

1 **KROGH & DECKER, LLP**  
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5 Sacramento, California 95833  
6 Telephone: 916.498.9000  
7 Facsimile: 916.498.9005

8 Attorney for ALPHAONE AMBULANCE  
9 MEDICAL SERVICES, INC.

10 **IN THE UNITED STATES BANKRUPTCY COURT**  
11 **FOR THE SOUTHERN DISTRICT OF TEXAS, HOUSTON DIVISION**

12 In re ) Chapter 11  
13 ModivCare Inc., et al., )  
14 Reorganized Debtors<sup>1</sup>. ) Case No.: 25-90309 (ARP)  
15 ) (Jointly Administered)  
16 )  
17 ) **DECLARATION OF SHAWN M. KROGH IN**  
18 ) **SUPPORT OF ALPHAONE AMBULANCE**  
19 ) **MEDICAL SERVICES, INC.'S RESPONSE**  
20 ) **TO REORGANIZED DEBTORS' NINTH**  
21 ) **OMNIBUS OBJECTION TO CERTAIN**  
22 ) **CLAIMS (SATISFIED CLAIMS)**  
23 )  
24 )

25 I, SHAWN M. KROGH, declare:

26 1. I am the attorney of record for Claimant, AlphaOne Ambulance Medical  
27 Services, Inc. ("AlphaOne"), and have been duly admitted *pro hac vice* before this Court  
28 on or about October 14, 2025. I oversee all attorneys, law clerks, and legal assistants who  
work on this case, and I review or am advised of any actions taken relating to this case. I  
am familiar with all documents, letters, files, pleadings, and issues in this case. As such,

<sup>1</sup> A complete list of each of the Reorganized Debtors in these chapter 11 cases (the "Chapter 11 Cases") and the last four digits of each Reorganized Debtor's taxpayer identification number (if applicable) may be obtained on the website of the Reorganized Debtors' claims and noticing agent <https://www.veritaglobal.net/ModivCare>. Reorganized Debtor ModivCare Inc.'s principal place of business and the Reorganized Debtors' service address in these Chapter 11 Cases is 6900 E. Layton Avenue, Suite 1200, Denver, Colorado 80237.



1 I make this declaration from my own personal knowledge of the matters asserted herein  
2 and am competent to testify if called to do so.

3 2. I submit this declaration in support of AlphaOne’s Response to Reorganized  
4 Debtors’ Ninth Omnibus Objection to Certain Claims (Satisfied Claims) and pursuant to 28  
5 U.S.C § 1746.

6 3. I have reviewed AlphaOne’s proof of claim filed on or about September 26,  
7 2025. AlphaOne timely and properly filed its proof of claim, registered as Claim No. 800,  
8 in the amount of \$737,636.06 for prepetition goods and services rendered. Attached  
9 hereto as **Exhibit 1** is a true and correct copy of AlphaOne’s submitted proof of claim  
10 electronic filing summary.

11 4. I have reviewed the total amount of payments AlphaOne received since the  
12 petition date, which totals to approximately \$77,966.71.

13 5. I calculated the difference between the payments received (\$77,966.71) and  
14 the claimed amount (\$737,636.06) and found a substantial balance of \$659,669.35 that  
15 remains unpaid on AlphaOne’s Claim No. 800.

16 6. I have reviewed the Notice of Potential Assumption of Certain Debtors’  
17 Executory Contracts and Unexpired Leases [Doc. No. 605] (“Assumption Notice”). It is  
18 my understanding that the Assumption Notice listed a \$0.00 cure amount and did not  
19 reference AlphaOne’s Claim No. 800 or the asserted amount in its claim. Furthermore,  
20 the Assumption Notice did not state that it disposed of the claim filed by AlphaOne.

21 7. I have reviewed AlphaOne’s voting ballot regarding the Joint Chapter 11 Plan  
22 of Reorganization of ModivCare Inc. and its Debtor Affiliates (“Reorganization Plan”).  
23 AlphaOne voted to reject the Reorganization Plan, elected to opt out of the releases, and  
24 made the cash out election. AlphaOne expressly refused any waiver of its rights or  
25 releases. To my knowledge, AlphaOne did not execute any relief, release, waiver, or  
26 forfeiture of its rights. Attached hereto as **Exhibit 2** is a true and correct copy of  
27 AlphaOne’s electronic ballot summary of AlphaOne’s responses to the Reorganization  
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Plan.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: April 29, 2026

By: Shawn M. Krogh  
Shawn M. Krogh



# **EXHIBIT 1**

**Fill in this information to identify the case:**

Debtor ModivCare Inc.

