Letter of Intent

Whittlesea Checker TAXI, INC. (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

Whittlesea Taxi Print Business Name	100 Sunshine Lane Address
Print Name and Title	Reno NV 89502 City State Zip Code
775-323-0503 Phone Number	775-785-3545 Fax Number
Signature	Date
Washoe Base County	Storey, Douglas Additional Counties of Service
70 Number of Ambulatory (Sedan) Vehicles	4 Number of Wheelchair Vehicles
24-7 Hours of Operation	

Are you:
A MBE, WBE or Disabled Veteran Certified? No

MTM, Inc., 16 Hawk Ridge Dr., Lake St. Louis, MO 63367-1829

- **What is your primary communication system with vehicles?** Please check all that may apply: 2-Way Radio Cellular Phone X Pager Mobil Data Terminals (computers) None

  If your response was none, would you consider purchasing a form of vehicle communication?
  Yes No

- **What is the name of your routing software that you use for routing and dispatch?**

  GPS

The applicant attests to the correctness/completeness of this questionnaire. All information is kept confidential.

Signature: _____

Date: _____

Letter of Intent

Ameritrans Medical Transportation, Inc. (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

Ameritrans Medical transportation, Inc. 7912 Coral Point Ave. Las Vegas, NV 89128

Print Business Name Address

Lawrence Yanez President 7912 Coral Point Ave. Las Vegas, NV 89128

Print Name and Title City State Zip Code

702 485 5545
Phone Number

Fax Number

Signature Date

Clark
Base County

Nye, Lincoln
Additional Counties of Service

Number of Ambulatory (Sedan) Vehicles

Two
Number of Wheelchair Vehicles

4AM - 7PM
Hours of Operation

Are you:
A MBE, WBE or Disabled Veteran Certified? NO

MTM, Inc., 16 Hawk Ridge Dr., Lake St. Louis, MO 63367-1829

Letter of Intent

MTC (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

Medical Transport Company — Print Business Name
141 N Gibson RD — Address
Travis Draney Operational manager — Print Name and Title
Henderson NV — City, State
89014 — Zip Code
702-367-7433 — Phone Number
702-433-7433 — Fax Number
Signature
11-22-11 — Date
Clark — Base County
Nye Lincoln — Additional Counties of Service
9 — Number of Ambulatory (Sedan) Vehicles
9 — Number of Wheelchair Vehicles
24-7 M-F 8Am 5pm for office — Hours of Operation

Are you:
A MBE, WBE or Disabled Veteran Certified? NO

Letter of Intent

_Tahoe Blue Transportations _ (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED

Tahoe Blue Taxi_____ _____Po box 572_____
Print Business Name Adress

Tahoe Blue Taxi_____ Carnelian bay_____Ca___ 96140 _____
_____
Print Name and Title City
State Zip Code

___5304486798_____ _____
Phone Number Fax Number

__Collin Granaroli_____ ___11/22/11_____
Signature Date

___Placer_____ _____
Base County Additional Counties of Service

_____2_____ _____1_____
Number of Ambulatory (Sedan) Vehicles Number of Wheelchair Vehicles

_____24/7_____
Hours of Operation

Letter of Intent

SchouVan Inc. (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

SchouVan Inc.
Print Business Name

4155 N. Rancho Dr #130
Address

Heather Schouweiler - owner
Print Name and Title

Las Vegas NV 89130
City State Zip Code

702-474-4729
Phone Number

702-474-4731
Fax Number

H. Schouweiler
Signature

11/9/11
Date

Clark
Base County

Additional Counties of Service

1
Number of Ambulatory (Sedan) Vehicles

10
Number of Wheelchair Vehicles

3am-12am
Hours of Operation

Are you:
A MBE, WBE or Disabled Veteran Certified? NO

Letter of Intent

Reno Tahoe Limousine (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

Reno Tahoe Limousine
Print Business Name

3200 Mill St. Suite A
Address

Darrell Wilson-Feldman Co-Owner
Print Name and Title

Reno
City

NV
State

89502
Zip Code

775-348-0868
Phone Number

775-348-0899
Fax Number

Signature

11-22-11
Date

Washoe
Base County

All Nevada + N. California
Additional Counties of Service

Number of Ambulatory (Sedan) Vehicles

Number of Wheelchair Vehicles

24 Hrs
Hours of Operation

Are you:
A MBE, WBE or Disabled Veteran Certified? _____

Letter of Intent

PAHRUMP VALLEY TAXI INC (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

PAHRUMP VALLEY TAXI IN — Print Business Name

3301 W BASIN AVE — Address

BARBARA TENNANT - OFFICE MANAGER — Print Name and Title

PAHRUMP — City

NV — State

89060 — Zip Code

(775) 727-8109 — Phone Number

(775) 727-3987 — Fax Number

Barbara Tennant — Signature

NOV-17-2011 — Date

NYE — Base County

CLARK — Additional Counties of Service

3 — Number of Ambulatory (Sedan) Vehicles

1 — Number of Wheelchair Vehicles

OFFICE 8 AM to 4 PM 24/7 TRANSPORTATION — Hours of Operation

Are you:
A MBE, WBE or Disabled Veteran Certified? NO

Letter of Intent

___Reno Sparks Cab Co. And Capitol Cab Co___ (Transportation Provider) would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with Medical Transportation Management, Inc., a mutually acceptable subcontract for participation in their non-emergency transportation (NET) program, following their successful award of a NET brokerage contract in the Transportation Provider's service area.

1) In the event Medical Transportation Management, Inc. is the successful awardee of the NET brokerage contract, the Transportation Provider understands and agrees in principle to the Transportation Provider's obligation to support the NET program with transportation-related resources. The Transportation Provider understands the subcontract will incorporate all of the terms and provisions required by the brokerage contract.

2) The Transportation Provider will be responsible for the preparation and submittal of all required certifications, with proper signatures by persons with signatory authority in the Transportation Provider's organization, as may be required to comply with local, state, and/or federal regulations for participation in the NET program.

3) Both Medical Transportation Management, Inc. and the Transportation Provider shall diligently work cooperatively to provide high-quality service to NET clients and to otherwise ensure successful implementation of the NET program.

Please indicate your acceptance and execution of the terms of this Letter of Intent by placement of a signature by an authorized representative of your organization below. (By signing this letter, the Transportation Provider is not precluded from signing similar agreements with other NET broker candidates.)

AGREED AND ACCEPTED:

___Reno Sparks Cab Co._475 Gentry Way Reno, Nv 89502_____

Print Business Name — Address

___Frank L Street GM_____ Reno____ _____Nevada_____ 89502

Print Name and Title — City — State — Zip Code

___775-333-3322 #301_____ 775-333-3319_____

Phone Number — Fax Number

_____ 11.22.2011

Signature — Date

____Washoe_____

Washoe County, Carson, Douglas, Story, church hill and Lyon Counties

Base County — Additional Counties of Service

_____85_____ 5

Number of Ambulatory (Sedan) Vehicles — Number of Wheelchair Vehicles

_____24_____

Hours of Operation

Are you:
A MBE, WBE or Disabled Veteran Certified? _____No_____