

**APPLICATION
FOR
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**

Pursuant to Section 21-166, Hernando County Code of Ordinances, applicants for a Certificate of Public Convenience and Necessity must provide the following information. Please complete the form in its entirety. *Note: extra space is provided in number 14.*

1. Name and business address of owner or operator of the Advanced Life Support (ALS) or Basic Life Support (BLS) service, or proposed service:

Rocky Mountain Holdings, LLC 2/3A Bayflite

4375 NE 48th AVENUE

Gainesville, FL 36209

2. Name under which the applicant will operate: Bayflite

3. List names and addresses of all officers, directors, and shareholders of applicant:

See ATTACHMENT 1

4. Territory which the applicant desires to serve: All Areas w/in Hernando County
number of vehicles 3 and brief description of each vehicle as indicated below:

	Vehicle #1	Vehicle #2	Vehicle #3
a. Type of vehicle:	<u>See ATTACHMENT 2</u>		
b. Make & Model:			
c. Year:			
d. Mileage:			
e. VIN:			
f. Aviation/Marine Registration Nr.			

- g. Passenger capacity: _____
- h. Size & gross weight: _____
- i. Identifying Markings: _____
- j. Color Scheme: _____
5. Location and description of each place from which applicant's service is intended to operate:
See ATTACHMENT 3
6. Training and experience of the applicant in the transportation and care of patients:
See ATTACHMENT 4
7. Names and addresses of three (3) county residents available as references:
a. Name: See ATTACHMENT 5
b. Street: _____
d. City, St, Zip: _____
e. Phone: _____
8. In the event that the application shall be granted and prior to its effectiveness, applicant shall provide copies of public liability, property damage and malpractice insurance or a surety bond conditioned for the payment and satisfaction of any final judgment as required or provided for in this article and chapter 401, Florida Statutes. See ATTACHMENT 6
9. Applicant certifies that it will provide continuous service on a 24-hour/day, seven-day-week- basis, and the minimum level of patient care rendered and/or available will always be advanced life support, with the exceptions of disasters or extraordinary circumstances, (advanced life support applicants only).
See ATTACHMENT 7
10. The applicant may provide any other information that the board deems necessary bearing on the applicant's capabilities, character, past experiences, or any other factors that indicate applicant's qualifications for issuance of a Certificate of Need.
See ATTACHMENT 8
11. During the past five (5) years, or other relevant time period, has the applicant or any of its officers, agents, or employees, been sued for any reason on account of rendering inappropriate care regarding BLS or ALS services? If so, please describe and indicate whether any judgments were rendered against applicant, its officers, employees, or agents and the amount of any such judgment.
NONE
12. Please list the name of each employee or applicant at the time of this application that will be providing BLS or ALS services under the Certificate of Need as indicated below:
See ATTACHMENT 9

Name	Date Employed	Certificate Held	Certificate Number

13. State if during the last five (5) years, or other relevant time period, if applicant has received any disciplinary notices or actions from the Department of HRS for violation of any Florida Statutes or administrative rule regarding the provisions of BLS or ALS Services. For each violation or notice, please provide the outcome and the measures taken to correct the violation.

Violation or Notice	Corrective Actions
<u>NONE</u>	<u>n/a</u>

14. The space below is provided for additional information that would not fit in the space provided above. Please refer to the question number that you are responding to and attach to this application. You may attach additional sheets as necessary.

Number	<u>n/a</u>
Number	<u>n/a</u>
Number	
Number	
Number	

15. I/we have answered all questions truthfully and fully to the best of my/our knowledge.

By: James Berg By: _____
 Printed name James Berg Printed name _____

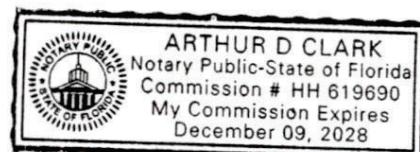
STATE OF FLORIDA
 COUNTY OF Hillsborough

Sworn to and subscribed before me this 24th day of November, by
James Berg who is personally known to me or has produced Drivers license
 as identification.

