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U.S. DEPT. OF LABOR
EMPLOYER PUBLIC DISCLOSURE
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To: Office of Pension and Welfare Benefit Programs
Labor Management-Services Administration
U.S. Department of Labor
Washington, D.C. 20216

From: Employer: San Luis Ambulance Inc.
Employer Identification Number: 95-2999699
Address: 285 South St.
San Luis Obispo, CA 93401
Date: 3/25/02


This document constitutes the statement required by 29 C.F.R. Section 2520.104-23 (a) (1) to be filed with the Secretary of Labor in respect to Selective Incentive Plans maintained by the above employer.

The employer currently maintains 1 Selective Incentive Plan(s) for executives who are members of a select group of management who are highly compensated.

The participants in the plan are as follows:

Plan 1: Christopher Javine

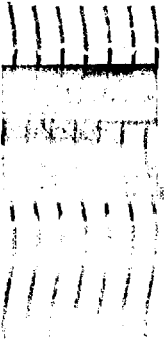
Plan 2: _____

Signed 
Plan Administrator: Frank Kelton
Title: President
Employer: San Luis Ambulance Inc.



GUARDIAN

Jim Gall
Jim Gall Insurance, Inc.
1026 Palm Street, Suite 216
San Luis Obispo, CA 93401-3260



OFFICE OF PENSIONS AND WELFARE
LABOR MANAGEMENT-SER ADMIN
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