

September 21, 2022

Mr. Craig A. Queen, MBA
EMS Credentialing Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mr. Queen,

Enclosed is the renewal application for Certificate of Public Convenience and Necessity for ALS Helicopter Ambulance Service within Pinellas County for Rocky Mountain Holdings, LLC d/b/a/ Bayflite.

Please let me know if you need any clarification, have questions, or need additional information. I can be reached at 727-505-9957 or at scott.betz@airmethods.com. I appreciate your assistance in processing this application.

Sincerely,



Scott Betz
Central Florida Area Manager
Southeast Region
Air Methods Corporation.
scott.betz@airmethods.com
727-505-9957



APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

APPLICATION TYPE: NEW RENEWAL

SERVICE TYPE: Wheelchair Transport ALS Interfacility ALS Non-Transport Stretcher Transport ALS Helicopter ALS Transport

TYPE OF ENTITY: Sole Proprietor Partnership Non-Profit Corporation Corporation

ORGANIZATION NAME: Rocky MountainHoldings, LLC DBA Bayflite
HOURS OF OPERATION: 24-HOUR
ADDRESS 1: 5500 Quebec Street
PHONE: 303-792-7400
ADDRESS 2:
FAX: 813-200-1399
CITY, STATE, ZIP CODE: Greenwood Village, CO 80111
OFFICER/DIRECTOR NAME & TITLE: See Attached
PHONE NUMBER & E-MAIL:
VICE OFFICER/DIRECTOR NAME & TITLE: See Attached
PHONE NUMBER & E-MAIL:
BUSINESS HOURS POINT-OF-CONTACT: Scott Betz- Area Manager
PHONE NUMBER & E-MAIL: 727-505-9957 scott.betz@airmethods.com
AFTER HOURS POINT-OF-CONTACT: Scott Betz- Area Manager
PHONE NUMBER & E-MAIL: 727-505-9957 scott.betz@airmethods.com

REQUIRED ATTACHMENTS: Record Keeping Verification Form, Vehicle Roster(s), Driver Roster(s), Certificate of Incorporation, Certification of Fictitious Name (d.b.a) if applicable, Insurance Verification for the highest level of service provided, and retail rate schedule. Also include any new applications per County Driver Certification Requirements.

I, the undersigned representative of the above named firm, do hereby acknowledge this certificate may be suspended or revoked if at any time the firm fails to meet all of the requirements of the Pinellas County Code or Rules and Regulations.

SIGNATURE OF APPLICANT: [Signature] DATE: 9/20/2022

STATE OF FLORIDA
COUNTY OF Hernando

Subscribed and sworn to (or affirmed) before me this 20th of Sept. by Scott Betz, who is/are personally known to me or has/have produced as identification.

(SEAL) [Signature]
TINA L. JAMES
Commission # GG 980957
Expires August 23, 2024
Bonded Thru Budget Notary Services
(Name of Notary typed, printed or Form stamped)

Rocky Mountain Holdings, LLC

| Officers | Title | Address | Phone |
|-------------------|---------------------|--------------------------------------------------------------|---------------|
| Christopher Myers | President | 5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111 | (303)792-7400 |
| Jonathan Cook | Vice President | 5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111 | (303)792-7400 |
| Sharon J. Keck | Assistant Secretary | 5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111 | (303)792-7400 |
| David Portugal | CFO | 5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111 | (303)792-7400 |
| Koreen Muthiah | Vice President | 5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111 | (303)792-7400 |
| Christopher Brady | Secretary | 5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111 | (303)792-7400 |



**Helicopter Roster
2022**

Name of Service: Bayflite

Date: 9/14/2022

Page: 1 of 1

*You may use this form or attach a company roster.

| Aircraft | Model | FAA License # |
|----------------------------|----------------------|----------------------|
| Airbus - Eurocopter | EC135P2+ 2008 | N163BF |
| Airbus - Eurocopter | EC135P2+ 2008 | N527BF |
| Airbus - Eurocopter | EC135P2+ 2007 | N911BF |
| | | |
| | | |
| | | |

