



**Rural/Metro
Corporation**
50 Years of Serving Others

March 23, 2010

VIA FEDERAL EXPRESS

Pennsylvania Public Utility Commission
Bureau of Administrative Services
Assessment Section
P.O. Box 3265
Harrisburg, PA 17105-3265

Re: Utility Code: 640682
Application Number: #A-00115577
2009 Assessment Report – Motor Carriers

To Whom It May Concern:

This letter is written on behalf of Gold Cross Ambulance Service of PA, Inc. Please be advised that Gold Cross Ambulance Service of PA has ceased its business operations in the state of Pennsylvania and has no operating revenue to report for the calendar year 2009. Please discontinue the above-referenced Application Number.

Please contact the undersigned if you have any questions.

Sincerely,

Chris Dalke

RECEIVED
ADMINISTRATIVE SERVICES

2010 MAR 30 PM 12:31

PA PUC

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

P.O. BOX 3265

FORM MT-01

HARRISBURG PENNSYLVANIA 17105-3265

ASSESSMENT REPORT

STATEMENT OF OPERATING REVENUES FOR GENERAL ASSESSMENT OF
 COMMON CARRIER OF PROPERTY AND/OR PERSONS BY MOTOR VEHICLE

*GOLD CROSS AMBULANCE SERVICE
 OF PA
 ATTN: TAX DEPARTMENT
 8401 E. INDIAN SCHOOL RD
 SCOTTSDALE, AZ 85251*

PUC Certificate No. <i>A-00115577</i>
Utility Type
2001 OPERATION PERIOD FROM <i>1/1</i> TO <i>12/31</i>

THIS REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2002.
 IF NOT FILED, THE COMMISSION WILL ESTIMATE YOUR INTRASTATE OPERATING
 REVENUES AND WILL BASE YOUR ASSESSMENT ON THE ESTIMATED TOTAL.
 (Complete the back of this form if claiming exemptions)

OPERATING REVENUES FOR CALENDAR YEAR 2001:
 (Round to nearest dollar.)

	AMOUNT
1. <u>TOTAL GROSS OPERATING REVENUES</u> Earned from operating as a household goods carrier and a common carrier of property and passengers	\$ <i>188,836</i>
2. <u>GROSS OPERATING REVENUES</u> From INTERSTATE operations	\$
3. <u>TOTAL GROSS INTRASTATE</u> operating revenue (line 1 minus line 2.)	\$ <i>188,836</i>
4. <u>DEDUCTIONS</u> based on exemptions itemized on back of form	\$ <i>188,836</i>
5. <u>GROSS INTRASTATE REVENUE</u> on which your assessment will be based (line 3 minus line 4.)	\$ <i>0</i>
Indicate the method used to compute Intrastate operating revenue <input checked="" type="checkbox"/> Actual Records <input type="checkbox"/> Estimated <input type="checkbox"/> Other Describe	

AFFIDAVIT
 The information reported above is true and correct.

[Signature]
 Signature of Individual or Officer Date *1/16/04* SS#

Trade or Corporate Name of Utility
GOLD CROSS AMBULANCE SERVICE OF PA

Federal I.D. Number <i>52-1139869</i>	Telephone Number <i>(480) 606-3622</i>
--	---

New Address - If different from above

CERTIFICATION
 Subscribed and sworn to before me
 this *16th* day of *January* 2004

[Signature]
 SIGNATURE

OFFICIAL SEAL
 SANDRA J. FEENEY
 PENNSYLVANIA PUBLIC UTILITY COMMISSION
 PHOENIX COUNTY
 My Comm. Expires 12/31/04

12-31-04
 (Date Commission Expires)

EXEMPTIONS (LIST)	\$ AMOUNT
TRANSPORTATION OF INJURED PERSONS	\$ 188,836
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (Enter on Line 4 of front page)	\$ 188,836

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 by or compiled with regard to the below-listed utility and/or individual.