United States Bankruptcy Court for the: Southern District of Texas  
(State)

Case number 25-90309

Modified Official Form 410  
**Proof of Claim**

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? ALPHAONE AMBULANCE MEDICAL SERVICES, INC.  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?  
 No  
 Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Where should notices to the creditor be sent? See summary page  
Where should payments to the creditor be sent? (if different)  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
Contact phone 9166352011 Contact phone \_\_\_\_\_  
Contact email tarjil@alphaoneamb.com Contact email \_\_\_\_\_  
Uniform claim identifier (if you use one):  
\_\_\_\_\_

4. Does this claim amend one already filed?  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?  
 No  
 Yes. Who made the earlier filing? \_\_\_\_\_



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

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7. How much is the claim? \$ 737,636.06. Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosing information that is entitled to privacy, such as health care information.  
  
Goods and services performed.

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9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature or property:**  
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
  
**Basis for perfection:** \_\_\_\_\_  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

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10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

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11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

- No
- Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ \_\_\_\_\_
- Up to \$3,800\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ \_\_\_\_\_
- Wages, salaries, or commissions (up to \$17,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ \_\_\_\_\_
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ \_\_\_\_\_
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ \_\_\_\_\_
- Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

- No
- Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/26/2025  
MM / DD / YYYY

/s/Tom Arjil  
Signature

Print the name of the person who is completing and signing this claim:

Name Tom Arjil  
First name Middle name Last name

Title President

Company AlphaOne Ambulance Medical Services, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



For phone assistance: Domestic (888) 733-1521 | International (310) 751-2636

<b>Debtor:</b> 25-90309 - ModivCare Inc. <b>District:</b> Southern District of Texas, Houston Division		
<b>Creditor:</b> ALPHAONE AMBULANCE MEDICAL SERVICES, INC. ALPHA ONE AMBULANCE MEDICAL SVCS INC 10461 OLD PLACERVILLE ROADS SUITE 110 SACRAMENTO, CA, 95827 U.S. <b>Phone:</b> 9166352011 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> tarjil@alphaoneamb.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor Authorized agent	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Goods and services performed.	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 737,636.06	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Tom Arjil on 26-Sep-2025 12:35:57 p.m. Pacific Time <b>Title:</b> President <b>Company:</b> AlphaOne Ambulance Medical Services, Inc.		

# **EXHIBIT 2**

# Verita (KCC) eBallot Summary

For phone assistance: Domestic (866) 381-9100 | International 001-310-823-9000

**Debtor:** ModivCare Inc.

**District:** Southern District of Texas Houston Division

**Voter Certification:**

ALPHAONE AMBULANCE MEDICAL  
SERVICES, INC.  
ALPHA ONE AMBULANCE MEDICAL SVCS  
INC  
10461 OLD PLACERVILLE ROADS, SUITE  
110  
SACRAMENTO, CA 95827

**Name of Institution:**

Krogh & Decker, LLP

**Name and Title (if by authorized Agent):**

Shawn M. Krogh, Attorney of Record

**Telephone Number:**

916.498.9000

**Email:**

shawnkrogh@kroghdecker.com

**Signature:**

Shawn M. Krogh

**Address or Contact Change:**

**Time Submitted:**

11/25/2025 1:37:25 PM Pacific Time

**Plan:**

First Amended Joint Chapter 11 Plan  
of Reorganization of ModivCare Inc.  
and Its Debtor Affiliates

**Class:**

4 - General Unsecured Claims



**Ballot Responses:**

The Holder of the Class 4 General Unsecured Claim identified in Item 1 votes as follows (check one box only – if you do not check a box or you check both boxes, your vote will not be counted):

**Response:** Reject

The Holder of the Class 4 General Unsecured Claim identified in Item 1 elects to:

(Select the below to opt out of the Releases. Leave blank if you do not wish to opt out.)

