Dear Wyoming Stock Growers Association Members,

Wyoming Stock Growers Association has partnered with AirMedCare Network to offer you, as a Wyoming Stock Growers Association member, the opportunity to join AirMedCare Network’s Membership Program at a special “members-only” discounted rate!

**Annual Membership Fees for Wyoming Stock Growers Association Members**

$65 - Household - 1 Year Membership

As your local air ambulance, serving area residents from our surrounding bases, Guardian Flight understands the critical aspect of time in treating medical emergencies. For those of us living in rural America, our recovery can depend on how much time it takes to be transported to emergency medical treatment. Guardian Flight can cut that transportation time in half.

In the event you are flown by Guardian Flight for a life or limb-threatening emergency, we will work with your benefits provider to secure payment for your flight. Whatever your benefits provider pays will be considered payment in full. Even with medical insurance, an air medical transport can leave you with unexpected out-of-pocket expenses, burdening your finances & family. As an Guardian Flight member you will have no out-of-pocket expenses related to your flight if you are flown by Guardian Flight or any AirMedCare Network participating provider.

Guardian Flight is a member of the AirMedCare Network, the largest Air Ambulance Membership Network in the United States. An AirMedCare Network membership automatically enrolls you in all provider membership programs, giving you membership coverage in over 320 locations across 38 states. All AirMedCare Network service providers work cooperatively to provide the highest levels of care for you, your family, and your community.

Join today and you can receive membership in the AirMedCare Network at the same low price as the individual membership programs, giving you membership across leading air ambulance operators for the price of 1! Completed enrollment forms may be mailed to: AirMedCare Network P.O. Box 948, West Plains, MO 65775. If you have any additional questions please do not hesitate to contact me.

Guardian Flight cares about you and your loved ones. Our mission is to make it possible for people living in rural areas to get the life-saving emergency care they need, when they need it. Thanks to the support of over 3 million members, AirMedCare Network providers can provide financial peace of mind for you and your family...while providing this vital service to our community.

Sincerely,

**Jerry Kirchhoff**

Membership Sales Manager

Cell: 307-254-2644

Email: Jerry.Kirchhoff@AirMedCareNetwork.com

www.airmedcarenetwork.com/msm/jerry-kirchhoff
Wyoming Stock Growers Association

By applying for membership, I agree to AirMedCare Network’s terms and conditions on the bottom of this application.

SIGN OR INITIAL HERE

TODAY’S DATE

/ / 

STEP 1: MEMBER CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Primary First Name</th>
<th>Primary Last Name</th>
<th>Date of Birth</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Physical Address

City

State

Zip

E-Mail

Note: To sign-up with recurring payment options or receive electronic invoicing, you must provide a valid email address.

Mailing Address

City

State

Zip

County

Electronic Invoicing

Quarterly Member News

STEP 2: LIST ADDITIONAL MEMBERS IN HOUSEHOLD

| Secondary First Name | Secondary Last Name | Date of Birth | | | |
|----------------------|---------------------|---------------|------------------|-------|
|                      |                     |               | First Name       | Last Name | Date of Birth | | | |
|                      |                     |               | First Name       | Last Name | Date of Birth | | | |
|                      |                     |               | First Name       | Last Name | Date of Birth | | | |
|                      |                     |               | First Name       | Last Name | Date of Birth | | | |

STEP 3: CHOOSE YOUR MEMBERSHIP OPTION(S)

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Membership Duration</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Year Membership</td>
<td>Entire Household</td>
<td>$575</td>
</tr>
<tr>
<td>5-Year Membership</td>
<td>Entire Household</td>
<td>$300</td>
</tr>
<tr>
<td>3-Year Membership</td>
<td>Entire Household</td>
<td>$185</td>
</tr>
<tr>
<td>1-Year Membership</td>
<td>Entire Household</td>
<td>$65</td>
</tr>
</tbody>
</table>

