## STATEMENT OF FINANCIAL WORTH FOR COMMERCIAL AMBULANCE AND AIR-AMBULANCE SERVICES

Bank with:	Name of Service:						
Amount of annual payroll: \$  # Attendants:  # other:    Rank with:	D.B.A.:						
Savings	Address:						
1. Name:				# Attendants:	# other:		
Address:	Bank with:						
2. Name:	1. Name:					Checking Loan	
2. Name:	Address:					Savings Payroll	
Address:						Checking Loan	
Assets:         Real property       \$							
Real property       \$	Address:					Savings Payron	
Equipment and supplies       \$							
Vehicles       \$							
Cash on hand       \$							
Cash in Bank       \$							
Accounts receivable							
Estimated income per month \$ Annual \$    Total \$    Liabilities: per month annual Equipment:  \$ \$    Vehicles: \$ \$    Accounts payable: \$    Operating expenses: \$    Other: \$ \$    Total \$    Total Net Worth \$    Signed: , Title:    (Blue ink)							
Total   \$		nou month ¢		A mmy o 1			
Vehicles:       \$	Estimated income	per monur ş					
Vehicles:       \$							
Vehicles:       \$         Accounts payable:       \$         Operating expenses:       \$         Other:       \$         Total       \$         Total Net Worth       \$         Signed:	Liabilities:		per month			annual Equipment:	
Accounts payable: \$ \$ \$ \$ \$ Operating expenses: \$ \$ \$ \$ Other: \$ \$ Total \$ \$ \$ \$ \$ Signed: , Title: \$ , Title: \$		_					
Operating expenses: \$ \$ S Other: \$ Total \$ Total Net Worth \$ Signed: , Title: (Blue ink)							
Other: \$ \$ Total \$ Total Net Worth \$ Signed: , Title: (Blue ink)	1 4	_					
Total \$  Total Net Worth \$  Signed:, Title:							
Signed:, Title:	Other:	\$					
Signed:, Title:							
(Blue ink)			Total	Net Worth	\$		
(Blue ink)	Cionado			ŗ	F;41		
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	Address:	(=)				Phone:	