



MEDIC

BUNCOMBE COUNTY EMS FRANCHISE APPLICATION

RECEIVED
FEB 26 2019

BY: *J. Freeman*.....

JULY 2017

MEDICAL EMERGENCY AMBULANCE TRANSPORT INC
5 WEST HAVEN DR
ARDEN NC 28704

Medical Emergency Ambulance Transport, Inc. (DBA-MEDIC) is applying for EMS franchise in Buncombe County NC. Enclosed is all information related to our business operations. MEDIC has provided response to Emergency, Routine, and Convalescent calls for service in Buncombe County for 30 years as of Jan 1 2019. MEDIC serves as the business entity that provides response to the incorporated and unincorporated areas of Buncombe County.

MEDIC EMS- Wings provides educational opportunities to EMS and general public in areas of preparedness, response, emergency care and treatment. We also provide Disaster response for local, state, and federal deployments.

Both entities are incorporated and function independently under their own set of bylaws as set forth by Corporate structure under the rules and laws of North Carolina.



MEDIC has been serving the
citizens and visitors of
Buncombe County and the City
of Asheville since 1989



Table of Contents

Pg 3	Principle Officers
Pg 4	Articles of Incorporation
Pg 5	Cooperation Annual Report
Pg 6	N.C. E.M.S. Agency License
Pg 7	Liability Insurance Statement
Pg 8	Worker Comp Insurance Statement
Pg 9	Medical Control Physician Statement
Pg 10	Statement of Training and Experience
Pg 12	NCOEMS Certified Fleet Vehicles
Pg 13	Operating Locations
Pg 14	Audited Financial Statement
Pg 15	Dispatched and 24-hour coverage
Pg 17	FCC License
Pg 18	Clinician Roster
Pg 19	Criminal Background Checks (Principle Officers)
Pg 22	Anti-Discrimination Policy
Pg 24	D.E.A. Registration
Pg 25	NC Controlled Substance Registration



Name and Address of Applicant and Principle Officers

Medic

5 West Haven Dr.

Arden NC 28704

828-684-0287

Owned and Operated by:

Kermit Tolley – President

Sharon Tolley – Principle Owner

Tonya Gibson – Vice-President



VPL/sb
VPL63/V829-2

ARTICLES OF INCORPORATION
OF
MEDICAL EMERGENCY AMBULANCE TRANSPORT, INC.

The undersigned incorporator hereby forms a business corporation pursuant to the North Carolina Business Corporation Act, and to that end hereby sets forth:

1. The name of the Corporation is Medical Emergency Ambulance Transport, Inc.

2. The authorized capital of the Corporation shall consist of 100,000 shares of no par value Common Stock.

3. The address of the initial registered office of the Corporation is 5 West Haven Drive, Arden, Buncombe County, North Carolina 28704, mailing address P. O. Box 1427, Skyland, North Carolina 28776, and the name of the initial registered agent of the Corporation at such address is Sharon A. Tolley.

4. The initial directors of the Corporation shall be:

Kermit T. Tolley	Sharon A. Tolley
5 West Haven Drive	5 West Haven Drive
Arden, NC 28704	Arden, NC 28704

5. To the fullest extent permitted by applicable law, no director of the Corporation shall have any personal liability arising out of any action whether by or in the right of the Corporation or otherwise for monetary damages for breach of any duty as a director. This Article shall not impair any right to indemnity from the Corporation that any director may now or hereafter have. Any repeal or modification of this Article shall be prospective only and shall not adversely affect any limitation hereunder of the personal liability of a director with respect to acts or omissions occurring prior to such repeal or modification.

6. The names and addresses of the incorporators are:

Kermit T. Tolley	Sharon A. Tolley
5 West Haven Drive	5 West Haven Drive
Arden, NC 28704	Arden, NC 28704

7. The effective date of these Articles of Incorporation shall be January 1, 1991.

IN WITNESS WHEREOF, the incorporators have executed these Articles of Incorporation, this the 21 day of December, 1990.

Kermit T. Tolley
Kermit T. Tolley, Incorporator

Sharon A. Tolley
Sharon A. Tolley, Incorporator



**BUSINESS CORPORATION
ANNUAL REPORT**

E-Filed Annual Report
4695530

Do not data enter manually.