*Multi-year memberships are not available in Indiana or California

Questions? Call or visit airmedcarenetwork.com/msm/jerry-kirchhoff

Jerry Kirchhoff • 307-254-2644
Jerry.Kirchhoff@airmedcarenetwork.com

STEP 4: SET UP YOUR PAYMENT PLAN

PAYMENT OPTIONS (select one)

- Check or money order. Make payable to: AirMedCare Network
- One-time credit card payment or automatic transfer from checking account

BANK INFORMATION (for check funds transfer)

Name on bank account

Routing number

Account number (please attach a voided check)

CREDIT CARD INFORMATION

Credit Card Number

Expiration Date

Signature

Statement of Authorization: I authorize AirMedCare Network to initiate the ACH withdrawal(s) indicated above. All checks to be payable in U.S. dollars without restriction and without offset. This is a legal document. If it is altered, it is void. If you have any questions, please call your bank or credit union.

By signing this application for membership, I agree to AMCN’s terms and conditions.

AMCN Membership Terms and Conditions

AirMedCare Network is an alliance of affiliated air ambulance providers (each a “Company”). An AirMedCare Network membership automatically enrolls you as a member in each Company’s membership program. Membership ensures the patient will have no out-of-pocket flight expenses if flown by a Company by providing pre-paid protection against a Company’s air ambulance costs that are not covered by a member’s insurance or other benefits or third party responsibility, subject to the following terms and conditions:

1. Patient transport will be to the closest appropriate medical facility for medical conditions that are deemed by AMCN Provider attending medical professionals to be life- or limb-threatening, or that could lead to permanent disability, and which require emergency air ambulance transport. A patient’s medical condition, not membership status, will dictate whether or not air transportation is appropriate and required. Under all circumstances, an AMCN Provider retains the sole right and responsibility to determine whether or not a patient is flown.

2. AMCN Provider air ambulance services may not be available when requested due to factors beyond its control, such as use of the appropriate aircraft by another patient or other circumstances governed by operational requirements or restrictions including, but not limited to, equipment manufacturer limitations, governmental regulations, maintenance requirements, patient condition, age or size, or weather conditions. FAA restrictions prohibit most AMCN Provider aircraft from flying in inclement weather conditions. The primary determinant of whether to accept a flight is always the safety of the patient and medical flight crew. Emergent ground ambulance transport of a member by an AMCN Provider will be covered under the same terms and conditions.

3. Members who have insurance or other benefits, or third party responsibility claims, that cover the cost of ambulance services are financially liable for the cost of AMCN Provider services up to the limit of any such available coverage. In return for payment of the membership fee, the AMCN Provider will consider its air ambulance costs that are not covered by any insurance, benefits or third party responsibility available to the member to have been fully prepaid. The AMCN Provider reserves the right to bill directly any appropriate insurance, benefits provider or third party for services rendered, and members authorize their insurers, benefits providers and responsible third parties to pay any covered amounts directly to the AMCN Provider. Members agree to remit to the AMCN Provider any payment received from insurance or benefit providers or any third party for air medical services provided by the AMCN Provider, not to exceed regulat charges. Neither the Company nor AirMedCare Network is an insurance company. Membership is not an insurance policy and cannot be considered as a secondary insurance coverage or a supplement to any insurance coverage. Neither the Company nor AirMedCare Network will be responsible for payment for services provided by another ambulance service.

4. Membership starts 15 days after the Company receives a complete application with full payment; however, the waiting period will be waived for unforeseen events occurring during such time. Members must be natural persons. Memberships are non-refundable and non-transferable.

5. Some state laws prohibit Medicaid beneficiaries from being offered membership or being accepted into membership programs. By applying, members certify to the Company that they are not Medicaid beneficiaries.

6. These terms and conditions supersede all previous terms and conditions between a member and the Company or AirMedCare Network, including any other writings, or verbal representations, relating to the terms and conditions of membership.

*Air Evac EMS, Inc. / Guardian Flight, LLC / Med-Trans Corporation / REACH Air Medical Services, LLC — These terms and conditions apply to all AirMedCare Network participating provider membership programs, regardless of which participating provider transports you.*