



*Address Change*

COMMONWEALTH OF PENNSYLVANIA  
PUBLIC UTILITY COMMISSION  
PO BOX 3265  
HARRISBURG, PA 17105-3265

*Mick 6/20/11*

RECEIVED  
PA PUBLIC UTILITY COMMISSION  
11 APR - 5 PM  
PA BUREAU

### 2010 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **MARCH 31, 2011**. Failure to file by the **March 31, 2011** deadline may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

TRADE OR CORPORATE NAME OF UTILITY: AMERICAN MEDICAL RESPONSE MID-		UTILITY CODE 641751	APPLICATION # A-00123344
CONTACT NAME: AMERICAN MEDICAL RESPONSE MID-ATLANTIC, INC.			
ADDRESS 1: 6200 S. SYRACUSE WAY, SUITE 200		ADDRESS 2 (Floor, Suite, etc.): SUITE 200, MS100	
CITY, STATE, ZIP: GREENWOOD VILLAGE CO 80111			

#### OPERATING REVENUE FOR CALENDAR YEAR 2010 (January 1, 2010-December 31, 2010) (All amounts shall be rounded to the nearest dollar.)

	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
1. PA INTRASTATE OPERATING REVENUE	\$	\$	\$	\$ 131,703
2. PA EXEMPT INTRASTATE REVENUE	\$	\$	\$	\$ 131,703
3. PA NET INTRASTATE OPERATING REVENUE (Subtract Line 2 from Line 1)	\$	\$	\$	\$ 0

#### (All amounts shall be rounded to the nearest dollar.)

PA EXEMPT INTRASTATE REVENUE Enter a number from enclosed Exempt Revenue list as applicable. (Attach additional sheets as needed)	PROPERTY	HOUSEHOLD GOODS	PASSENGER	
			Group and Party 16 or more	Other
PARATRANSIT VAN REVENUE <sup>(52 PA CODE § 41.11)</sup>	\$	\$	\$	\$ 131,703
<b>RECEIVED</b>				
JUL 15 2011				
PA PUBLIC UTILITY COMMISSION SECRETARY'S BUREAU				
TOTAL (Enter on Line 2 above)	\$	\$	\$	\$ 131,703

#### UCR REGISTRATION INFORMATION

2010 UCR Registered: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<b>IF YES:</b>	
US DOT #: _____	INTERSTATE OPERATING REVENUE: \$ _____
MC Number: _____	

**AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS**

In accordance with Sections 505 and 506 of the Public Utility Code, as a means to verify the accuracy of financial information supplied to the Public Utility Commission, I hereby authorize the Pennsylvania Department of Revenue to release to the Public Utility Commission, any tax records filed or compiled with regard to the below-listed utility and/or individual.

AMERICAN MEDICAL RESPONSE MID-ATLANTIC  
Utility Name

X *Benjamin Johnson*  
Signature

Date: 3/30/11

BENJAMIN JOHNSON ASST. SECRETARY  
Name (Printed) Title

**AFFIDAVIT**

I affirm that the information reported herein is complete, true and correct.

*Benjamin Johnson* \_\_\_\_\_  
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:

BENJAMIN JOHNSON

TRADE NAME OR CORPORATE NAME OF UTILITY:

AMERICAN MEDICAL RESPONSE MID-ATLANTIC

FEDERAL ID:

23-2195702

TELEPHONE NO.:

Office (303) 495-1200 Ext.

Cell ( )

**NOTARIZATION** (Required)

Subscribed and sworn to before me

this 30<sup>th</sup> day of March 2011

*Janice W. Ellis*  
NOTARY SIGNATURE

OFFICIAL SEAL Notary  
(Official Title)

**JANICE W. ELLIS**  
NOTARY PUBLIC, STATE OF COLORADO

(Date My Commission Expires)

Name of person to be contacted for additional information:

Name: \_\_\_\_\_  
(printed) Ext. \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

**My Commission Expires**

July 12, 2014