CAPE FEAR REGIONAL TRANSPORT, INC.
dba: MILLER AMBULANCE SERVICE
609 Carolina Avenue Yadkinville, NC 27055 Phone: 336.677.3000; 844.327.9611
Fax: 336.677.1113
www.millerambulanceservice.com

Application for a Franchise to operate an Ambulance Service in Caldwell County

(A) Legal Name:
Cape Fear Regional Transport, Inc
dba: Miller Ambulance Service
609 Carolina Avenue
Yadkinville, NC 27055
Phone: 336.677.3002
844.327.9611 Fax: 336.677.1113
Owner: Gary W Miller

(B) Trade or Fictitious Names:
None

(C) Training and medical care of patients:
All personnel who provide patient care are licensed by the State of North Carolina OEMS as a Paramedic, EMTA, EMT, EMTR and are registered with OEMS.

(D) Ambulance Certification:
Attached.

(E) Operation Location:
Caldwell Memorial Hospital
dba UNC Health Caldwell
321 Mulberry St SW
Lenior, NC 28645

(F) NA

(G) Level of Service:
ALS/BLS non-emergent and emergent (as the need arise) and ventilator service for UNC Health Caldwell. All transports will be scheduled by UNC Health Caldwell through Miller Ambulance Service dispatch.

(H) Other Information:
Cape Fear Regional Transport, Inc (CFRT) started as a non-emergency medical transport (NEMT) company in Fayetteville, NC in June of 2006. It began transporting wheelchair/Geri-Chair and ambulatory clients in August of 2006. CFRT moved its operation to Yadkin County in January of 2007 serving Davie, Forsyth, and Yadkin counties, averaging 22,000 transports per year between the three counties. CFRT transported clients on regular basis to Boone, Chapel Hill, Charlotte, Durham, Mt Airy, Salisbury, Statesville, Wilkesboro, and Winston-Salem. CFRT ended these transports as of June 30, 2020, to focus completely on the ambulance side of the business.

Miller Ambulance Service (MAS) operates as a dba of Cape Fear Regional Transport, Inc. and was licensed in January 2016. MAS is an Advanced Life Support Agency with the capability of transporting ventilator patients (the company currently has 3 ventilators). Dr. Jason Edsall serves as the medical director for MAS, in addition to Yadkin County EMS, and Surry County EMS.

MAS began transporting patients on February 1st, 2016, specializing in long distance ambulance transport. Meaning, the point of pick-up and the destination are in different counties.

MAS operates under the Yadkin County EMS System Plan. The company is also contracted with Northern Regional Hospital in Mt Airy, NC, and Frye Regional Hospital in Hickory, NC to provide ALS & BLS transports from 9:00am until 9:00pm Monday through Saturday.

MAS's main office is in Yadkinville, NC. The company moved into its new 7,000 square foot facility in January of 2020. MAS currently operates 6 trucks (ambulances).

The company web page is millerambulanceservice.com

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Service Regulation

ROY COOPER · Governor
MANDY COHEN, MD, MPH · Secretary
MARK PAYNE · Director

1/3/2022

Gary Miller
Miller Ambulance Service
609 Carolina Ave
Yadkinville, NC 27055

Dear Gary,

Your application to operate as a licensed emergency medical service provider has been approved. According to our record, Miller Ambulance Service is affiliated with the Yadkin County EMS System. Please review the license to ensure that the information is correct. Your license should be permanently displayed at the primary provider base, additional copies of the license are acceptable to be displayed in satellite and/or other locations.

Thank you for you continued support and feel free to call upon us if we can assist you in any way.

Sincerely,

Tom Mitchell, Chief
Office of Emergency Medical Services

Cc: Keith Vestal, EMS System Administrator
Wally Ainsworth, NCOEMS CRO Manager
Anthony Davis, NCOEMS CRO Regional Specialist

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 Statue 131E-155.1 and the rules of the North Carolina Medical Care Commission for the licensing of EMS Agencies.