NAME OF BUSINESS CORPORATION: *Medical Emergency Ambulance Transport, Inc.*

FISCAL YEAR ENDING: *12/31/2013*

STATE OF INCORPORATION: *NC*

SECRETARY OF STATE CORPORATE ID NUMBER: *0280586*

NATURE OF BUSINESS: *Emergency Medical Services*

REGISTERED AGENT: *TOLLEY, SHARON A*

REGISTERED OFFICE MAILING ADDRESS: *Pob 1427
400 Crosspointe Plaza
Skyland, NC 28776-1427*

REGISTERED OFFICE STREET ADDRESS: *5 W. Haven Dr.
Arden, NC 28704-9713 All County*

PRINCIPAL OFFICE TELEPHONE NUMBER: *(828) 684-3263*

PRINCIPAL OFFICE MAILING ADDRESS: *5 Westhaven Dr
Arden, NC 28704-9713*

PRINCIPAL OFFICE STREET ADDRESS: *5 Westhaven Dr
Arden, NC 28704-9713*

PRINCIPAL OFFICERS:

*Name: Kermit T Tolley
Title: President
Address:
5 Westhaven Drive
Arden, NC 28704-9713*

*Name: Tonya L Tolley-Gibson
Title: Vice President
Address:
5 Westhaven Drive
Arden, NC 28704-9713*

CERTIFICATION OF ANNUAL REPORT MUST BE COMPLETED BY ALL BUSINESS CORPORATIONS

Kermit T Tolley
FORM MUST BE SIGNED BY AN OFFICER OF THE CORPORATION
Kermit T Tolley

5/7/2014
DATE
President

TYPE OR PRINT NAME

TYPE OR PRINT TITLE

ANNUAL REPORT FEE: E-Paid MAIL TO: Secretary of State • Corporations Division • Post Office Box 29525 • Raleigh, NC 27626-0525

State of North Carolina

Office of Emergency
Medical Services



Medical Care
Commission

Department of Health and Human Services
Division of Health Service Regulation

Having met the requirements of North Carolina General Statute 131E-155.1 and the rules of the
North Carolina Medical Care Commission for the licensing of EMS Agencies,

MEDICAL EMERGENCY AMBULANCE TRANSPORT, INC.

is hereby issued an

EMS Agency License

This License, Number 1037, expires the last day of November, 2022.

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

Office of Emergency
Medical Services



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

Medical Care
Commission



North Carolina Association of Rescue
and
Emergency Medical Services, Inc.

This is to certify that

Medic - EMS

Ambulance EMS Provider

is an active member in good standing of this association,
fulfilling all qualifications and actively engaged in
promoting its objectives and recognized as
providing the service listed above.

2018 - 2019 Fiscal Year
DATE

Joel Faircloth

EXECUTIVE DIRECTOR

Larry Foray

COMMANDER

**NORTH CAROLINA
EMERGENCY MANAGEMENT ASSOCIATION**



CORPORATE MEMBER

MEDIC/Buncombe County

*An Organization of Professional Individuals Dedicated
To The Protection of People and Property
Within the State of North Carolina.*

*Member
2019*

Karyn Yaussy

President, NCEMA

Note that association membership dues are payable at the first of the calendar year.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/15/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cindy Elbert Insurance Services Inc 15182 North 75th Ave, Ste 100 Peoria, AZ 85381		CONTACT NAME: PHONE (A/C, No, Ext): 602-942-3900 FAX (A/C, No): 602-942-4300 E-MAIL ADDRESS:	
INSURED Medical Emergency Ambulance Transport, Inc. P.O. Box 1427 Skyland, NC 28776		INSURER(S) AFFORDING COVERAGE INSURER A: Triumph Casualty Company NAIC # 41106 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

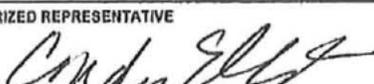
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMPROP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AMW0000044-02	7/15/2018	7/15/2019	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Verification of insurance

CERTIFICATE HOLDER Buncombe County 35 Woodfin St. Asheville, NC 28801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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July 17, 2013

Buncombe County Commissioners
200 College Street
Asheville, NC 28801

Dear Sirs:

Medical Emergency Ambulance (MEDIC) is an affiliate agency with the Buncombe County EMS system. As an affiliated agency Medical Direction for MEDIC is provided through the Buncombe-Madison-Yancey EMS System by Staco Horne, DO; Emergency Medicine physician at Mission Hospital.

MEDIC is required to comply with all protocols, policies and procedures of the Buncombe-Madison-Yancey EMS system Peer Review committee and the guidance of the Medical Director and on-line Medical Control by Emergency Department physicians at Mission Hospital.

