

Ramsey Emergency Services, Inc.

Application for a certificate of local  
authority to operate as a provider of  
telecommunications services in all  
areas in the State of Illinois.

## **APPENDIX G**



# OFFICE OF THE SECRETARY OF STATE

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JESSE WHITE • Secretary of State

MAY 11, 2004

6356-210-6

RICHARD W HIRD  
11900 SCOLLEGE BLVD, STE 310  
OVERLAND APRK, KS 66210

RE RAMSEY EMERGENCY SERVICES, INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD

FORM BCA 13.15 (rev. Dec. 2003)  
**FILED**  
 APPLICATION FOR AUTHORITY TO  
 TRANSMIT BUSINESS IN ILLINOIS  
 Business Corporation Act  
**MAY 11 2004**

Jesse White, Secretary of State JESSE WHITE  
 Department of Business Services SECRETARY OF STATE  
 Springfield, IL 62758  
 Telephone (217) 782-1834  
 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State. 6356-210-6 File #  
**SEE NOTE 1 CONCERNING PAYMENT!**

Filing Fee \$ 150.00 Franchise Tax \$ 25.00 Penalty/Interest \$ — Total \$ 175.00 Approved: [Signature]  
 Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. (a) CORPORATE NAME: Ramsey Emergency Services, Inc. [Signature]  
 (Complete item 1 (b) only if the corporate name is not available in this state.)  
 (b) ASSUMED CORPORATE NAME: \_\_\_\_\_  
 (By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. State or Country of Incorporation Iowa ✓ Date of Incorporation Aug 04, 2000 Period of Duration Perpetual ✓

3. (a) Address of the principal office, wherever located: Ramsey Emergency Services, Inc  
815 S. Highland  
Williamsburg, Ia 52361  
 (b) Address of principal office in Illinois: (If none, so state)  
Ramsey Emergency Services, Inc  
409 S. main  
Shiloh, IL 62269

4. Name and address of the registered agent and registered office in Illinois.  
 Registered Agent: Michael L. Ramsey ✓  
First Name Middle Initial Last name  
 Registered Office: 409 S. main  
Shiloh, IL 62269 St. Clair  
Number City Street ZIP Code Suite # County (A.P.O. Box alone is not acceptable) 1082

5. States and countries in which it is admitted or qualified to transact business: (Include state of incorporation) Iowa ✓

6. Name and addresses of officers and directors: (If more than 3 directors and/or additional officers, attach list.) ✓

	Name	No. & Street	City	State	ZIP
President	<u>Michael L. Ramsey</u>	<u>304 Westwood Dr.</u>	<u>Williamsburg, Ia</u>	<u>IA</u>	<u>52361</u>
Secretary	<u>Terry J. Ramsey</u>	<u>304 Westwood Dr.</u>	<u>Williamsburg, Ia</u>	<u>IA</u>	<u>52361</u>
Director	<u>Michael L. Ramsey</u>	<u>304 Westwood Dr.</u>	<u>Williamsburg, Ia</u>	<u>IA</u>	<u>52361</u>
Director					
Director					

7. The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this state: (If not sufficient space to cover this point, add one or more sheets of this size)

*Installation of 911 systems and maintenance and support of database for local governmental units.*

*045*

8. Authorized and issued shares:

Class	Series	Par Value	Number of Shares Authorized	Number of Shares Issued
<i>Common</i>			<i>100,000</i>	<i>100</i>

(If more, attach list)

9. Paid-in Capital: \$ *500* *1594117*  
 ("Paid-in Capital" replaces the terms Stated Capital & Paid-in Surplus and is equal to the total of these accounts.)

10. (a) Give an estimate of the total value of all the property\* of the corporation for the following year: \$ *50,000*
- (b) Give an estimate of the total value of all the property\* of the corporation for the following year that will be located in Illinois: \$ *1,000*
- (c) State the estimated total business of the corporation to be transacted by it everywhere for the following year: \$ *120,000*
- (d) State the estimated annual business of the corporation to be transacted by it at or from places of business in the State of Illinois: \$ *100,000*

11. Interrogatories: (Important - this section must be completed.)

- (a) Is the corporation transacting business in this state at this time? *Yes*
- (b) If the answer to item 11(a) is yes, state the exact date on which it commenced to transact business in Illinois: *2/1/01*

12. This application is accompanied by a certified copy of the articles of incorporation, as amended, duly authenticated, within the last ninety (90) days, by the proper officer of the state or country wherein the corporation is incorporated.

13. The undersigned corporation has caused this application to be signed by a duly authorized officer, who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.)

Dated *March 10*, *2004* *Ramsey Emergency Services, Inc*  
(Exact Name of Corporation)  
(Month & Day) (Year)  
  
(Any Authorized Officer's Signature)  
*Michael L. Ramsey, President*  
(Print Name and Title)

\* PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.