Utility Name _____

Name (Printed) _____ Title _____

x _____
Signature

Date: _____

RECEIVED

JAN 16 2004

FORM MT-02

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

P.O. BOX 3265
HARRISBURG PENNSYLVANIA 17105-3285

A-00115577C0301

ASSESSMENT REPORT

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

STATEMENT OF OPERATING REVENUES FOR GENERAL ASSESSMENT OF
COMMON CARRIER OF PROPERTY AND/OR PERSONS BY MOTOR VEHICLE

GOLD CROSS AMBULANCE SERVICE
OF PA
ATTN: TAX DEPARTMENT
8401 E. INDIAN SCHOOL RD
SCOTTSDALE, AZ 85251

PUC Certificate No. A-00115577
Utility Type
2002 OPERATION PERIOD 2003 FROM 1/1 TO 12/31

THIS REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2003.
 IF NOT FILED, THE COMMISSION WILL ESTIMATE YOUR INTRASTATE OPERATING REVENUES AND WILL
 BASE YOUR ASSESSMENT ON THE ESTIMATED TOTAL. FAILURE TO FILE BY THE MARCH 31 DEADLINE
 MAY RESULT IN FINES OF UP TO \$1,000 FOR EACH DAY OF A VIOLATION (66Pa. C.S. §3301).
 (Complete the back of this form if claiming exemptions)

OPERATING REVENUES FOR CALENDAR YEAR ~~2002~~:
(Round to nearest dollar.) 2003

	AMOUNT
1. TOTAL GROSS OPERATING REVENUES Eamed from operating as a household goods carrier and a common carrier of property and passengers	\$ 0
2. GROSS OPERATING REVENUES From INTERSTATE operations	\$
3. TOTAL GROSS INTRASTATE operating revenue (line 1 minus line 2.)	\$ 0
4. DEDUCTIONS based on exemptions itemized on back of form	\$
5. GROSS INTRASTATE REVENUE on which your assessment will be based (line 3 minus line 4.)	\$ 0

Indicate the method used to compute Intrastate operating revenue
 Actual Records Estimated Other Describe

AFFIDAVIT
The information reported above is true and correct.

[Signature] 1/16/04
Signature of Individual or Officer Date SS#

Trade or Corporate Name of Utility
GOLD CROSS AMBULANCE SERVICE OF PA

Federal I.D. Number Telephone Number
52-1139869 (480) 606-3622

New Address - If different from above

CERTIFICATION
Subscribed and sworn to before me
this 16th day of January 2004

[Signature]
SIGNATURE

OFFICIAL SEAL
SANDRA J. FEENEY
NOTARY PUBLIC - ARIZONA
My Comm. Expires 12/31/04

12-31-04
(Date Commission Expires)

RJP

DOCKETED
MAR 09 2004

DOCUMENT FOLDER 112

EXEMPTIONS (LIST)	\$ AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (Enter on Line 4 of front page)	\$ 0

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 by or compiled with regard to the below-listed utility and/or individual.

Utility Name

Name (Printed) Title

X _____
Signature

Date: _____

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION

P.O. BOX 3265

HARRISBURG PENNSYLVANIA 17105-3265

FORM MT-02

ASSESSMENT REPORT

STATEMENT OF OPERATING REVENUES FOR GENERAL ASSESSMENT OF
 COMMON CARRIER OF PROPERTY AND/OR PERSONS BY MOTOR VEHICLE

*GOLD CROSS AMBULANCE SERVICE
 OF PA*

*ATTN: TAX DEPARTMENT
 8401 E. INDIAN SCHOOL RD
 SCOTTSDALE, AZ 85251*

PUC Certificate No. <i>A-00115577</i>
Utility Type
2002 OPERATION PERIOD FROM <i>1/1</i> TO <i>12/31</i>

THIS REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2003.
 IF NOT FILED, THE COMMISSION WILL ESTIMATE YOUR INTRASTATE OPERATING REVENUES AND WILL
 BASE YOUR ASSESSMENT ON THE ESTIMATED TOTAL. FAILURE TO FILE BY THE MARCH 31 DEADLINE
 MAY RESULT IN FINES OF UP TO \$1,000 FOR EACH DAY OF A VIOLATION (66Pa. C.S. §3301).
 (Complete the back of this form if claiming exemptions)

OPERATING REVENUES FOR CALENDAR YEAR 2002:

(Round to nearest dollar.)