Please let me know if you need additional information.

Sincerely,

Staco Horne, DO
Medical Director
Buncombe-Madison-Yancey County EMS System



Statement of Training and Experience

MEDIC has been in service in Buncombe County for 27 years. We have maintained a Federal Contract for the duration of that time, and continue to serve the Veterans Administration today. Our Staff Consist of EMT, EMT-I, and Paramedic Level Providers from all backgrounds and demographics. MEDIC also employs Mechanics, Maintenance Personnel, and Billing agents.

MEDIC possess an On-Site Training Facility with multiple Certified EMS Instructors, and Training Equipment. MEDIC maintains all certifications of its staff in coordination with AB-TECH through a Monthly In-Service Training Program. MEDICS Instructors are also performing outreach to the General Public, Boy and Girls Scouts of America, Local High Schools, and Businesses. MEDIC also operates an EMS Explorer Program, through the BSA for high school students to help encourage and expose up and coming EMS clinicians.

MEDIC has a fleet of NCOEMS Certified vehicles.

All transport units are Type 1 ambulances, three of which are 4-Wheel Drive to accommodate inclement weather. MEDIC also Possesses a QRV, 6-Wheel Drive Polaris, a Specialty EMS unit capable of transporting 3 stretcher patients, and a wheelchair van.



**SERVING OUR COUNTRIES VETERANS
SINCE 1987**

**MEDIC works with VA Hospitals
across the South Eastern United
States.**

<u>VIN</u>	<u>Model Year</u>	<u>Unit Name</u>	<u>Permit</u>	<u>Expiration</u>	<u>Permit Type</u>	<u>Level</u>	<u>Status</u>
1FDAF4HR6AEA31105	2010	MEDIC 71	NC 002975	09/30/2019	Permanent	Paramedic	In Service
1FDUF4HT7KEC14586	2018	Medic 21	NC003550	11/30/2020	Permanent	Paramedic	In Service
1FDWF37F71EB71719	2000	Medic 81	NC 002181	04/30/2019	Permanent	Paramedic	In Service
1FVABKAL92H583278	2002	MEDIC 51	NC 002966	09/30/2019	Permanent	Paramedic	In Service
1GBE4C3908F415970	2008	Medic 81	NC-003109	12/31/2019	Permanent		In Service
1GBJC346X8E179548	2008	Medic 31	NC 002163	03/31/2019	Permanent	Paramedic	In Service
1GC1KYCG9BF120238	2011	CHIEF 28	NC 002178	04/30/2019	Permanent	Paramedic	In Service



LOCATIONS

Business Office

Station 28

5 West Haven Dr

Arden N.C. 28704

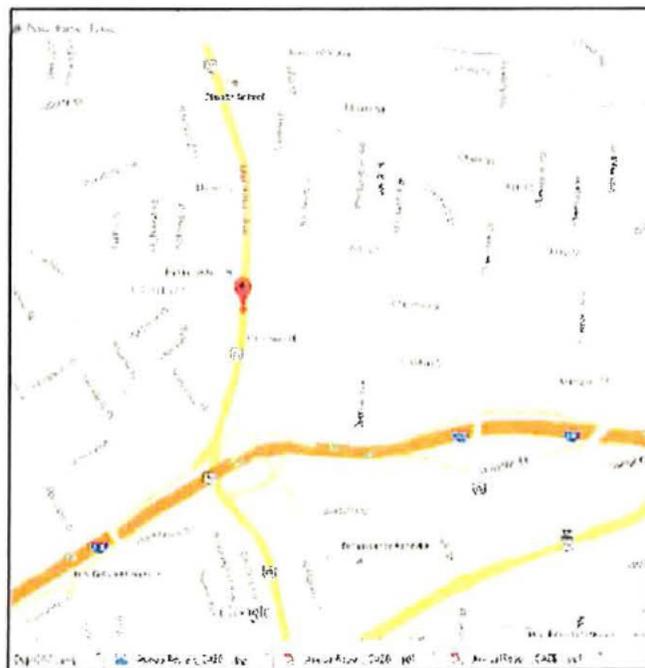
828-684-0287



Remote Station

103 Merrimon Ave

Asheville N.C. 28801



This lease agreement entered into this the 21^h day of December 1990, between Kermit T Tolley, Sharon A Tolley and Medical Emergency Ambulance Transport Inc. to provide land and existing structures for garage facilities, offices and storage of the corporation's assets and employees.

