

**EXHIBIT A**

**ELITE MEDICAL TRANSPORT, LLC**

**Public Rates**

<b>BLS I</b>	<b>\$275.00</b>
<b>BLS II</b>	<b>\$375.00</b>
<b>ALS I</b>	<b>\$450.00</b>
<b>ALS II</b>	<b>\$620.00</b>
<b>SCT I</b>	<b>\$750.00</b>
<b>SCT II</b>	<b>\$850.00</b>
<b>Mileage rate</b>	<b>\$11.00</b>
<b>Stand by Rate</b>	<b>\$105.00 first hour, \$90.00 each additional hour</b>

CITY CLERK DEPT.  
07 MAY 29 AM 8:39

**CITY OF EL PASO  
FIRE DEPARTMENT  
APPLICATION FOR FRANCHISE  
PATIENT TRANSFER SERVICE**

CITY CLERK DEPT.  
07 MAY 29 AM 8:36

1. Type or print application legibly.
2. Provide all information requested.
3. Use additional sheets if necessary.
4. When complete, have application, with specified document and attachments notarized
5. Submit notarized application and document review to:  
City Clerk's Office  
#2 Civic Center Plaza  
El Paso, Texas 79901-1196
6. You will be notified within 10 days after receipt of application of your eligibility for franchise.

- 
1. Name of person making application: Lee King  
Title President Owner  Agent   
Address 702 E Paisano, El Paso, Tx 79901 Telephone 915-532-1100
  2. Name of business for which application is made: Elite Medical Transport  
Business address: 702 E Paisano, El Paso, Tx 79901 Telephone 915-532-1100
  3. List names, titles, and addresses of all persons, or corporations having financial interests in Transfer Service for which application is made.  
Elite Medical Management, LLC, P.O. Box 37, Santa Teresa, NM 88008  
Lee King, P.O. Box 37, Santa Teresa, NM 88008  
Maria Padilla, 702 E Paisano, El Paso, Tx 79901  
Ronald King, P.O. Box 37, Santa Teresa, NM 88008
  4. Specify, by Location, the area(s) within the City for which proposed service will be provided.  
City of El Paso
  5. Check the type of service proposed:  
 Transfer Service, fee charged  
 Transfer Service no fee charged (intra-agency or Intra-corporate)  
 Transfer Service, volunteer, no charge  
 Stand By Service for events, fee charged  
 Stand By Service for events, no fee

6. List transfer vehicles intended for use under franchise for which application is made:

Make	year	vin	I	II	III	Van	Carry all	Sta Wagon	Hearse-Body	Other
Freightliner	1999	1FY3EFB								Type II
		D4XH9672								Specialized
		13								

7. List names of and information on personnel intended to provide service:

Driver's license No.	Last Name, First Name, Initial	Req. Class	D.O.B.

8. Attach statements and necessary documentation attesting that:
- A. Liability insurance in accordance with requirements set forth in El Paso Municipal Code, Section 6.40.080, shall be in effect by the time of granting of franchise.
  - B. All equipment will be provided as required by El Paso Municipal Code, Section 6.40.110.
  - C. Mechanical safety of all vehicles intended for service comply with requirements as set forth in El Paso Municipal Code, Section 6.40.110.

9. I have been given a copy of Chapter 6.40 of the El Paso Municipal Code.

10. I hereby make application of the City of El Paso, Texas for the granting of a franchise to provide non-emergency patient transfer service within the City. I assure that all information provided herein is true and correct.

  
 \_\_\_\_\_  
 Signature

5-18-07  
 \_\_\_\_\_  
 Date

CITY CLERK DEPT.  
 07 MAY 29 AM 8:36

CORPORATE ACKNOWLEDGEMENT

STATE OF TEXAS  
COUNTY OF EL PASO

Before me, the undersigned Notary Public, in and for said County and State, on this day personally appeared \_\_\_\_\_

known to me to be the person and officer whose name is subscribed to the foregoing instrument and acknowledged to me that

the same was the act of the said \_\_\_\_\_, a corporation, and that he or she has executed the

same as the act of said corporation for the purposed and consideration therein expressed, and in the capacity therein expressed.

