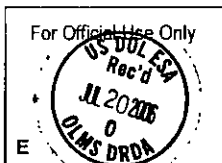


FORM LM-20

AGREEMENT AND ACTIVITIES REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: C-607
C- NONE GIVEN YET

Person Filing JOSHUA S BARKLEY	
2. Name and mailing address (include ZIP Code): Name JOSHUA S. BARKLEY Title Internal Organizing Committee CHAIRMAN Organization PROFESSIONAL MEDICAL TRANSPORT INDEPENDENT CERTIFIED EMERGENCY PROFESSIONALS P.O. Box, Bldg., Room No., if any Street 11417 E DECATUR ST City MESA ARIZONA State ARIZONA ZIP Code + 4 85207	3. Any other address where records necessary to verify this report are kept: Name Title Organization P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4
4. Date fiscal year ends: /	5. Type of person: a. <input checked="" type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify):

Nature of Agreement or Arrangement	
6. Full name and address of employer with whom made (include ZIP Code): Name PROFESSIONAL MEDICAL TRANSPORT Organization BOB RAMSEY, PATRICK CANTEME Trade Name, if any PIHT Ambulance, not Public P.O. Box, Bldg., Room No., if any P.O. Box 6063 Street City PHOENIX ARIZONA State ARIZONA ZIP Code + 4 85082	7. Date entered into: JULY 17th / 2006 8. Name of person(s) through whom made: Name BOB RAMSEY Name PATRICK CANTEME Name JOSHUA BARKLEY Name Name

Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed Joshua S Barkley
Title President CHAIRMAN

President
(If other title, see
instructions)

14. Signed _____
Title Treasurer

Treasurer
(If other title, see
instructions)

On July 7th, 2006 480-213-6777
Date Telephone Number

On _____
Date Telephone Number

Filer:

File Number C-

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

SEE ATTACHED

Specific Activities to be Performed

11. For each activity, separately list in detail the information required (See instructions):

- a. Nature of activity: THE TWO PARTIES HAVE ENTERED INTO A collective bargaining AGREEMENT, currently brough before the employees of Professional Medical Transport for Approval and to persuade to vote "YES" to HAVE THE newly formed "INDEPENDENT CERTIFIED EMERGENCY PROFESSIONALS" represent them in FUTURE CONTRACT NEGOTIATIONS

11.b. Period during which performed:

July 11th 2006 - July 30th 2007

11.c. Extent performed:

PENDING - NEAR completion

11.d. Name and address through whom performed:

Name Joshua S. BARKER
 Organization Independent Certified Emergency Professionals
 P.O. Box, Bldg., Room No., if any
 Street 11417 E DECATUR ST
 City MESA
 State ARIZONA ZIP Code + 4 85207

Additional Name and address through whom performed, if any:

Name TRAVIS YATES
 Organization Independent Certified Emergency Professionals
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

12.a. Identify subject groups of employees:

FIELD EMT'S, FEMTS Paramedics AND NURSES that are employed full time with PMT Ambulance

12.b. Identify subject labor organizations:

INDEPENDENT CERTIFIED EMERGENCY PROFESSIONALS



**Independent Certified Emergency
Professionals of Arizona**


To: Professional Medical Transport Administration
From: Joshua Barkley, IOC Chairman
Date: July 7, 2006
Subject: Letter of Acceptance

Dear Sirs:

After a long process of organizing PMT employees into a legitimate Labor Organization, we feel we have completed the process and wish now to move into the negotiations stage. We respectfully submit a request that the PMT organization recognizes the Independent Certified Emergency Professionals of Arizona, as the sole bargaining agent of and for, any full time field paramedics, EMT's, IEMT's, and registered nurses, but to exclude administrative staff individuals, support services or personnel not directly operating in the field as an EMS provider.

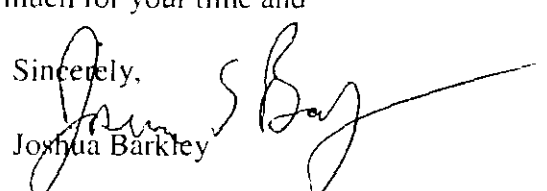
You have previously been notified of our intent to organize under the IAFF banner, however we have changed direction at this time and have organized without any International affiliates. We feel that this approach is best for all parties involved and will lead to a professional negotiating atmosphere between the I.C.E.P (formally known as the "PMT International Organizing Committee) the sole bargaining rights for PMT employees, as outlined above. This will enable us to file documents with the Department of O.L.M.S. (Office of Labor Management Standards) as a legitimate bargaining agent and labor union.

We are following the definitions of the National Labor Relations Act to give PMT employees, to be referred to as "members", the right to associate or not to associate with the newly formed Bargaining Group know as the I.C.E.P. We fully intend to operate as a professional group representing the members as a no-strike, Private EMS and General Transport agency. We will represent workers that will be competing in Maricopa County, Arizona, for 911 Emergency Transport contacts with, no-strike Municipal entities and the public servants who represent them. Your signatures below will allow all this to happen without further distraction. Thank you very much for your time and consideration.


Bob Ramsey, President of PMT


Pat Cantelme, CEO of 911 Operations

Sincerely,


Joshua Barkley