	AMOUNT
1. TOTAL GROSS OPERATING REVENUES Earned from operating as a household goods carrier and a common carrier of property and passengers	\$ <i>49,399</i>
2. GROSS OPERATING REVENUES From INTERSTATE operations	\$
3. TOTAL GROSS INTRASTATE operating revenue (line 1 minus line 2.)	\$ <i>49,399</i>
4. DEDUCTIONS based on exemptions itemized on back of form	\$ <i>49,399</i>
5. GROSS INTRASTATE REVENUE on which your assessment will be based (line 3 minus line 4.)	\$ <i>0</i>

Indicate the method used to compute Intrastate operating revenue
 Actual Records Estimated Other Describe

AFFIDAVIT
 The information reported above is true and correct.

[Signature] *1/16/04*
 Signature of Individual or Officer Date SS#

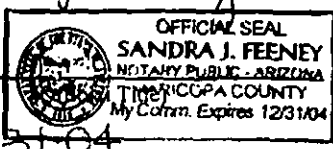
Trade or Corporate Name of Utility
GOLD CROSS AMBULANCE SERVICE OF PA

Federal I.D. Number Telephone Number
52-1139869 *(480) 606-3622*

New Address - If different from above

CERTIFICATION
 Subscribed and sworn to before me
 this *16th* day of *January* 2004

[Signature]
 SIGNATURE

OFFICIAL SEAL


12-31-04
 (Date Commission Expires)

Sec. & S. Tax

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

2009 ASSESSMENT REPORT-MOTOR CARRIERS

This Report **MUST BE FILED** not later than **MARCH 31, 2010**. Failure to file by the March 31, 2010 deadline may result in fines up to \$1,000 for each day a violation continues (66 Pa. C.S. § 3301).

UTILITY CODE 640682	APPLICATION # A-00145577
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RECEIVED
ADMINISTRATIVE SERVICES
2010 MAR 30 PM 12:31
PA PU

GOLD CROSS AMBU SER OF PA INC
RURAL METRO AMBULANCE
PO DRAWER F
SCOTTSDALE, AZ 85252

* No longer doing business
in PA. *

OPERATING REVENUE FOR CALENDAR YEAR 2009 (January 1, 2009-December 31, 2009)

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

PA EXEMPT INTRASTATE REVENUE (LIST) (Attach additional sheets as needed)	AMOUNT (Round to the nearest dollar)
	\$ 0
	\$
	\$
	\$
	\$
TOTAL (Enter on Line 2 above)	\$

UCR REGISTRATION INFORMATION

UCR Registered: YES NO

IF YES:
US DOT REGISTRATION #: _____ INTERSTATE OPERATING REVENUE: \$ _____
MC REGISTRATION#: _____

AFFIDAVIT

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

Trevor Narran 3/23/10
(Signature of Individual or Officer) (Date)

READABLE (PRINT OR TYPE) NAME OF INDIVIDUAL or OFFICER ABOVE:		NOTARIZATION (Required) Subscribed and sworn to before me this _____ day of _____ 2010	
TRADE NAME OR CORPORATE NAME OF UTILITY:		NOTARY SIGNATURE	
FEDERAL ID:	TELEPHONE NO.: Office () Ext. Cell ()	OFFICIAL SEAL	(Official Title)
Name of person to be contacted for additional information: Name: <u>Trevor Narran</u> <u>480-606-3383</u> (printed) Ext.		(Date My Commission Expires)	

AUTHORIZATION FOR RELEASE OF STATE TAX RECORDS

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Utility Name

X _____
Signature

Date: _____

Name (Printed) Title