GIVEN UNDER MY HAND AND SEAL THIS \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public printed or Typed Name

My commission expires: \_\_\_\_\_

SINGLE ACKNOWLEDGEMENT

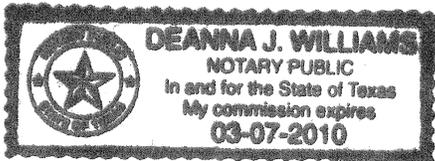
STATE OF TEXAS  
COUNTY OF EL PASO

Before me this undersigned Notary Public in and for the said County and State, on this day personally appeared Lee King

Known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he or she

Has executed the same for the purpose and considerations therein expressed and in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL THIS 18<sup>th</sup> Day of May 2007.



Deanna J. Williams  
Notary Public Signature

Deanna J. Williams  
Notary Public printed or Typed Name

My commission expires: 3-7-2010

CITY CLERK DEPT.  
07 MAY 29 AM 8:36



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LACKEY, M.D.  
COMMISSIONER

1100 W. 49<sup>th</sup> Street • Austin, Texas 78756  
1-888-963-7111 • <http://www.dshs.state.tx.us>  
TDD: 512-458-7708

May 16, 2007

Elite Medical Transport of Texas, LLC.  
Elite Medical Transport  
Attn: R. Lee King  
P. O. Box 12070  
El Paso, TX 79913

**Re: Provider License #100024**  
**Effective Date: 05/16/2007 / Expiration date: 05/31/2009**

Congratulations on approval of your EMS provider license. I know it can be, or has been, quite an undertaking to complete the process, but I'm sure you understand the need for maintaining consistency amongst EMS Providers throughout the state.

You will be receiving your provider license (the 8½" x 11" document) and the individual vehicle authorization in the mail from Austin within the next thirty (30) days. Please take the time to review these documents and ensure the information is correct.

Again, congratulations on approval of your EMS provider license and desire to provide care for the citizens of your community.

If you have any questions, or if I may be of further assistance, please do not hesitate to contact me at (915) 834-7709 or via email at [raul.guerrero@dshs.state.tx.us](mailto:raul.guerrero@dshs.state.tx.us).

Sincerely,

A handwritten signature in black ink, appearing to read "Raul Guerrero", written over a horizontal line.

*Raul Guerrero*

EMS Specialist  
EMS Compliance - South Group  
Patient Quality Care Unit

cc: Fernando Posada, South Group Manager  
Jose R. Crespo, Medical Director

CITY CLERK DEPT.  
07 MAY 29 AM 8:36

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/07/2007

PRODUCER (505)265-8481 FAX (505)266-3500  
 Western Assurance Corp.  
 3701 Paseo Del Norte NE  
 PO Box 94600  
 Albuquerque, NM 87199-4600

INSURED Elite Medical Transport, LLC  
 PO Box 929  
 Santa Teresa, NM 88008

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Empire Fire & Marine Ins. Co.	
INSURER B: Foundation Reserve	
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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>Professional Liab</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC	CL313241	05/01/2007	05/01/2008	EACH OCCURRENCE \$ <b>1,000,00</b>
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,00</b>				
					MED EXP (Any one person) \$ <b>5,00</b>
					PERSONAL & ADV INJURY \$ <b>1,000,00</b>
					GENERAL AGGREGATE \$ <b>2,000,00</b>
					PRODUCTS - COMP/OP AGG \$ <b>2,000,00</b>
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CL313240	05/01/2007	05/01/2008	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,00</b>
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: EA ACC \$
					AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	43572.102	05/25/2006	05/25/2007	<input checked="" type="checkbox"/> WC STATUTORY LIMITS   <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ <b>100,00</b>				
	E.L. DISEASE - EA EMPLOYEE \$ <b>100,00</b>				
	E.L. DISEASE - POLICY LIMIT \$ <b>500,00</b>				
	OTHER				

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

## CERTIFICATE HOLDER

Texas Department of State Health Services  
 1100 W. 49th Street  
 Austin, TX 78756

## 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
 Karin Osander/KARIN

*Karin Osander*

ACORD 25 (2001/08)

