

WHEREAS, The term "Specifications" as used herein shall mean the specifications dated June 27, 2007 a copy of same is attached hereto as Exhibit "A" and incorporated herein for all purposes.

WHEREAS, in recognition of and in consideration of Company's agreement to the terms and conditions herein contained, the Commissioners Court of County deems it in the best interest to the inhabitants of the Service Area of Hidalgo County to contract with Company on the terms and conditions as contained in this Contract.

NOW, THEREFORE, in mutual consideration of the foregoing and the further consideration of the following, the parties hereto agree as follows:

1. County and Company hereby agree that this Emergency Ambulance Service Contract is entered into in order to provide emergency ambulance service to inhabitants of the Service Area of Hidalgo County. This Contract does not extend to any third parties any duties or benefits conferred in any manner hereunder or otherwise.

2. Company hereby promises and agrees to render and provide, during the term of this Contract, and shall be obligated to render and provide emergency ambulance service for the general public in the Service Area in response to calls for emergency ambulance service pursuant to the terms of this Contract. Company also agrees to respond to any emergency ambulance calls in the Service Area.

3. Company hereby promises and agrees to maintain at the Company's sole expense a state of the art communication center that will be capable of managing all EMS calls for Pro-Medic EMS, Inc. county wide, a description of which is attached hereto as **Exhibit "p"** ("Communications Center").

4. This Contract shall be for a period beginning at 12:01 a.m. **August 21, 2007** and

ending **August 21, 2009**, at 12:00 a.m., with an option to extent an additional one (1) year term, unless (the "Termination Date") this contract is earlier terminated pursuant to the provisions herein.

5. As a condition of this Contract, if a new Provider is not in place at the end of the normal contract term, termination/cancellation date, current provider will continue providing services for a period not to exceed 90 (ninety) days or until new contract is approved.

6. As a condition of this Contract, Company shall hold and maintain throughout the term of this Contract a valid emergency ambulance provider license for the highest level of care, issued by the Texas Board of health (the "License"), subject to all terms and conditions of the Act, as may from time to time be amended.

7. All ambulances operated under the License shall contain all equipment required by the Act and the Specifications, and all person in the employ of Company who provide emergency medical care in such ambulances shall have the qualifications, skill and expertise to perform such emergency medical services, shall have all permits and/or certificates required by the Act, shall comply with all rules and regulations prescribed by the State Board of Health or any other agency or authority having jurisdiction with regard to the operation and/or provision of ambulance service, and with the terms of the Specifications.

8. As consideration for rendering the Emergency Ambulance Service provided for in this Contract, the Company agrees not to charge the County for services rendered.

9. Company shall provide insurance in force on all its vehicles and all persons connected with providing services under this Contract naming County as an additional insured, with the coverages and in the amounts described in the Specifications, and shall furnish to County certificated of such insurance coverage.

10. Company shall provide a sufficient number of ambulances, personnel and equipment as further defined in the Specifications, available to answer and service emergency call that it receives from any source within the Service Area, and insures that upon every response, Company shall have at least two state certified emergency service personnel responding to the call.

11. **The fees charged by Company to the public shall be the Company's ordinary and customary fees. (See Exhibit "B")**

12. Company shall indemnify and hold harmless County, its elected officials, employees and agents from any and all claims, damages, losses, and expenses including attorney's fees for the defense of any action against County arising out of, resulting from, or connected with this Contract. Said indemnity shall cover any act or failure to act by the Company, its agents or employees.

13. This Contract shall not be assignable in whole or in part by either party without prior written consent of the other party.

14. It is expressly agreed that this Contract and the performance by the parties hereunder does not create any agency relationship or master-servant relationship, that County has no supervision of the performance of the emergency services provided by Company, and that Company is an independent contractor under this Contract.

15. In the event that either party to this Contract defaults in the performance of any of its obligations hereunder, or in the event either party contends that the other party has so defaulted, the non-defaulting party will give written notice to the offending or alleged offending party, setting forth such default, and the offending party shall have thirty (30) days after receipt of such written notice to cure such default unless the default is that of Company and such default creates, in the sole opinion of the County, life threatening conditions in which case this Contract may be terminated immediately.

