

STATEMENT OF VOLUNTEER AMBULANCE SERVICE

I, _____, _____, hereby certify that
(Name) (Title or Position)

_____ Ambulance Service is

a Volunteer group providing ambulance service in _____ County.

Signed: _____
(Name)

(Title)

Subscribed and sworn to before me this _____ day of _____.

NOTARY PUBLIC, IN AND FOR

_____ COUNTY, NEVADA