07 MAY 29 AM 8:36

©ACORD CORPORATION 191

CITY CLERK DEPT.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/30/2007

PRODUCER (505)265-8481 FAX (505)266-3500  
Western Assurance Corp.  
3701 Paseo Del Norte NE  
PO Box 94600  
Albuquerque, NM 87199-4600

INSURED Elite Medical Transport, LLC  
PO Box 929  
Santa Teresa, NM 88008

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INSURERS AFFORDING COVERAGE		NAIC #
INSURER A	Empire Fire & Marine Ins. Co.	
INSURER B		
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	CL313241	05/01/2007	05/01/2008	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
		OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate Holder Is Named As Additional Insured With Respects The Leased Property At 2660 Airport Road #200 Santa Teresa, NM 88008

## CERTIFICATE HOLDER

## CANCELLATION

2660 Airport Road LLC  
6300 Riverside Plaza Lane NW  
#200  
Albuquerque, NM 87120

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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Karin Osander/KARIN

*Karin Osander*



**Office of the Secretary of State**

**CERTIFICATE OF FILING  
OF**

**ELITE MEDICAL TRANSPORT OF TEXAS, LLC**  
File Number: 800796170

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/02/2007

Effective: 04/02/2007



A handwritten signature in black ink that reads "Roger Williams".

Roger Williams  
Secretary of State

CITY CLERK DEPT.  
07 MAY 29 AM 8:36

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Roger Williams  
Secretary of State

## Office of the Secretary of State

April 03, 2007

Capitol Services Inc  
P O Box 1831  
Austin, TX 78767 USA

RE: ELITE MEDICAL TRANSPORT OF TEXAS, LLC  
File Number: 800796170

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. The first year franchise tax return will be due a year and ninety days following formation. Thereafter, an annual franchise tax return is due in May of each year. If you need to contact the Comptroller about franchise taxes, you may contact the agency by calling (800) 252-1381, by e-mail to [tax\\_help@cpa.state.tx.us](mailto:tax_help@cpa.state.tx.us) or by writing P. O. Box 13528, Austin, TX 78711-3528. Telephone questions regarding other business taxes, including sales taxes, should be directed to (800) 252-5555.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure

CITY CLERK DEPT.  
07 MAY 29 AM 8:36

Phone: (512) 463-5555  
Prepared by: Misty Shaw

Come visit us on the internet at <http://www.sos.state.tx.us/>

Fax: (512) 463-5709  
TID: 10285

Dial: 7-1-1 for Relay Services  
Document: 165645960002

**COMPANY AGREEMENT**

**OF**

**ELITE MEDICAL TRANSPORT OF TEXAS, LLC,  
a Texas Limited Liability Company**

**Effective April 2, 2007**

THE MEMBERSHIP INTERESTS THAT ARE THE SUBJECT OF THIS COMPANY AGREEMENT HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933, AS AMENDED, OR ANY STATE SECURITIES LAWS. THE MEMBERSHIP INTERESTS MAY NOT BE OFFERED FOR SALE, SOLD, PLEDGED, TRANSFERRED, OR OTHERWISE DISPOSED OF UNTIL THE HOLDER THEREOF PROVIDES EVIDENCE SATISFACTORY TO THE MANAGERS (WHICH, IN THE DISCRETION OF THE MANAGERS, MAY INCLUDE AN OPINION OF COUNSEL SATISFACTORY TO THE MANAGERS) THAT SUCH OFFER, SALE, PLEDGE, TRANSFER, OR OTHER DISPOSITION WILL NOT VIOLATE APPLICABLE FEDERAL OR STATE SECURITIES LAWS.

THE MEMBERSHIP INTERESTS THAT ARE THE SUBJECT OF THIS COMPANY AGREEMENT ARE SUBJECT TO RESTRICTIONS ON THE TRANSFER, SALE, PLEDGE, OR OTHER DISPOSITION AS SET FORTH IN THIS COMPANY AGREEMENT.

CITY CLERK DEPT.  
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CITY CLERK DEPT.

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EXHIBIT A -- THE MEMBER'S CONTRIBUTION TO THE LLC

CITY CLERK DEPT.  
07MAY 29 AM 8:36