Miller Ambulance Service

is hereby issued an EMS Agency License

This License, Number 1861, expires the last day of January, 2028

Division of Heath Service Regulation

Office of Emergency Medical Services

FILED
YADKIN COUNTY NC
ARIC WILHELM
REGISTER OF DEEDS

FILED	Jul 13, 2022
AT	10:34:12 am
BOOK	01362
START PAGE	0551
END PAGE	0551
INSTRUMENT #	03310
EXCISE TAX	(None)

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)

Please print legibly.

1. The assumed business name is: Miller Ambulance Service

   (You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is: Cape Fear Regional Transport, Inc
   SOSID: 0851660?

   (Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: Ambulance Service

4. The street address of the principal place of business is: (PO Boxes are not acceptable)
   609 Carolina Av Yadkinville, NC 27055

5. The mailing address, if different from the street address, is:
   609 Carolina Av Yadkinville, NC 27055

6. The counties where the assumed business name will be used to engage in business are:
   ☑ All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above, this 13th day of July, 2022

Signature: Gary Miller

Printed/Typed Name: Gary Miller

Title: President

(See instructions for who must sign for various business entity types.)

BUSINESS CORPORATION ANNUAL REPORT

1/6/2022

NAME OF BUSINESS CORPORATION: **Cape Fear Regional Transport, Inc.**

SECRETARY OF STATE ID NUMBER: **0851667** STATE OF FORMATION: NC

REPORT FOR THE FISCAL YEAR END: 12-31-23

Filing Office Use Only

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Gary W. Miller

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY
3528 Brentwood Drive
Gastonia, NC 28056 Gaston

4. REGISTERED AGENT OFFICE MAILING ADDRESS
3528 Brentwood Drive
Gastonia, NC 28056 Gaston

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: **Non-Emergency Transport Service**

2. PRINCIPAL OFFICE PHONE NUMBER: (704) 907-8063

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS
3528 Brentwood Drive
Gastonia, NC 28056 Gaston

5. PRINCIPAL OFFICE MAILING ADDRESS
3528 Brentwood Drive
Gastonia, NC 28056 Gaston

6. Select one of the following if applicable. (Optional see instructions)

☐ The company is a veteran-owned small business

☐ The company is a service-disabled veteran-owned small business

SECTION C: OFFICERS (Enter additional officers in Section E.)

NAME: Gary Miller	NAME:	NAME:
TITLE: President	TITLE:	TITLE:
ADDRESS: 3528 Brentwood Drive Gastonia, NC 28056 Gaston	ADDRESS:	ADDRESS:

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Gary Miller — SIGNATURE — 02/13/24 — DATE

Form must be signed by an officer listed under Section C of this form.

Gary Miller — Print or Type Name of Officer — President — Print or Type Title of Officer

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF $25

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

CAPE FEAR REGIONAL TRANSPORT, INC.

2 Business name/disregarded entity name, if different from above

DBA: MILLER AMBULANCE SERVICE

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

609 Carolina Ave.

Requester's name and address (optional)

6 City, state, and ZIP code

Yadkinville, NC 27055

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

2	0	–	5	0	6	0	8	2	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 01 / 22 / 24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Miller Ambulance Service

	VIN	Model Year	Unit Name	Status	Permit	Expiration	Level	Permit Type
1	1GB6GUCL5G1260874	2016	303	In Service	NC005863	9/30/2025	Parmedic	Permanent
2	1FDUF4GT8JEC93556	2018	305	In Service	NC004143	10/31/2024	Parmedic	Permanent
3	1FDRS4XG1LKB75213	2020	306	In Service	NC005864	5/31/2025	Parmedic	Permanent
4	3C7WRLCL4NG262293	2022	307	In Service	NC006127	8/31/2024	Parmedic	Permanent
5	1FDRS4XG2NKA54404	2022	308	In Service	NC006062	1/31/2025	Parmedic	Permanent