If either party hereto fails to sol cure a default, the non-offending party shall have the right to immediately cancel and terminate this Contract and seek whatever available remedy such non-breaching party may have in a court of competent jurisdiction. Any provision of this Contract to the contrary notwithstanding, if County is unable to find a suitable replacement upon the termination of this Contract with or without cause, Company agrees to continue in the capacity herein described for a period not to exceed thirty (30) days at the same compensation stipulated in this Contract so that County may have an additional period of time to find a suitable replacement.

16. Any notice required or permitted to be given hereunder shall be in writing and shall be delivered personally or sent by certified mail, postage prepaid, as st forth below:

If to County: The County of Hidalgo
 Attn: County Judge
 Hidalgo County Administration Building
 100 E. Cano
 Edinburg, Texas 78539

If to Company: PRO-MEDIC EMS, INC.
 Attn: Mr. Jesus Flores
 P.O. Box 2190
 San Juan, Texas 78589

17. In case any one or more of the provisions contained in this Agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision thereof and this Agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

18. This Agreement shall be binding upon and inure to the benefit of and be enforceable by the parties hereto and their respective heirs, executors, administrators, legal representatives, successors, and assigns where permitted by this Agreement.

19. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas and shall be performable in Hidalgo County.

20. Company warrants and represents that it will, at all times during the term of this Contract, abide by the standards and requirements set forth in the Specifications.

21. Company represents and warrants it has not, during the process of being awarded this contract violated the following ethical standards of County and, upon and after the execution of this Agreement, agrees to abide by the following ethical standards of County:

- a. It shall be a breach of ethics to offer, give or agree to give any elected official, department head or employee, or former elected official, department head or employee, of Hidalgo County, or for any elected official, department head or employee or former elected official, department head or employee of Hidalgo County to solicit, demand, accept or agree to accept from another person, entity or organization, a gratuity or an officer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or purchase request, influencing the content of any specification or procurement standard, rendering of advise, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy or other particular matter pertaining to any program requirement or a contract or subcontract, or to any solicitation or proposal therefor pending before any department or agency of Hidalgo County.
- b. It shall be a breach of ethics for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor for any contract for Hidalgo County, or any person associated therewith, as an inducement for the award of a subcontract or order.

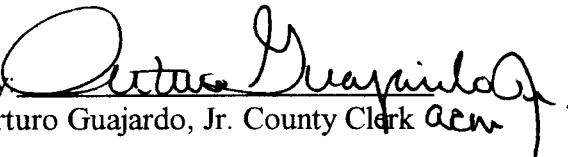
22. In the event that, during any term hereof, the Commissioners Court does not appropriate sufficient funds to the Clerk to meet the obligations of County under this Agreement, County may terminate this Agreement upon ninety (90) days written notice to Company. County agrees, however, to use its best efforts to secure funds necessary for the continued performance of this

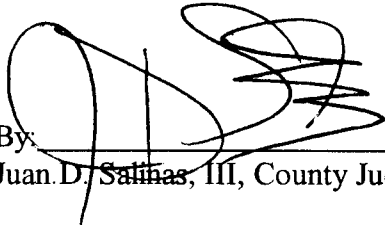
Agreement. The parties intend this provision to be a continuing right to terminate this Agreement at the expiration of each budget period of County pursuant to the provisions of Tex. Loc. Govt. Code Ann. §271.903 (Vernon Suppl 1995).

WITNESS our hands in duplicate originals this _____ day of August , 2007

ATTEST:

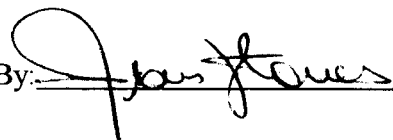
COUNTY OF HIDALGO

By: 
Arturo Guajardo, Jr. County Clerk *acw*


By: _____
Juan D. Salinas, III, County Judge

COMPANY:

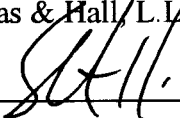
PRO-MEDIC EMS LLC.

By: 

Approved on Commissioners' Court 08/21/2007

APPROVED AS TO FORM

Atlas & Hall, L.L.P.