2022 Air Methods Flight Personnel

| Name | Position | EMTP License # | EXP | RN License # | EXP |
|--------------------|------------------|----------------|-----------|--------------|-----------|
| BURKHOLDER, VALERY | FLIGHT PARAMEDIC | PMD534684 | 12/1/2022 | | |
| BULL, MICHAEL | FLIGHT PARAMEDIC | PMD511999 | 12/1/2022 | | |
| CHESTER, DEAN | FLIGHT PARAMEDIC | PMD6372 | 12/1/2022 | | |
| COOK, RYAN | FLIGHT NURSE | PMD537996 | 12/1/2022 | RN9353120 | 7/31/2024 |
| JOHNSON, MATT | FLIGHT NURSE | | | | |
| DROUIN, BETSY | FLIGHT NURSE | PND515552 | 12/1/2022 | RN9356713 | 7/31/2024 |
| YOUNG, PAMELA | FLIGHT NURSE | | | RN9326903 | 4/30/2023 |
| SANDERS, CHERYL | FLIGHT NURSE | | | RN9294562 | 4/30/2023 |
| EVERSON, JAMES | FLIGHT PARAMEDIC | PMD523470 | 12/1/2022 | | |
| JOHNSON, CHRIS | FLIGHT PARAMEDIC | PMD520564 | 12/1/2022 | | |
| FETTERMAN, SCOTT | FLIGHT PARAMEDIC | PMD514798 | 12/1/2022 | RN9477091 | 4/30/2023 |
| DUKES, BRANDON | FLIGHT PARAMEDIC | PMD537046 | 12/1/2022 | | |
| FRY, WILLIAM J | FLIGHT PARAMEDIC | PMD18919 | 12/1/2022 | | |
| GLADIEUX, ALAN | FLIGHT NURSE | PMD524585 | 12/1/2022 | RN9331877 | 4/30/2023 |
| GONZALEZ, TAMMY M | FLIGHT NURSE | PMD10824 | 12/1/2022 | RN2003972 | 4/30/2024 |
| MATTINGLEY, STEVE | FLIGHT PARAMEDIC | PMD536971 | 12/1/2022 | | |
| WEBSTER, JOSHUA | FLIGHT PARAMEDIC | PMD526658 | 12/1/2022 | | |
| SOX, MATTHEW | FLIGHT PARAMEDIC | PMD519304 | 12/1/2022 | | |
| MONTE, ALEXANDER | FLIGHT NURSE | PMD17153 | 12/1/2022 | RN9243694 | 4/30/2023 |
| KANE, AMY | FLIGHT NURSE | PMD531748 | 12/1/2022 | RN9217210 | 4/30/2024 |
| REID, KATHRYN | FLIGHT NURSE | PMD511720 | 12/1/2022 | RN9223603 | 7/31/2024 |
| TURNER, DAKOTA | FLIGHT NURSE | PMD537745 | 12/1/2022 | RN9480453 | 4/30/2023 |
| SHANE, DAVID | FLIGHT NURSE | PMD10935 | 12/1/2022 | RN2163452 | 4/30/2023 |
| SWARTZ, BRIAN | FLIGHT PARAMEDIC | PMD14735 | 12/1/2022 | | |
| SCHAFFER, MICHAEL | FLIGHT PARAMEDIC | PMD526041 | 12/1/2022 | | |
| LAFEMINA, JIM | FLIGHT PARAMEDIC | PMD527161 | 12/1/2022 | | |
| MORTON, BILL | FLIGHT PARAMEDIC | PMD532100 | 12/1/2022 | | |
| SMITH, LAURA | FLIGHT NURSE | PMD532341 | 12/1/2022 | RN9383641 | 4/30/2024 |
| STINES, BRIAN | FLIGHT NURSE | | | RN9336125 | 4/30/2023 |

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9500000020

Entity Name: ROCKY MOUNTAIN HOLDINGS, L.L.C.

Current Principal Place of Business:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111

Current Mailing Address:

5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US

FEI Number: 87-0533822

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------------|-----------------|----------------------------|
| Title | VP | Title | MANAGER |
| Name | COOK, JONATHAN | Name | AIR METHODS CORPORATION |
| Address | 5500 SOUTH QUEBEC STREET | Address | 5500 SOUTH QUEBEC STREET |
| City-State-Zip: | GREENWOOD VILLAGE CO 80111 | City-State-Zip: | GREENWOOD VILLAGE CO 80111 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COOK, JONATHAN

VICE PRESIDENT

03/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G22000067935

Fictitious Name to be Registered: BAYFLITE

Mailing Address of Business: 5500 S QUEBEC ST, SUITE 300
ATTN: TAX DEPT
GREENWOOD VILLAGE, CO 80111

Florida County of Principal Place of Business: MULTIPLE

FEI Number: 87-0533822

FILED
Jun 02, 2022
Secretary of State

Owner(s) of Fictitious Name:

ROCKY MOUNTAIN HOLDINGS, LLC
5500 S QUEBEC ST, SUITE 300
GREENWOOD VILLAGE, CO 80111
Florida Document Number: M95000000020
FEI Number: 87-0533822

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JODY M LANDA

06/02/2022

Electronic Signature(s)

Date

Certificate of Status Requested (X)

Certified Copy Requested (X)

State of Florida

Department of State

I certify from the records of this office that BAYFLITE is a Fictitious Name registered with the Department of State on June 2, 2022.