In lieu of rent Medical Emergency Ambulance Transport Inc. agrees to be responsible for all upkeep and maintenance of grounds and structures including, but not limited to, property taxes, utilities, adequate liability insurance and other expenses as agreed on from time to time.



Medical Emergency Ambulance Transport Inc.

Sharon A Tolley, Secretary



Special Called Meeting Board of Directors Medic EMS-Wings Inc.

October 25, 2017

Having received notice of 501c3 approval the Board met in a special called meeting to discuss the need for ambulances and garage and storage facilities.

Motion was made to proceed with the purchase of ambulances as soon as possible, motion was seconded, and vote was called 9 votes yes none opposed.

Discussion was given to the need for facilities to garage and house ambulances and supplies. Noted that Sharon Tolley has facilities readily available, motion was made and seconded to lease space from Sharon Tolley to garage ambulances vote was called 6 votes yes none opposed with Sharon Tolley, Kermit Tolley Jr and Tonya Tolley-Gibson abstaining. Board Secretary was authorized to enter a lease agreement amounting to \$1,150 per month, for use of facilities.



Tonya Tolley-Gibson, Secretary

This lease agreement entered into this the 25th day of October 2017, between Sharon A Tolley and Medic EMS-Wings Inc. to provide floor space available for the parking of ambulances.

Rent shall be payable month to month at a rate of \$ 1,150 and shall continue until one party gives a 30 day notice of intent to amend or vacate.



Sharon A Tolley



Medic EMS-Wings Inc.

Tonya T Gibson, Secretary

MEDICAL EMERGENCY AMBULANCE TRANSPORT, INC.

CONTENTS

	<u>PAGES</u>
Independent Auditor's Report	1
Financial Statements:	
Balance Sheets	2
Statements of Income	3
Statements of Changes in Stockholders' Equity	4
Statements of Cash Flows	5
Notes to Financial Statements	6 - 8
Supplementary Information:	
Schedules of General and Administrative Expenses	9

Gregg & Company, P.A.

J. ROGER GREGG, CPA
WILLIAM N. LEWIN, CPA
KATHRYN E. FOHMANN, CPA
JESSI L. ADAMS, CPA

Independent Auditors' Report

To Board of Directors and Stockholders
Medical Emergency Ambulance Transport, Inc.
Arden, North Carolina

We have audited the accompanying financial statements of Medical Emergency Ambulance Transport, Inc., which comprises the balance sheet as of December 31, 2016, and the related statements of income, retained earnings and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statement referred to above presents fairly, in all material respects, the financial position of Medical Emergency Ambulance Transport, Inc. as of December 31, 2016, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Asheville, North Carolina
June 20, 2017

Meag: Co.

LIABILITIES AND STOCKHOLDER'S EQUITY

2016

[REDACTED]

\$ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

\$ [REDACTED]

MEDICAL EMERGENCY AMBULANCE TRANSPORT, INC.
 STATEMENT OF CHANGES IN STOCKHOLDERS' EQUITY
 for the year ended December 31, 2016

	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	-	-	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

NOTES TO FINANCIAL STATEMENTS

■ [REDACTED]

[REDACTED]

■ [REDACTED]

[REDACTED]

[REDACTED]

■ [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

NOTES TO FINANCIAL STATEMENTS (CONT'D)

■ [REDACTED]
[REDACTED]

5. [REDACTED]
[REDACTED]

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■	[REDACTED]	
	[REDACTED]	[REDACTED]
	[REDACTED]	[REDACTED]
■	[REDACTED]	
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■	[REDACTED]	
	[REDACTED]	
■	[REDACTED]	
	[REDACTED]	

SUPPLEMENTARY INFORMATION

State of North Carolina
County of Buncombe

CERTIFICATE OF ASSUMED NAME FOR A CORPORATION

(1) The assumed name under which business will be conducted is:

MEDIC

(2) The name and address of the corporation that owns the business listed:

Medical Emergency Ambulance Transport, Inc.

✓ 5 Westhaven Drive

Arden, NC 28704

IN WITNESS WHEREOF, this certificate is signed by an officer of said corporation, this 8th day of May, 2014.

Medical Emergency Ambulance Transport, Inc.
Name of Corporation

Kermit Tolley President
Signature of Corporate Officer and Title

State of North Carolina
County of Buncombe

I, Teresa Lynne Williamson, a Notary Public in and for the County and State aforesaid,
do hereby certify that Kermit Tolley, President
(Name/Title)

this day personally appeared before me and acknowledged the execution of the foregoing instrument for the purpose therein expressed.