By: 

**EXHIBIT “A”
SPECIFICATIONS
&
LICENSES**

EXHIBIT "A"

REQUIREMENTS, SCOPE OF SERVICES AND RESPONSIBILITIES:

Company must provide a minimum of Advanced Life Support ("ALS") or higher services at all times and for all calls, according to the standards and conditions established by the Texas Department of Health and the Texas Emergency Medical Services Act, Tex, Health & Safety Code Ann. Ch.773 (Vernon 1992 & Supp. 1995).

Company must be able to assign a minimum of two (2) ALS-equipped or better ambulance units exclusively to services in the Service Area, with a base station in such area.

Company must have in place, or be able to acquire prior to the commencement date of any services provided under this Contract, mutual aid agreements with other emergency medical services providers in the neighboring areas to assist in the event of a major incident or should additional units be otherwise required on a temporary basis to adequately cover the contemplated service area. Such arrangements shall, at all times, be subject to the approval of the Hidalgo County Commissioners Court. Mutual aid arrangements may be used by Company to meet the response time and performance requirements of these Specifications, provided, however, that the services provided by other ambulance services shall be of a level at least equal to the minimum requirements of these Specifications.

Company shall be responsible for all day-to-day operations of the emergency medical services provided in the Service Area, including, but not limited to, hiring, staffing, dispatching, field operations, billing, collections, and purchasing, and shall provide all necessary in-service and other training of all dispatchers, field personnel, drivers, technicians, and paramedics.

Company must have in place or be able to acquire prior to the commencement date of any services provided under this Contract, arrangements with "first responder organizations" such as local police and fire departments to assist Company responding to emergency calls within the Service Area. Where first responder organizations are units of or affiliated with political subdivisions of the state of Texas (e.g. . . . fire departments, police departments, and/or sheriff's departments), Company will provide such organizations with all necessary equipment and supplies, including, but not limited to trauma kits and pediatric kits, at no cost to such political subdivisions or the first responder organization. In addition, all first responder organizations will be provided with training if necessary to meet state certification requirements at no additional cost to such organization or political subdivisions.

Company must have in place, or be able to acquire prior to the commencement date of any services provided under this contract, arrangements with local hospitals within and near the Service Areas for telemetry and telecommunications contact with emergency department physicians, and for patient assessment techniques, standing orders, and recommend diagnoses or medical protocols.

Company shall prepare and publish professionally prepared pamphlets, brochures, circular and other documents necessary and appropriate to advise residents of the service area of the levels and types of services available, complaint procedures, and the rates charged by the Company.

To the extent available in the service area, Company will make arrangements for interface with the "911" dispatching system on or before the commencement of services provided under this Contract.

Company shall be expected to promote and maintain a good reputation in the medical community through participation in published research and industry affairs, prompt response and follow-up to inquiries and complaints from whatever source, and leadership in community education programs such as basic first aid and "CPR" training, health fairs, and school visits.

While this Contract is a "performance contract", and while Company is encouraged to employ its own methods and techniques for producing the highest levels of patient care, Company is expected, as well, to utilize management practices that ensure all field personnel working extended shifts, part-time jobs, voluntary overtime, or mandatory overtime are relieved at such times as to prevent persons with impaired judgment or motor skills from serving patients.

For at least ninety percent (90%) of all calls, as determined by the dispatcher in strict accordance with approved telephone protocols, Company shall maintain a call-to-on-scene response time of twenty (20) minutes or less. All response time in excess of twenty (20) minutes shall be documented in writing, together with Company's efforts to eliminate repetition of poor response-time performance.

Company will be allowed to provide non-emergency transport of patients within and surrounding the Service Area, provided such non-emergency transport do not in any manner impair Company's ability to meet the service and response time requirements of these Specifications.

Company must make provision to allow for direct radio or other telecommunication contact between mutual aid providers, first response providers and Company and its dispatchers to effect accurate and reliable coordination of efforts between such providers.