Arthur Clark

(Signature of Notary Public - State of Florida)

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Attachment 1

- List of Officers

Rocky Mountain Holdings, LLC

Officers	Title	Address	Phone
Robert Hamilton	President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Jonathan Cook	Vice President	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Christopher Brady	Secretary	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Mark Smolenski	CFO and Treasurer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400
Patricia Kloehn	Vice President and Chief Revenue Officer	5500 S. Quebec Street, Suite 300 Greenwood Village, CO 80111	(303)792-7400

Attachment 2

- Aircraft Description

Bayflite Aircraft Information

Vehicle	Bayflite 2	Bayflite 3	Bayflite 4
Make	Airbus	Airbus	Airbus
Model	EC135 P2+	EC135 P2+	EC135 P2
Year	2008	2008	2004
VIN	0671	0697	0344
FL ALS Permit	2042	2066	1372
Aviation Tail Number	N163BF	N527BF	N912BF
Passenger Capacity	6 Max	6 Max	6 Max
Size and Gross Weight	39.7' L x 6'W x 11' H 39' rotor diameter - 6,415 lb	39.7' L x 6'W x 11' H 39' rotor diameter - 6,415 lb	39.7' L x 6'W x 11' H 39' rotor diameter - 6,415 lb
Markings	N163BF - Bayflite	N527BF - Bayflite	N912BF - Bayflite
Color Scheme	White/Black/Teal/Grey	White/Black/Teal/Grey	White/Blue/Red/Black

Attachment 3

- Location of Facilities

Bayflite Locations

Bayflite 2

400 Airport Avenue East

Venice, FL 34285

Located at Venice Municipal Airport

Staffed with One EC135 Aircraft, Pilot, Paramedic, Nurse and Mechanic

Bayflite 3

3051 West Dr. Martin Luther King Jr. Blvd.

Tampa, FL 33607

Located at St. Joseph's Hospital

Staffed with One EC135 Aircraft, Pilot, Paramedic, Nurse and Mechanic

Bayflite 4

3528 South Airport Road

Inverness, FL 34450

Located at Inverness Airport

Staffed with One EC135 Aircraft, Pilot, Paramedic, Nurse and Mechanic

Attachment 4

- Training and Experience

Training and Experience of applicant in the transport and care of the patient

Bayflite has been serving the communities of west coast Florida since November 1986.

Every Bayflite transport is staffed with a very experienced critical care nurse, EMS paramedic and skilled pilot.

- Our crews average 10 years' experience
- Pilots have over 3000 hours of flight time
- Air crews undergo comprehensive initial and recurrent annual training utilizing high fidelity simulation, observation and demonstration of their advanced skills set
- Each paramedic is required to hold the following minimum certifications:
 - FL-EMT-P
 - Neonatal Resuscitation (NRP)
 - Pediatric Advanced Life Support (PALS)
 - Advanced Cardiac Life Support (ACLS)
 - Basic Life Support (BLS)
 - Pre-hospital Trauma Life Support (PHTLS)
 - Certified Flight Paramedic (FPC)
- Each Nurse is required to hold the following minimum certifications:
 - FL-RN
 - Neonatal Resuscitation (NRP)
 - Pediatric Advanced Life Support (PALS)
 - Advanced Cardiac Life Support (ACLS)
 - Basic Life Support (BLS)
 - Pre-hospital Trauma Life Support (PHTLS)
 - Advanced certification such as:
 - CCRN, CEN, CFRN

Attachment 5

- Names and Address of County Residents

Cameron Catasus
312 Hollow Oak Ct
Spring Hill, FL 34609
352-303-8104

Hector Nieves
15792 Oakcrest Circle
Brooksville, FL 34604
727-422-0932

Brian Swartz
17743 Caufield Road
Spring Hill, FL 34610
727-415-5356

Attachment 6

- Insurance Documents

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000020

Entity Name: ROCKY MOUNTAIN HOLDINGS, L.L.C.**Current Principal Place of Business:**5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111**Current Mailing Address:**5500 SOUTH QUEBEC STREET
GREENWOOD VILLAGE, CO 80111 US**FEI Number:** 87-0533822**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	AIR METHODS, LLC
Address	5500 SOUTH QUEBEC STREET
City-State-Zip:	GREENWOOD VILLAGE CO 80111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN COOK**VICE PRESIDENT**

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
12/05/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Willis Towers Watson Insurance Services West, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

INSURED
Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof
5500 S. Quebec St., Ste #300
Greenwood Village, CO 80111

CONTACT WTW Certificate Center NAME: PHONE (A/C, No. Ext): 1-877-945-7378		FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@wtwco.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lexington Insurance Company		19437
INSURER B: Illinois Union Insurance Company		27960
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGE

CERTIFICATE NUMBER: W42078795

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						COMBINED SINGLE LIMIT (Ea accident)	\$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person)	\$
	OTHER:						BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	AUTOMOBILE LIABILITY						EACH OCCURRENCE	\$
	ANY AUTO						AGGREGATE	\$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>							\$
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>							
	UMBRELLA LIAB		OCCUR					
	EXCESS LIAB		CLAIMS-MADE					
	DED		RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A				PER STATUTE	OTHE- R
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>						E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Medical Professional Liability & Prod./Com. Ops Liab			6799503	04/27/2025	04/27/2026	Aggregate Limit	\$1,000,000
							Each Claim	\$1,000,000
							Each Claim Deductible	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Complete Named Insured:

Air Methods LLC and its affiliates including all wholly owned entities LLC's, subsidiaries, affiliated, associated controlled or allied companies, corporations, or firms as now or hereafter constituted for which the Named Insured has responsibility for placing insurance and for which similar coverage is not otherwise or more specifically provided.