Witness My Hand and Official Seal this 8th day of May, 2014.

My Commission Expires:
4-8-2017

Teresa Lynne Williamson
Notary Public



Medic EMS-Wings Inc.

EIN: 82-1749666

In furtherance of its exempt purpose Medic EMS-Wings Inc. has operated for years as public servant Providing training for individuals, students, current EMT's or other interested individuals desiring training in the area of CPR or other emergency medical procedures.

With grant funds now available the organization can expand services to into all areas of Buncombe County. Assisting with emergency medical services and transport to individuals injured and distressed, either residing or visiting the area. Incidental benefits provided include lessening the burden on local governments, combating community deterioration and promoting social welfare.

The grant the organization will apply for will provide a fleet of 8 ambulances and 5 support vehicles to provide the services. Staffing will be arranged upon approval of the grant application.

Going forward as a nonprofit, tax exempt entity, the organization intends to solicit local, state and federal grants, as well as user fees to cover costs and expenses.



Elaine F. Marshall
Secretary

North Carolina

DEPARTMENT OF THE
SECRETARY OF STATE

PO Box 29622 Raleigh, NC 27626-0622 (919)814-5400

[Account Login](#) [Create Site Account](#)

Click Here To:

[View Document Filings](#)

Corporate Names

Legal: Medic EMS-Wings Inc.
Prev Legal: Wings, Inc.

Non-Profit Corporation Information

SosId: 0555960
Status: Current-Active
Annual Report Status: Not Applicable
Citizenship: Domestic
Date Formed: 7/3/2000
Registered Agent: Tolley, Sharon A

Corporate Addresses

Reg Office: 5 West Haven Dr.
Arden, NC 28704
Reg Mailing: 5 West Haven Dr.
Arden, NC 28704
Principal Office: 5 West Haven Drive
Arden, NC 28704



NORTH CAROLINA

Department of the Secretary of State

To all whom these presents shall come, Greetings:

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

WINGS, INC.

WHICH CHANGED ITS NAME TO

MEDIC EMS-WINGS INC.

the original of which was filed in this office on the 11th day of May, 2017.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of May, 2017.

Elaine F. Marshall

Secretary of State

State of North Carolina
Department of the Secretary of State

ARTICLES OF AMENDMENT
NONPROFIT CORPORATION

Pursuant to §55A-10-05 of the General Statutes of North Carolina, the undersigned corporation hereby submits the following Articles of Amendment for the purpose of amending its Articles of Incorporation.

1. The name of the corporation is: Wings, Inc

2. The text of each amendment adopted is as follows (*state below or attach*):

Article 1 :The name of the Coporation is Medic EMS-Wings Inc.

Article 4: The purpose or purposes for which the corporation is organized are to engage in all lawful activities for which corporations may be organized under NCGS 55A-3-01, including but not limited to the following: training regarding CPR,safety, computers, and all other activities of children, adolescents and adults,,, providing emergency medical services, natural or manmade disaster response medical care transport

3. The date of adoption of each amendment was as follows:

Article 1 amended and adopted April 26,2017

Article 4 amended and adopted April 26,2017

4. (*Check a, b, and/or c, as applicable*)

a. _____ The amendment(s) was (were) approved by a sufficient vote of the board of directors or incorporators, and member approval was not required because (*set forth a brief explanation of why member approval was not required*)

b. The amendment(s) was (were) approved by the members as required by Chapter 55A.

c. _____ Approval of the amendment(s) by some person or persons other than the members, the board, or the incorporators was required pursuant to N.C.G.S. §55A-10-30, and such approval was obtained.

5. These articles will be effective upon filing, unless a date and/or time is specified: _____

This the 26th day of April, 2017

Wings, Inc

Name of Corporation

Sharon A. Tolley

Signature

Sharon A Tolley Chairman

Type or Print Name and Title

Notes:

I. Filing fee is \$25. This document and one exact or conformed copy of these articles must be filed with the Secretary of State.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 12 2017

MEDIC EMS-WINGS INC
5 WEST HAVEN DRIVE
ARDEN, NC 28704

Employer Identification Number:
82-1749666
DLN:
17053172357037
Contact Person:
RAMACHANDRAN MANOHAR ID# 31344
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 16, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947



MEDIC DISPATCH CENTER AND 24 HOUR COVERAGE

MEDIC hosts its own Dispatch Center to ensure daily operations are effectively executed.