In order to provide the highest quality of care to patients of Company, the following minimum standards of hygiene must be observed:

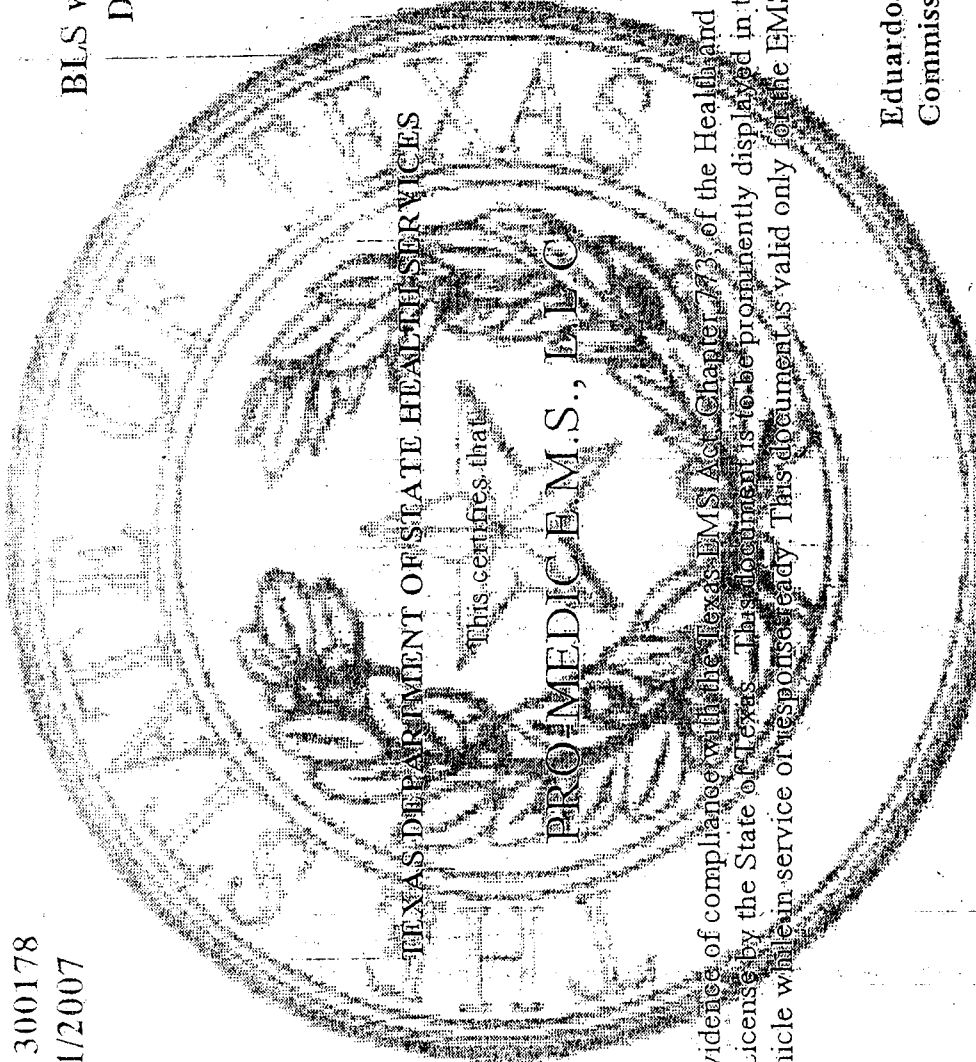
After transportation of a patient, the interior of the ambulance shall be straightened and cleaned. All linens shall be replaced.

If a patient with an infectious disease is transported, the ambulance interior shall be completely cleaned and disinfected. All applicable infection control standards and operating procedures shall be adhered to.

Services will be provided in rural areas situated outside the corporate boundaries of any cities in Precinct 3 of Hidalgo County and not served by ambulance service of any fire district located in Precinct 3. Cities are Alton, Palmview, Granjeno, La Joya, Sullivan City, and Penitas (Service Area).

Provider License No.: 300178
Expiration Date: 12/31/2007
Issued: 12/31/2005

Vehicle Designation:
BLS with MICU Capability
Document No.: 142261



has submitted acceptable evidence of compliance with the Texas EMS Act, Chapter 773, of the Health and Safety Code, and is hereby granted an EMS Provider License by the State of Texas. This document is to be prominently displayed in the patient compartment of each designated EMS vehicle while in service or responses ready. This document is valid only for the EMS Provider named above.

