

# Air Medical Group Holdings, Inc. Certification Form

## A. BASIC IDENTIFICATION DATA

Name of Bondholder / Prospective Investor / Broker-Dealer / Securities Analyst

Address (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
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Brief Description of Business

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Email Address:

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Type of Business Organization

corporation                     
  Limited partnership, already formed                     
  Other (please specify):

Business trust

## B. INFORMATION FOR BONDHOLDERS / PROSPECTIVE INVESTORS

1. Broker / DTC Participant Name .....
2. Broker / DTC Participant Number .....
3. Debt Holding (Amount of type of notes (144A / Reg S).....
4. Other Relevant Information .....

## C. INFORMATION FOR BROKER - DEALERS / SECURITIES ANALYSTS

Name of Associated Broker or Dealer

Business or Residence Address (Number and Street, City, State, Zip Code)

Reason for requesting Air Medical information:

### SIGNATURE

I am being granted access to certain financial information of Air Medical Group Holdings, Inc. I understand that my access to this site is subject to the following conditions:

All of the financial information of Air Medical Group Holdings, Inc. (the "Company") is considered confidential. I agree that I will use such information solely for the purpose of administrating and evaluating my employer's investment or potential investment (if applicable) in the Company's securities, keep such information strictly confidential, and not disclose such information to any other person in any manner, except to the extent that disclosure of such information has been previously consented to in writing by the Company, is required by applicable law, regulatory or legal process or is made to the directors, officers, employees, affiliates, financing parties or advisors of my employer and to any representatives of such advisors, solely for the purpose of administrating and evaluating the Company's securities. I will maintain the information in confidence and will not disclose any of the information to others except as expressly permitted by this section.

The person named above has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Name of Applicable Entity (Print or Type)	Signature	Date
Name of Signer (Print or Type)	Title of Signer (Print or Type)	