MEDIC is currently using Active 911 to dispatch units to calls for service and provide a record of dispatch for future reference. In the past calls that were dispatched to a MEDIC unit were also transferred to CAD Page and sent to MEDIC electronically allowing for better record keeping. Buncombe County has ceased this practice at this time making reconciliation difficult. We would encourage Buncombe County to resume this practice to ensure adequate record keeping, and delivery of important information to responding crews. Furthermore MEDIC has been issued permission by NC State to utilize and equip the VIPER Radio System. MEDIC needs to have these radios programmed by Buncombe County Commination's to ensure Communication Interoperability.

MEDIC can be contacted for service 24 hours a day 828-684-0287

Business Phone 828-681-98293

Buncombe County EOC Receives a Daily ICS 204 from MEDIC as to ensure compliance and availability of MEDIC Units.

MEDIC would be honored to place additional EMS Units in service for the service of Buncombe County Citizens in the future under contract



ASSIGNMENT LIST (ICS 204)

1. Incident Name: Medic Daily Assignments		2. Operational Period: Date From: 2-19-2015 Time From: 07:00		3. Date To: 2-19-2015 Time To: 23:00
				Branch: MEDIC
4. Operations Personnel: <u>Name</u>		<u>Contact Number(s)</u>		Division: EMS
Chief: Kermit Tolley 828-712-0184		BCEMS _____		Group:
Deputy Chief: Tonya Gibson 828-712-0186		828-684-0287 _____		Staging Area:
Supervisor:				
5. Resources Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Crew	Level of service	Contact (e.g., phone, pager, radio frequency, etc.)	System Status
MEDIC 41	J Taylor	P	828-xxx-xxxx	System Status
7:00 - 15:00	K McCarthy		828-xxx-xxxx	
MEDIC 81	A. Mandeville	P	843-xxx-xxxx	System Status
09:00 - 19:00	L Ryder		904-xxx-xxxx	
MEDIC 61	T Green	P	828-xxx-xxxx	System Status
15:00 - 23:00	K Kilby		828-xxx-xxxx	
MEDIC 21	K Tolley	P	828-xxx-xxxx	System Status
08:00 -	S Tolley		828-xxx-xxxx	Qtrs. South
6. Work Assignments				
Units may stay over scheduled time off if needed, please notify primary contact when doing same				
7. Resource Instructions:				
Four wheel drive units are on stand-by to be put in service with regular crews if needed				
8. Communications (radio and/or phone contact numbers needed for this assignment)				
<u>Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</u>				
Kermit Tolley	Chief	828-712-0184	BCEMS Dispatch	_____
Tonya Gibson	/Deputy Chief	828-712-0186	BCEMS Dispatch	_____
	/			_____
	/			_____



Federal Communications Commission
Wireless Telecommunications Bureau

Page 1 of 1
252

RADIO STATION AUTHORIZATION

Licensee: MEDICAL EMERGENCY AMBULANCE TRANSPORT INC

KERMIT TOLLEY
MEDICAL EMERGENCY AMBULANCE TRANSPORT
INC
PO BOX 1427
SKYLAND NC 28776

Call Sign WNYW346	File Number 0000811927
Radio Service IG - Industrial/Business Pool, Conventional	
Regulatory Status PMRS	

Grant Date 03-16-2002	Effective Date 03-16-2002	Expiration Date 03-19-2012	Print Date 03-18-2002
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STATION TECHNICAL SPECIFICATIONS

Fixed Location Address or Mobile Area of Operation

Loc. 1
Address
B W HAVEN DR
City
ARDEN
County
BUNCOMBE
State
NC
Lat (NAD83): 36-27-1.4 N
Long (NAD83): 82-31-9.4 W
ASR No.:
Ground Elev: 690.0

Loc. 2
Area of Operation
Other: 40 MIRA ARDEN NC

Antennas

Loc. No.	Ant. No.	Frequencies (MHZ)	Sta. Cls.	No. Units	No. Pagers	Emission Designator	Output Power (watts)	ERP (watts)	Ant. Ht./Tp meters	Ant. AAT meters	Construct Deadline Date
1	1	151.86500	FB	1	0	20K0F3E	100.000	100.000	8.0		
2	1	151.86500	NO	15	0	20K0F3E	80.000	100.000			

Control Points

Control Address
Pt. No.