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner

If you have a complaint about the services you have received from this EMS Provider or if you have a reason to believe that a violation of Texas EMS regulations has occurred, please report your concerns to the Texas Department of State Health Services at:
1-800-452-6086 or by email to **EMS_Complaint@dshs.state.tx.us**

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS

PRO MEDIC EMS LLC
1000 E FRONTAGE ROAD
SAN JUAN, TX 78589

LABORATORY DIRECTOR

JOVITA GONZALES

CLIA ID NUMBER

45D1032358

EFFECTIVE DATE

10/21/2006

EXPIRATION DATE

10/20/2008

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Judith A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations



PRO MEDIC EMS
 MELENDEZ-BAEZ, IVAN GILBERTO
 P.O. BOX 2190
 1000 EAST FRONTAGE ROAD TX 78589-0000
 SAN JUAN

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MP0450849	03-31-2008	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N	MID-LEVEL PRACTITIONER	04-13-2005
PRO MEDIC EMS MELENDEZ-BAEZ, IVAN GILBERTO P.O. BOX 2190 1000 EAST FRONTAGE ROAD SAN JUAN TX 78589-0000		

ADDRESS CHANGE REQUEST MP0450849

PRO MEDIC EMS

New Address

City State Zip Code

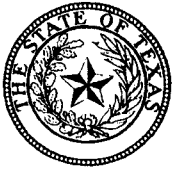
Signature See back for additional information Date

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON, D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MP0450849	03-31-2008	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N	MID-LEVEL PRACTITIONER	04-13-2005
PRO MEDIC EMS MELENDEZ-BAEZ, IVAN GILBERTO P.O. BOX 2190 1000 EAST FRONTAGE ROAD SAN JUAN TX 78589-0000		

Sections 304 and 1008 (21 U.S.C. 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

Registered activity within schedule is restricted by your state



EMERGENCY MEDICAL SERVICES VEHICLE FORM

EMS Provider Name: Pro Medic EMS LLC						License #: 300178
Unit #	Vehicle Identification Number	Type I, II, III	License Tag Number	Make (Ford, Chevy)	Year of chassis manufacture	*Category (BLS/MICU)
M-1	1FDWF36F32EB92098	I	P06-YPM	Ford	2002	BLS/MICU
M-2	1FDWF36F02EC07138	I	R24-YND	Ford	2002	BLS/MICU
M-3	1FDWF36F73EA65132	I	8RK-S19	Ford	2002	BLS/MICU
M-4	1FDXE40F6XHA94176	III	J08-ZYB	Ford	1999	BLS/MICU
M-5	1FDXE40F5XHA71777	III	J09-ZYB	Ford	1999	BLS/MICU
M-6	1FDJS34F2VHB47021	II	217-SVH	Ford	1997	BLS/MICU
M-7	1FDWF36F1YEE10225	I	169-VYL	Ford	2000	BLS/MICU
M-8	1FDSS34F0YHA72764	II	J93-GSC	Ford	2001	BLS/MICU
M-9	1FDWE35F52HA38947	III	O86-CMB	Ford	2000	BLS/MICU
M-10	1FDWF36F24ED72293	I	171-VYL	Ford	2000	BLS/MICU

* BLS, BLS/A, BLS/M, ALS, ALS/M, MICU, MICU Air – RW or FW, SPEC (Specialized)

Vehicle Fees: \$180 for each EMS Vehicle operated; \$90 if the license is valid for less than 12 months *Vehicle additions require fee	Application Fees: \$510 per application \$250 if the license is valid for less than 12 months *Required only with license application
Fee exemption: Provider must exclusively use volunteers or have no more than five full-time paid staff or equivalent	
Total Fee Submitted <input type="checkbox"/> Fee Exemption Requested	
Make payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES	
I <u>Jesus Flores</u> , submit this application in behalf of the above named entity, to the Texas Department of State Health services. I hereby affirm and declare that all information submitted on this form is true and correct.	
Signature: _____	Date: _____