SEE ATTACHED

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Insurance Services West, Inc.	NAMED INSURED Air Methods Corporation, Tri-State Care Flight, LLC and/or any associated, subsidiary, affiliated, managed, owned, or controlled companies or entities thereof 5500 S. Quebec St., Ste #300 Greenwood Village, CO 80111	
POLICY NUMBER See Page 1		
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

INSURER AFFORDING COVERAGE: Illinois Union Insurance Company

NAIC#: 27960

POLICY NUMBER: XFLG7252066A005 EFF DATE: 04/27/2025 EXP DATE: 04/27/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Each Claim	\$1,000,000
	Aggregate	\$5,000,000

INSURER AFFORDING COVERAGE: Lexington Insurance Company

NAIC#: 19437

POLICY NUMBER: 6799505 EFF DATE: 04/27/2025 EXP DATE: 04/27/2026

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Excess Med. Professional	Aggregate	\$4,000,000
	Each Claim	\$4,000,000



**Willis Towers Watson Northeast, Inc.
d/b/a Willis Aerospace**

200 Liberty Street, 6th Floor
New York, NY 10281

CERTIFICATE OF INSURANCE

This is To Certify To:

Hernando County
Board of County Commissioners
15470 Flight Path Drive
Brooksville, FL 34604

(Sometimes referred to herein as the Certificate Holder(s))

That the insurers listed, each for their own part, and not one for the other, are providing the following insurance:

NAMED INSURED	Air Methods LLC , et al, and Enchantment Aviation, Inc. dba Southwest Air Ambulance, dba Southwest Med Evac, CHPPR Holdings Inc., CHPPR GuarantorCo Inc., CHPPR MidCo Inc., CHPR AcquisitionCo Inc., ASP AMC Intermediate Holdings, LLC, Air Methods Telemedicine, LLC, AirMD, LLC, dba LifeSave, dba LifeSave Kupono, and/or any associated, subsidiary, affiliated, managed, owned or controlled companies or entities appearing above, or any company or entity for whom the Insured has agreed to be responsible for.
ADDRESS	5500 S. Quebec St., Suite 300 Greenwood Village, CO 80111
COVERAGES	Aircraft Hull and Liability and Aviation General Liability Insurance
TERRITORY	Worldwide
POLICY PERIOD	July 1, 2025 to July 1, 2026 on both dates at 12:01 AM LST
EQUIPMENT	Any and all aircraft operated by the Named Insured including the aircraft specifically listed on the Fleet and/or Equipment Schedule below.
INSURERS	Starr Indemnity & Liability Company and other US and Lloyds Companies – 100% (For more detailed SECURITY (the “Insurers”) information, please see Addendum 0001)

LIMITS OF LIABILITY	
	Aircraft Liability and Aviation General Liability
Combined Single Limit for Bodily Injury, Personal Injury and/or Property Damage:	USD \$50,000,000 per occurrence. Personal Injury is sub limited to USD \$25,000,000 any offense and in the aggregate.
including AVN52 (War Liability), the sublimit is:	USD \$50,000,000 per occurrence and in the aggregate, except with respect to passengers which the full policy limit to apply (this limit is included within the policy limit and not in addition to).
Additional Coverages:	NA



SPECIAL PROVISIONS

Subject always to the scope of the policies noted above and all the policies' declarations, insuring agreements, definitions, terms, conditions, limitations, exclusions, deductibles, warranties and endorsements thereof remaining paramount: Solely as respects: (i) The Coverage(s) noted above; (ii) the Contract(s) (and then only to the extent of the Named Insured's obligation to provide insurance under the terms of the Contract(s)); and (iii) the operations of the Named Insured; the following provision(s) apply(ies):

The use of the terms "Additional Insured" / "Additional Insureds", when used in the context of coverages other than Liability Coverage(s), are solely for the purpose of identifying parties and does not, by virtue of the use of these terms, convey any benefits or rights not provided for under the policies.