1
B W HAVEN DR
City
ARDEN
County
State
NC
Telephone Number
(704)684-0287

1-888-225-5322



CITY - COUNTY BUREAU OF IDENTIFICATION

20 Davidson Drive
Asheville, North Carolina 28801

Phone 828-250-4665 Fax 828-250-6047

City-County ID - Centralized Data Entry



STATE OF NORTH CAROLINA
BUNCOMBE COUNTY

CRIMINAL RECORD CHECK
BUNCOMBE COUNTY RECORDS ONLY

IN THE MATTER OF:

NAME: **KERMIT TALMADGE TOLLEY JR**
DOB: **1/14/1966**
SEX: **M**
RACE: **WHITE**

This is to certify that I have searched the indexes of the City-County Bureau of Identification according to the information provided on the above captioned individual to determine:

- XXX** that **NO RECORD** was located on this person
- NO RECORD** within specified period (7yrs misdemeanor/traffic - 20yrs felony offenses)
- a record **WAS LOCATED** on this person

The criminal records in this office are indexed by name, DOB, and other identifying characteristics. This office cannot guarantee the records listed herein belong to the individual for whom such a record is sought.

The following is a summarization of the information contained in this office. Only offenses designated as criminal by the criminal code are included.

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
-------------	----------------	--------------------

NO RECORD LOCATED THIS DATE
CITY CO BUREAU OF IDENTIFICATION
PO DAVIDSON DR
ASHEVILLE NC 28801

Signature: *SB Hyatt*, ID Tech II
Date: Tuesday, December 09, 2014

From this date, unless otherwise requested, the above record reflects the past seven (7) years on misdemeanor and traffic offenses and the past twenty (20) years on felony offenses.

THE COUNTY OF BUNCOMBE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.



CITY - COUNTY BUREAU OF IDENTIFICATION

20 Davidson Drive
Asheville, North Carolina 28801

Phone 828-250-4665 Fax 828-250-6047

City-County ID - Centralized Data Entry



**STATE OF NORTH CAROLINA
BUNCOMBE COUNTY**

**CRIMINAL RECORD CHECK
BUNCOMBE COUNTY RECORDS ONLY**

IN THE MATTER OF:

NAME: TONYA LEIGH GIBSON TONYA LEIGH TOLLEY

DOB: 4/2/1974

SEX: F

RACE: WHITE

This is to certify that I have searched the indexes of the City-County Bureau of Identification according to the information provided on the above captioned individual to determine:

- that NO RECORD was located on this person
- NO RECORD within specified period (7yrs misdemeanor/traffic - 20yrs felony offenses)
- a record WAS LOCATED on this person

The criminal records in this office are indexed by name, DOB, and other identifying characteristics. This office cannot guarantee the records listed herein belong to the individual for whom such a record is sought.

The following is a summarization of the information contained in this office. Only offenses designated as criminal by the criminal code are included.

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
-------------	----------------	--------------------

Signature: *[Handwritten Signature]*, ID Tech II

Date: Tuesday, December 09, 2014

From this date, unless otherwise requested, the above record reflects the past seven (7) years on misdemeanor and traffic offenses and the past twenty (20) years on felony offenses.

THE COUNTY OF BUNCOMBE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES



CITY - COUNTY BUREAU OF IDENTIFICATION
 20 Davidson Drive
 Asheville, North Carolina 28801

Phone 828-250-4665 Fax 828-250-6047

City-County ID - Centralized Data Entry



STATE OF NORTH CAROLINA
 BUNCOMBE COUNTY

CRIMINAL RECORD CHECK
 BUNCOMBE COUNTY RECORDS ONLY

IN THE MATTER OF:

NAME: SHARON ANDERSON TOLLEY
 DOB: 5/19/1947
 SEX: F
 RACE: WHITE

This is to certify that I have searched the indexes of the City-County Bureau of Identification according to the information provided on the above captioned individual to determine:

- that NO RECORD was located on this person
- NO RECORD within specified period (7yrs misdemeanor/traffic - 20yrs felony offenses)
- a record WAS LOCATED on this person

The criminal records in this office are indexed by name, DOB, and other identifying characteristics. This office cannot guarantee the records listed herein belong to the individual for whom such a record is sought.

The following is a summarization of the information contained in this office. Only offenses designated as criminal by the criminal code are included.

