, INC.
EMCARE OF NEW JERSEY, INC.
EMCARE OF NEW MEXICO, INC.
EMCARE OF NEW YORK, INC.
EMCARE OF NORTH CAROLINA, INC.
EMCARE OF NORTH DAKOTA, INC.
EMCARE OF OHIO, INC.
EMCARE OF OKLAHOMA, INC.
EMCARE OF OREGON, INC.
EMCARE OF PENNSYLVANIA, INC.
EMCARE OF RHODE ISLAND, INC.
EMCARE OF SOUTH CAROLINA, INC.
EMCARE OF TENNESSEE, INC.
EMCARE OF TEXAS, INC.
EMCARE OF VERMONT, INC.
EMCARE OF VIRGINIA, INC.
EMCARE OF WASHINGTON, INC.
EMCARE OF WEST VIRGINIA, INC.
EMCARE OF WISCONSIN, INC.
EMCARE PHYSICIAN PROVIDERS, INC.
EMCARE PHYSICIAN SERVICES, INC.
EMCARE SERVICES OF ILLINOIS, INC.
EMCARE SERVICES OF MASSACHUSETTS, INC.
EMCARE, INC.
EM-CODE REIMBURSEMENT SOLUTIONS, INC.
EMERGENCY MEDICINE EDUCATION SYSTEMS, INC.
EMERGENCY SPECIALISTS OF ARKANSAS, INC. II
FIRST MEDICAL/EMCARE INC.
FIVE COUNTIES AMBULANCE SERVICE, INC.
FLORIDA EMERGENCY PARTNERS, INC.
FOUNTAIN AMBULANCE SERVICE, INC.

GIEGER TRANSFER SERVICE, INC.
GOLDEN GATE ASSOCIATES
HANK'S ACQUISITION CORP.
HEALTHCARE ADMINISTRATIVE SERVICES, INC.
HELIX PHYSICIANS MANAGEMENT, INC.
HEMET VALLEY AMBULANCE SERVICE, INC.
INTERNATIONAL LIFE SUPPORT, INC.
KUTZ AMBULANCE SERVICE, INC.
LAIDLAW INTERNATIONAL FINANCE CORPORATION, INC.
LAIDLAW MEDICAL HOLDINGS, INC.
LAIDLAW MEDIAL TRANSPORTATION, INC.
LAIDLAW ONE, INC.
LAIDLAW TRANSIT HOLDINGS, INC.
LAIDLAW TRANSIT MANAGEMENT COMPANY, INC.
LAIDLAW TRANSIT SERVICES, INC.
LAIDLAW TRANSIT, INC.
LAIDLAW TRANSPORTATION HOLDINGS, INC.
LAIDLAW TRANSPORTATION MANAGEMENT INC.
LAIDLAW TRANSPORTATION, INC.
LAIDLAW TWO, INC.
LAIDLAW USA, INC.
LIFECARE AMBULANCE SERVICE, INC.
LIFEFLEET SOUTHEAST, INC.
LINC TRANSPORTATION, LLC
MEDEVAC MEDICAL RESPONSE, INC.
MEDEVAC MIDAMERICA, INC.
MEDIC ONE OF COBB, INC.
MEDI-CAR AMBULANCE SERVICE, INC.
MEDI-CAR SYSTEMS, INC.
MEDLIFE EMERGENCY MEDICAL SERVICE, INC.
MERCY AMBULANCE OF EVANSVILLE, INC.
MERCY LIFE CARE
MERCY, INC.
METRO AMBULANCE SERVICE (RURAL), INC.
METRO AMBULANCE SERVICE, INC.
METRO AMBULANCE SERVICES, INC.
METROPOLITAN AMBULANCE SERVICE
MIDWEST AMBULANCE MANAGEMENT COMPANY
MOBILE MEDIC AMBULANCE SERVICE, INC.
NORMAN BRUCE JETTON, INC.
OLD STAT, INC.
PACIFIC EMERGENCY SPECIALISTS MANAGEMENT, INC.
PARAMED, INC.
PARK AMBULANCE SERVICE INC.
PHYSICIAN ACCOUNT MANAGEMENT, INC.
PHYSICIANS & SURGEONS AMBULANCE SERVICE, INC.

PROVIDER ACCOUNT MANAGEMENT, INC.
PUCKETT AMBULANCE SERVICE, INC.
RANDLE EASTERN AMBULANCE SERVICE, INC.
REGIONAL EMERGENCY SERVICES, L.P.
REIMBURSEMENT TECHNOLOGIES, INC.
S.C. FOOD SERVICES (U.S.A.), INC.
SAFE RIDE SERVICES, INC.
SAN FRANCISCO AMBULANCE SERVICE, INC.
SEMINOLE COUNTY AMBULANCE, INC.
SPRINGS AMBULANCE SERVICE, INC.
STAT PHYSICIANS, INC.
SUNRISE HANDICAP TRANSPORT CORP.
SUTRAN, INC.
TEK, INC.
THE GOULD GROUP, INC.
TIDEWATER AMBULANCE SERVICE, INC.
TIFTON MANAGEMENT SERVICES, INC.
TROUP COUNTY EMERGENCY MEDICAL SERVICES, INC.
TUCKER EMERGENCY SERVICES, INC.
VAN TRAN OF TUCSON, INC.