The Registration Number of this Fictitious Name is G22000067935.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the Third
day of June, 2022*





Secretary of State



Willis Towers Watson Northeast, Inc.
d/b/a Willis Aerospace

200 Liberty Street, 7th Floor
 New York, NY 10281

CERTIFICATE OF INSURANCE

This is To Certify To:

Pinellas County
 12490 Ulmerton Road
 Largo, FL 33774

(Sometimes referred to herein as the Certificate Holder(s))

That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:

| | |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAMED INSURED | Air Methods Corporation, et al, and Enchantment Aviation, Inc., dba Southwest Air Ambulance dba Southwest Med Evac, American Securities entities, Air Methods Telemedicine, LLC, AirMD, LLC dba LifeSave dba LifeSave Kupon and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities appearing above, or any company or entity for whom the Insured has agreed to be responsible for. |
| ADDRESS | 5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111 |
| COVERAGES | Aircraft Hull and Liability and Aviation General Liability Insurance |
| TERRITORY | Worldwide |
| POLICY PERIOD | July 1, 2022 to July 1, 2023 on both dates at 12:01 AM LST |
| EQUIPMENT | Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below. |
| INSURERS | National Union Fire Insurance Company of Pittsburgh, PA through AIG Aerospace Insurance Services, Inc. and other US and Lloyds Companies – 100% (For more detailed SECURITY (the “Insurers”) information, please see Addendum 0001) |

| LIMITS OF LIABILITY | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aircraft Liability and Aviation General Liability | |
| Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage: | USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate. |
| including AVN52 (War Liability), the sublimit is: | USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to). |
| Additional Coverages: | NA |



SPECIAL PROVISIONS

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: **Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):**

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

Solely as respects Liability Coverage(s) and Solely when Required by Contract: Certificate Holder(s) is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

| |
|----------------------------------------|
| Fleet and/or Equipment Schedule |
|----------------------------------------|

| |
|----|
| NA |
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|-------------------------|
| Additional Notes |
|-------------------------|

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|------------------------------------------------------------------|
| Named Insured includes: Rocky Mountain Holdings LLC dba Air Life |
|------------------------------------------------------------------|

As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate

Certificate No. 2022-1172



Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

A handwritten signature in blue ink that reads "Hilary Giroux".

Date of Issue: July 1, 2022

Hilary Giroux, Authorized Representative
Willis Towers Watson Northeast, Inc. - Aerospace



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| AGENCY Willis Towers Watson Insurance Services West, Inc. | | NAMED INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111 | |
| POLICY NUMBER See Page 1 | | NAIC CODE See Page 1 | |
| CARRIER See Page 1 | | EFFECTIVE DATE: See Page 1 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company **NAIC#:** 27960
POLICY NUMBER: XFLG7252066A002 **EFF DATE:** 04/27/2022 **EXP DATE:** 04/27/2023

| TYPE OF INSURANCE: | LIMIT DESCRIPTION: | LIMIT AMOUNT: |
|---------------------------|---------------------------|----------------------|
| Excess Med. Professional | Each Claim | \$11,000,000 |
| | Aggregate | \$11,000,000 |

September 14, 2022

Mr. Craig A. Queen, MBA
EMS Credentialing Coordinator
Pinellas County EMS and Fire Administration
12490 Ulmerton Rd. Suite 134
Largo, FL 33774

Dear Mr. Queen,

The following fee schedule is posted here to comply with county COPCN requirements. However, the rates do not represent what the vast majority of patients ultimately pay. We are a network provider with Blue Cross Blue Shield of Florida, Medicare, Medicaid, and other Managed Care Organizations. For each of these contractual arrangements, the reimbursement is below the rates set below. In addition, any patient responsibility will be determined by the applicable health insurer.

- Liffoff: \$45,929.83
- Loaded Mileage: \$552.03/mile
- Per transport Cap: \$79,999.00

Sincerely,

Scott Betz
Central Florida Area Manager
Southeast Region
Air Methods Corporation.
scott.betz@airmethods.com
727-505-9957

PINELLAS COUNTY BOARD OF COUNTY COMMISSIONERS CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

Rocky Mountain Holdings, L.L.C. d/b/a Bayflite, pursuant to Pinellas County Code, Chapter 54, and in accordance with Section 401.25, F. S., is authorized by the Board of County Commissioners to provide Helicopter Ambulance Service in Pinellas County.

Signature: *Dave Egus* Date: 12/7/2021
Chairman, Board of County Commissioners



EFFECTIVE: January 1, 2022

EXPIRATION: December 31, 2022

APPROVED AS TO FORM

By: Jason C. Ester
Office of the County Attorney

ATTEST: KEN BURKE, CLERK
By: *Ken Burke*
Deputy Clerk