DATE OFFENSE DISPOSITION

NO RECORDS LOCATED THIS DATE
 CITY CO BUREAU OF IDENTIFICATION
 20 DAVIDSON DRIVE
 ASHEVILLE, NC 28801

Signature: *SB Hyatt* , ID Tech II
 Date: Tuesday, December 09, 2014

From this date, unless otherwise requested, the above record reflects the past seven (7) years on misdemeanor and traffic offenses and the past twenty (20) years on felony offenses.

THE COUNTY OF BUNCOMBE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS PROGRAMS OR ACTIVITIES.



HARASSMENT/ANTI-DISCRIMINATION POLICY

I. General Policy and Guidelines

- A. This statement of Department policy has been developed to ensure that all employees are able to work in an environment free from any kind of unlawful discrimination or harassment, including sexual harassment.
- B. It has been a long-standing policy of The Department that all of its employees should be able to work in an environment free from all forms of unlawful harassment or discrimination, including sexual harassment.
- C. Medical Emergency Ambulance will not, nor tolerate from its employees any type of discrimination including but not limited to: race, color, Religion, sex, national origin, political affiliation, physical or mental disability, age, veteran status, genetic information, sexual orientation, gender identification nor any legally protected class under state or federal law present or future.

II. Harassment in General

- A. Comments or conduct directed at an employee's sex, national origin, religion, color, pregnancy, age, race, or disability which has the purpose or the effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile work environment will not be tolerated.

III. Sexual Harassment

- A. Purpose. As part of our continuing affirmative action efforts and pursuant to the guidelines of the Equal Employment Opportunity Commission ("EEOC") on sexual harassment, we reaffirm its long-standing policy. Accordingly, no employee in The Department shall engage in sexual activity or sexual harassment of any other employee either in The Department or outside of The Department, including travel for business purposes.
- B. Definition. The Department has adopted the EEOC's definition of sexual harassment. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature are considered to be sexual harassment when:
 - 1. Submission to such conduct is made either directly or indirectly a term or condition of employment;
 - 2. Submission to or rejection of such conduct is used as the basis for employment decisions which affect an employee;



Or

3. Such conduct has the purpose or the effect of unreasonably interfering with an employee's work performance or creating an intimidating, hostile or offensive work environment.

C. The following are some examples of conduct that may be considered sexual harassment and, therefore, are prohibited by this policy:

1. Repeated, unwelcome and offensive sexual flirtations, advances or propositions;
2. Continued or repeated verbal abuse of a sexual nature;
3. Continued or repeated graphic verbal commentaries about a person's body;
4. Display of sexually suggestive objects or pictures;
5. Continued or repeated suggestive sexual comments or remarks;
6. Continued or repeated insults, humor or jokes about a person's sex or traits relating to sex;
7. Continued or repeated touching, pinching or brushing a person's body.

D. Sexual harassment does not refer to occasional socially acceptable compliments. It refers to behavior that is unwelcome, personally offensive or sufficiently severe, or repeated that it alters the conditions of employment and creates an abusive working environment.

IV. Administration

- A. Employees who feel that they have been discriminated against or who have been subject to harassment, including sexual harassment (or any employee with direct knowledge of such incidents) **must immediately report such incidents to one of their supervisor or the Chief.** If you report in writing, please mark your envelope "Personal and Confidential."
- B. All information will be held in strict confidence and will be disclosed only on a need-to-know basis if necessary for the investigation and resolution of the matter. Allegations of discrimination and harassment, including sexual harassment, made in good faith will not be subject to disciplinary action, whether or not they can be substantiated.
- C. In determining whether the alleged conduct constitutes harassment, including sexual harassment, the totality of the circumstances, the nature of the harassment and the context in which the alleged incident or incidents occurred will be investigated promptly and thoroughly. Any employee found to be in violation of this policy will be subject to disciplinary action which may include reprimand, referral to EAP for education, training, suspension or dismissal.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM0411912	01-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,4	MLP-AMBULANCE SERVICE	02-20-2017
MED EMERGENCY AMBULANCE 5 WEST HAVEN DR STACE HORINE, DO ARDEN, NC 28704		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Registered Activity within schedule is restricted by your State.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
MM0411912	01-31-2020	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,4	MLP-AMBULANCE SERVICE	02-20-2017
MED EMERGENCY AMBULANCE 5 WEST HAVEN DR STACE HORINE, DO ARDEN, NC 28704		

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MEDIC is currently working through the Accreditation Process with the Commission on Accreditation of Ambulance Services which establishes the "GOLD STANDARD" for EMS Operations



MEDIC will be 1 of only 5 in NC State to receive this Honor.