DO NOT WRITE BELOW - THIS AREA FOR TEXAS DEPARTMENT OF STATE HEALTH SERVICES USE ONLY				
License #:	Tracking #:	Application Received Date:	License Effective Date:	License Expiration Date :
Amount to Delegated Agent:\$		Application Approval Date:	Approved By:	
Amount to DSHS:\$				
Receipt #:	Total Authorizations Issued			
Fee Postmark Date:	BLS:	ALS:	MICU Air Rotor-Wing:	
Fee Received Date:	BLS/A:	ALS/M:	MICU Air Fixed-Wing:	
Fee Deposit Date:	BLS/M:	MICU:	Specialized:	



EMERGENCY MEDICAL SERVICES VEHICLE FORM

EMS Provider Name: Pro Medic EMS LLC	License #: 300178
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Unit #	Vehicle Identification Number	Type I, II, III	License Tag Number	Make (Ford, Chevy)	Year of chassis manufacture	*Category (BLS/MICU)
M-11	1FDXE45F22HB59073	III	925-TVF	Ford	2002	BLS/MICU
M-12	1FDSS34F41HA86365	II	M23-YBY	Ford	2001	BLS/MICU
M-13	1FDSS34F21HA86364	II	M24-YBY	Ford	2001	BLS/MICU
M-14	1FDJS34F5SHB28572	II	W79-DWS	Ford	1995	BLS/MICU
M-15	1FDWE35F0IHB30742	III	O97-CMB	Ford	2001	BLS/MICU
M-16	1FDWE36PO3ED85769	I	O2F-MP5	Ford	2003	BLS/MICU
M-17	1FDXE40F8WHB92978	III	Z21-GZW	Ford	1998	BLS/MICU
M-18	1FDJS34F8THA82849	II	361-JYL	Ford	1996	BLS/MICU
M-19	1FDSS34P66DA28250	II	578-PFS	Ford	2006	BLS/MICU
M-20	1FDSS34PX6DA40188	II	579-PFS	Ford	2006	BLS/MICU

* BLS, BLS/A, BLS/M, ALS, ALS/M, MICU, MICU Air – RW or FW, SPEC (Specialized)

Vehicle Fees: \$180 for each EMS Vehicle operated; \$90 if the license is valid for less than 12 months *Vehicle additions require fee	Application Fees: \$510 per application \$250 if the license is valid for less than 12 months *Required only with license application
--	---

Fee exemption:
 Provider must exclusively use volunteers or have no more than five full-time paid staff or equivalent

Total Fee Submitted **Fee Exemption Requested**
Make payment to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES

I Jesus Flores, submit this application in behalf of the above named entity, to the Texas Department of State Health services. I hereby affirm and declare that all information submitted on this form is true and correct.

Signature: _____ Date: _____

DO NOT WRITE BELOW - THIS AREA FOR TEXAS DEPARTMENT OF STATE HEALTH SERVICES USE ONLY				
License #:	Tracking #:	Application Received Date:	License Effective Date:	License Expiration Date :
Amount to Delegated Agent:\$		Application Approval Date:	Approved By:	
Amount to DSHS:\$				
Receipt #:		Total Authorizations Issued		
Fee Postmark Date:	BLS:	ALS:	MICU Air Rotor-Wing:	
Fee Received Date:	BLS/A:	ALS/M:	MICU Air Fixed-Wing:	
Fee Deposit Date:	BLS/M:	MICU:	Specialized:	

EXHIBIT "B"
FEE SCHEDULE



Pro Medic EMS LLC Proposes a **Zero Dollar Bid (\$0.00)** for the
"Emergency Ambulance Service for Unincorporated Areas in Precinct # 3"
RFP NO: 07 – 220 – 06 – 27 – YSI contract commencing July 21st 2007 and expiring
July 20th 2009 with option to rollover for one (1) year after the two (2) year term.