Solely as respects Liability Coverage(s) and Solely when Required by Contract: Certificate Holder(s) Hernando County Board of County Commissioners is/are included as Additional Insureds (collectively, the Additional Insureds, individually, an Additional Insured) as their respective interests may appear, warranted no operational interest. The insurance extended by this policy shall not apply to, and the Certificate Holder shall not be insured for bodily injury or property damage which arises from the design, manufacture, modification, repair, sale, handling or servicing of the aircraft by the Certificate Holder.

Solely as respects Physical Damage Coverage(s): Insurers waive their rights of subrogation against the Additional Insureds but only to the same extent that the Named Insured has waived its rights of recovery against and/or indemnified the Additional Insureds in the Contract(s).

Fleet and/or Equipment Schedule
NA

Additional Notes
NA



As respects each Certificate Holder(s) respective interests, this Certificate of Insurance shall automatically terminate upon the earlier of: (i) Policy expiration; (ii) Cancellation of the policies prior to policy expiration, as notified to the Certificate Holder(s) as required herein; (iii) agreed termination of the Contract(s); and/or in the case of physical damage insurance relating to those Certificate Holder(s) who have an insurable interest in the Equipment as of the date of issuance of this Certificate of Insurance: agreed termination of the Named Insured's and/or the Certificate Holder(s) insurable interest in the Equipment

This Certificate of Insurance is issued as summary of the insurances under the policies noted above and confers no rights upon the Certificate Holders as regards the insurances other than those provided by the policies. The undersigned has been authorized by the above insurers to issue this certificate on their behalf and is not an insurer and has no liability of any sort under the above policies as an insurer as a result of this certification.

Date of Issue: July 1, 2025

Hilary Wheatley, Authorized Representative
Willis Towers Watson, Northeast, Inc. - Aerospace
CertificateRequestAirMethods@wtwco.com

Attachment 7

- Certification of Continuous Service



DEFENDERS OF TOMORROW™

November 24, 2025

To whom it may concern:

Rocky Mountain Holdings, LLC d/b/a Bayflite certifies that it will provide continuous service on a 24-hour/day, seven-day-week basis and the minimum level of patient care rendered and/or available will always be advanced life support, with the exceptions of disasters or extraordinary circumstances.

James Berg
West Florida Area Manager
Southeast Region
Air Methods Corporation.
james.berg@airmethods.com
610-248-9758

Attachment 8

- Florida EMS License
- Current Hernando County COPCN



**STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT**

AIR AMBULANCE SERVICE LICENSE

This is to certify that: **ROCKY MOUNTAIN HOLDINGS, LLC DBA BAYFLITE** Provider Number # **7018**
Name of Provider

4375 NE 38TH AVENUE, GAINESVILLE, FLORIDA 32609
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Air Ambulance Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

CITRUS; HERNANDO; HILLSBOROUGH; PASCO & PINELLAS
County(s)

A handwritten signature in black ink, appearing to read "Ty Carhart".

Ty Carhart, EMS Section Administrator
Bureau of Emergency Medical Oversight
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 10/01/2027

This certificate shall be posted in the above mentioned establishment

EMERGENCY MEDICAL SERVICES CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

WHEREAS, **ROCKY MOUNTAIN HOLDINGS, LLC d/b/a BAYFLITE**, has requested authorization to provide Advanced Life Support (ALS) and Basic Life Support (BLS) helicopter ambulance transport services to the citizens of Hernando County; and

WHEREAS, there has been a demonstrated need to provide these essential services to the citizens of Hernando County; and

WHEREAS, the above-named service affirms that it will maintain compliance with the requirements of the Emergency Medical Services Act (Chapter 401, Florida Statutes); Rules (Chapter 64J-1 Florida Administrative Code); and the Hernando County Code of Ordinances.

THEREFORE, the Board of County Commissioners of Hernando County, Florida, hereby issues a Certificate of Public Convenience and Necessity to **ROCKY MOUNTAIN HOLDINGS, LLC d/b/a BAYFLITE**, to provide ALS/BLS helicopter ambulance transport services countywide.

In issuing this certificate, the governing body of Hernando County, Florida, has considered recommendations of affected municipalities.

LIMITATIONS:

-Services are limited to the geographical boundaries within Hernando County, Florida.

**BOARD OF COUNTY COMMISSIONERS
HERNANDO COUNTY, FLORIDA**

Attest: Heidi Kueppen, Deputy Clerk
Douglas A. Chorvat, Jr., Clerk

Chairman: Elizabeth Narverud
Elizabeth Narverud, Chairperson

DATE ISSUED: February 13, 2024

DATE OF EXPIRATION: February 13, 2026
(Unless sooner revoked or suspended)

Approved as to form and legal sufficiency:

County Attorney's Office