ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA } ss
County of Maricopa

CERTIFICATE NO. - 38 -

DOCKET NO. EMS 3486

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

MOHAVE VALLEY FIRE DEPARTMENT AMBULANCE SERVICE

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, with the following central operations station and response times:

1. **Service Area:**
   Mohave Valley and the following general geographical boundaries: West Boundary - Colorado River, from South Dike of the Havasu National Wildlife Refuge, to Boundary Cone Road; North Boundary - from Colorado River at Boundary Cone Road; East to Junction of Boundary Cone Road with National Trails Highway (Old Highway 66); East to Sitgraves Pass on National Trails Highway (Old Highway 66); East Boundary - from Sitgraves Pass South along Black Mountains to a point East of Boundary Cone, then to Boundary Cone, then South along West Edge of National Trails Highway (Old Highway 66) for approximately 10 miles; South Boundary - on general line West to Milepost 222 on State Highway 95; then South for approximately five and one-half (5½) miles; then West to the Colorado River.

2. **Central Operating Station:** *Mohave Valley, Arizona (1451 Willow Drive).*

3. **Response Times:**
   a. *Ten (10) minutes on eighty (80) percent of all ambulance calls.*
   b. *Twelve (12) minutes on ninety (90) percent of all ambulance calls.*
   c. *Thirty (30) minutes on ninety-nine (99) percent of all ambulance calls.*
   d. *Sixty (60) minutes on one hundred (100) percent of all ambulance calls.*

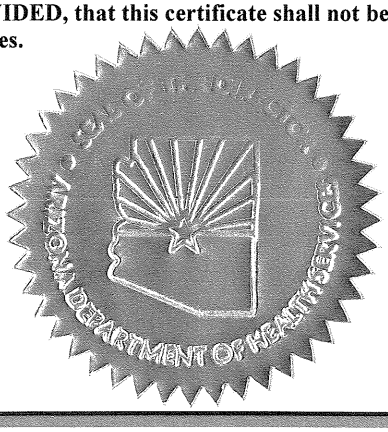
Now, therefore, by virtue of the authority vested in the Arizona Department of Health Services, under the constitution and laws of the State of Arizona, does hereby grant this

AMENDED

CERTIFICATE OF NECESSITY

authorizing the operation of the aforesaid ambulance service for a period ending March 31, 2013 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 August 5, 2010

Tracy Mullins

DIRECTOR