EMS FEE SCHEDULE

CHECK SERVICE PROVIDED		INTRAVENOUS PROCEDURE / SUPPLIES		SMR PROCEDURE / SUPPLIES	
\$ 325.00	ALS 1 EMERGENCY LEVEL 1	\$ 25.00	16 gauge Intraosseous Needle	\$ 15.00	Disposable Headblocks
\$ 325.00	ALS 2 EMERGENCY LEVEL 2	\$ 10.00	Sterile Needle (any size)	\$ 27.50	Long Board Splint
\$ 325.00	ALS 1 NON-EMERGENCY LEVEL 1	\$ 12.00	Sterile Syringe (any size)	\$ 27.50	Medium Board Splint
\$ 325.00	ALS EMERGENCY LEVEL 1	\$ 5.00	Tourniquet	\$ 27.50	Short Board Splint
\$ 325.00	ALS NON-EMERGENCY LEVEL 1	CARDIAC		\$ 50.00	KED
\$ 325.00	BLS EMERGENCY	\$ 75.00	Cardio Pulmonary Resuscitation	\$ 75.00	Traction Splint
\$ 325.00	BLS NON-EMERGENCY	\$ 66.00	Cardioversion	GLUCOSE MONITORING / SUPPLIES	
\$ 325.00	SPECIALTY CARE TRANSPORT	\$ 66.00	Defibrillation	\$ 30.00	Glucometer
\$ 12.00	MILEAGE	\$ 66.00	Externa Pacing	\$ 30.00	Glucose test strip
\$ 50.00	WAIT TIME	\$ 66.00	Defibrillating Pads	\$ 30.00	Lancet
\$ 200.00	TREATMENT-NO TRANSPORT	\$ 66.00	External Pacing Pads	BANDAGING / DRESSING SUPPLIES	
\$ 75.00	EXTRA ATTENDANT	\$ 16.50	ECG Monitoring	\$ 5.00	2"x2" gauze sponge
AIRWAY PROCEDURE / SUPPLIES		\$ 75.00	EKG Tracing	\$ 5.00	4"x4" gauze sponge
\$ 35.00	Oxygen Administration	\$ 16.50	EKG Electrodes	\$ 5.50	5"x9" gauze pad
\$ 35.00	Oxygen	MEDICATION		\$ 8.80	Trauma Dressing
\$ 27.50	Adult Non-Rebreather	\$ 2.00	Aspirin	\$ 16.50	Burn Sheet
\$ 36.25	Pediatric Non-Rebreather	\$ 95.00	Adenosine 6mg	\$ 12.52	Vaseline Gauze
\$ 5.50	Nebulizer	\$ 35.00	Albuterol 0.083%	\$ 25.00	OB Kit
\$ 10.00	Oral / Nasal Pharyngeal Airway	\$ 25.00	Atropine Sulfate 1 mg	\$ 25.00	Silver Swaddler (baby bunting)
\$ 25.00	Magill Forceps	\$ 35.00	Atrovent	\$ 10.00	Kerlix
60.00	Intubation Procedure	\$ 15.00	Activated Charcoal	\$ 5.00	Triangular Bandage
\$ 150.00	Combi Tube Airway	\$ 20.00	Benadryl 50 mg	\$ 5.50	Cold Pack
\$ 36.25	BVM Disposable	\$ 60.00	Dopamine	DISPOSABLE / SUPPLIES	
\$ 75.00	Endotracheal Tube	\$ 55.00	Dextrose 50%	\$ 6.50	Bite Stick
\$ 10.00	Stylet	\$ 20.00	Epinephrine 1:1,000 1 mg	\$ 5.50	Convience Bag
\$ 12.50	ET Tube Holder	\$ 20.00	Epinephrine 1: 10,000 1 mg	\$ 12.00	Bed Pan
\$ 60.00	Esophageal Intubation Detector	\$ 15.00	Furosemide	\$ 6.00	Urinal
\$ 35.00	Ventilator	\$ 12.00	Insta Glucose 15 gm	\$ 5.00	Alcohol Pads
\$ 50.00	Pulse Oximetry	\$ 12.00	Syrup of Ipecac	\$ 5.00	Tape (all sizes)
\$ 25.00	Suctioning Procedure	\$ 46.00	Lidocaine 100 mg	PERSONAL PROTECTIVE EQUIPMENT	
\$ 25.00	Suction Tubing	\$ 46.00	Lidocaine Drip	\$ 10.00	Blanket
\$ 25.00	Suction Yaunker	\$ 40.00	Lorezapam 10 mg	\$ 12.50	Emergency Blanket
\$ 25.00	Suction Catheter	\$ 35.75	Morphine Sulfate 10 mg	\$ 10.00	Pillow
INTRAVENOUS PROCEDURE / SUPPLIES		\$ 25.00	Narcan 2 mg	\$ 5.00	Disposable Gloves
\$ 27.50	Intravenous Administration	\$ 30.00	Normal Saline 500 ml	\$ 5.00	Disposable Fitted Sheet
\$ 11.00	Intravenous Infusion	\$ 12.00	Nitro (tabs) 0.4 mg	\$ 5.00	Disposable Cover Sheet
\$ 16.50	14 gauge Angiocatheter	\$ 12.00	Nitro (spray) 0.4 mg	\$ 5.00	Disposable Pillow Case
\$ 16.50	16 gauge Angiocatheter	\$ 30.00	Sodium Bicarbonate 50 meq	\$ 5.00	Disposable Gown
\$ 16.50	18 gauge Angiocatheter	\$ 25.00	Thiamine 100 mg	\$ 16.50	Protective Eye Wear
\$ 16.50	20 gauge Angiocatheter	\$ 40.00	Valium 10 mg	\$ 12.00	Hepa Mask (all sizes)
\$ 16.50	22 gauge Angiocatheter	SMR PROCEDURE / SUPPLIES		\$ 20.00	Bio Bag
\$ 16.50	24 gauge Angiocatheter	\$ 45.00	SMR Procedure	\$ 30.00	Vehicle Decontamination
\$ 23.00	10-15 Macro gtts	\$ 45.00	Long Spine Board		
\$ 23.00	60 Micro gtts	\$ 45.00	Select C-Collar		

