ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA
} ss
County of Maricopa

CERTIFICATE NO. - 88 -

DOCKET NO. EMS 3694

THE ARIZONA DEPARTMENT OF HEALTH SERVICES has found, under the authority of A.R.S. § 36-2232 et seq and Pursuant to Department of Health Services rules, that public necessity requires the operation of

HOLBROOK E.M.S., INC.

as a ground ALS and BLS ambulance service in the State of Arizona for the transportation of individuals who are sick, injured, wounded or otherwise incapacitated or helpless within the following service area and response times:

1. **Service Area:**
   The City of Holbrook and the following general geographical area that would be encompassed by the following points: Starting West on I-40 to Jackrabbit or Milepost 270, then due North approximately 14 miles, then Northeast on a straight line to Bidahochi, then Southeast on a straight line to the top of Petrified Forest National Park at the Navajo and Apache County Line, then South along the Navajo and Apache County Line approximately 3 miles past U.S. Highway 180, then due West on a straight line to a point approximately eight miles past intersection with State Highway 377, then due North to I-40 at Jackrabbit or Milepost 270 and point of origin.

2. **Legal Address:** ***30 W. Vista Drive, Holbrook, AZ 86025.***

3. **Response Times:**
   a. ***Ten (10) minutes on seventy-five (75) percent of all ambulance calls.***
   b. ***Twenty (20) minutes on ninety (90) percent of all ambulance calls.***
   c. ***Forty (40) minutes on one hundred (100) percent of all ambulance calls.***

Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

AMENDED

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending August 31, 2012 unless for cause sooner amended, suspended, revoked or terminated subject to the decisions and orders, and rules of the Department.

PROVIDED, that this certificate shall not be assigned nor transferred unless authorized by the Arizona Department of Health Services.

BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN WITNESS WHEREOF, I WILL HUMBLE the Director of the Arizona Department of Health Services, have hereunto set my hand and caused the official seal of the Arizona Department of Health Services to be affixed at Phoenix, Arizona on December 8, 2004

Terry Mullins
DIRECTOR