ments:

EXHIBIT "C"
INSURANCE

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
8/7/07

PRODUCER
BEAUPRE INSURANCE SERVICES
PO BOX 700635
DALLAS, TX 75370
972-417-2877

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
PRO-MEDIC EMS
PO BOX 2190
SAN JUAN, TX 78589

INSURERS AFFORDING COVERAGE

INSURER A: WESTERN WORLD INS CO
INSURER B: NATIONAL CASUALTY CO
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	NPP 1028343	10/6/06	10/6/07	EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	\$50,000
					MED EXP (Any one person)	\$5,000
					PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/>	CAO0202738	10/8/06	10/6/07	COMBINED SINGLE LIMIT (Ea. accident)	\$500,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
					AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY. EA ACC AGG	\$
						\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> STATUTORY LIMITS <input type="checkbox"/> OTHER	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
						\$
	OTHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
						\$
						\$
						\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

ADDTL INSURED
HIDALGO COUNTY
100 E. CANO
EDINBURG, TX 78539
ATTN: YVETTE ISLAS
FAX: 956-318-2629

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



EXHIBIT "D"
COMMUNICATION CENTER

EXHIBIT "D"

COMMUNICATION CENTER

Pro Medic EMS LLC's Computerized Communication Department, is composed of Emergency Call takers and Emergency Dispatchers certified by the National Academi8es of Emergency Medical Dispatchers, and certified by the American Heart Association in the CPR and AED program for Healthcare Providers. **Pro Medic EMS LLC** abides by all rules and regulation mandated by the Federal Communication Commission. **Pro Medic EMS LLC** vehicles are dispatched via two-way radio from base to mobile and/or base to portable. All ambulances and 1st Responder vehicles are equipped with Kenwood mobile radios as well as Kenwood portable handheld radios. **Pro Medic EMS LLC** is in compliance with the Texas Department of State Health Services maintaining direct contact with Local and State Emergency Room Departments by means of two-way radio. Our Communications Center is capable and manages Emergency calls throughout the Rio Grande Valley on a daily basis; **Pro Medic EMS LLC** has initiated utilization of System Status Management in our daily operations. **Pro Medic EMS LLC** Communication is based on Windows XP Professional Microsoft Office 2007, and baked up into a Dell Power Edge 2900 server.