**Response:** OPT OUT of the Releases

The Holder of the Class 4 General Unsecured Claim identified in Item 1 elects to:

(Select the below to make the Cash Out Election. Leave blank if you do not wish to make the Cash Out Election.)

**Response:** Make Cash Out Election

The undersigned is an Eligible Holder<sup>3</sup> and:

(Select the below to request Equity Rights Offering Materials. Leave blank if you are not an Eligible Holder and/or do not wish to receive Equity Rights Offering Materials.)

**No Response**

Account Name:

**No Response**

Telephone:

**No Response**

Email:

**No Response**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re:  
MODIVCARE INC., *et al.*,  
Debtors.<sup>1</sup>

**GUC BALLOT FOR HOLDERS OF CLAIMS IN CLASS 4 (GENERAL UNSECURED CLAIMS)  
OTHER THAN SECOND LIEN CLAIMS FOR VOTING TO ACCEPT OR REJECT THE FIRST  
AMENDED JOINT CHAPTER 11 PLAN OF REORGANIZATION OF MODIVCARE INC. AND  
ITS DEBTOR AFFILIATES**

**THE VOTING DEADLINE TO ACCEPT OR REJECT THE PLAN IS NOVEMBER 25, 2025, AT  
4:00 P.M. (PREVAILING CENTRAL TIME) (the “*Voting Deadline*”)**

Please click [here](#) to view the instructions for completing the ballot.

The above-captioned debtors and debtors-in-possession (collectively, the “***Debtors***”), each filed petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the “***Bankruptcy Code***”) in the United States Bankruptcy Court for the Southern District of Texas (the “***Court***”) on August 20, 2025 (the “***Petition Date***”).

The Debtors hereby provide this ballot (the “***GUC Ballot***”) to you to solicit your vote to accept or reject the *First Amended Joint Chapter 11 Plan of Reorganization of ModivCare Inc. and its Debtor Affiliates* [Docket No. 465], dated October 6, 2025 (as may be amended, modified, or supplemented from time to time, the “***Plan***”).<sup>2</sup> The Plan is attached as **Exhibit A** to the *Disclosure Statement for First Amended Joint Chapter 11 Plan of Reorganization of ModivCare Inc. and its Debtor Affiliates* [Docket No. 550] (as may be amended, modified, or supplemented from time to time, the “***Disclosure Statement***”), which accompanies this GUC Ballot and has also been posted on the website (the “***Case Website***”) maintained by the Debtors’ balloting and solicitation agent Kurtzman Carson Consultants, LLC d/b/a Verita Global (the “***Solicitation Agent***”) (located at <https://www.veritaglobal.net/ModivCare>). The Case Website contains important information and key deadlines.

The Court entered an order which, among other things: (i) approved the Disclosure Statement and the Solicitation Procedures, (ii) scheduled a hearing for confirmation of the Plan, and (iii) established November 25, 2025, at 4:00 p.m. (prevailing Central Time) as the Voting Deadline [Docket No. 552] (the “***Solicitation Procedures Order***”).

The Disclosure Statement provides information to assist Holders of Claims in the Voting Classes

in deciding whether to accept or reject the Plan. If you have not received or wish to obtain additional copies of the Disclosure Statement, please contact the Debtors' Solicitation Agent via email at [ModivCareInfo@veritaglobal.com](mailto:ModivCareInfo@veritaglobal.com).

In accordance with the Solicitation Procedures Order, this Ballot is being submitted to Holders, as of October 6, 2025 (the "**Voting Record Date**"), of any General Unsecured Claims (the "**GUC Holders**") other than Claims arising from the Second Lien Notes Indenture (the "**Second Lien Claims**").

The Plan can be confirmed by the Court and thereby made binding on you if: (i) it is accepted by at least two-thirds of the aggregate principal amount and more than one-half in number of the Claims voted in any Impaired Voting Class and (ii) the Plan otherwise satisfies the applicable requirements of section 1129(a) of the Bankruptcy Code. If the requisite acceptances are not obtained, the Court may nonetheless confirm the Plan if it finds that the Plan (y) provides fair and equitable treatment to, and does not unfairly discriminate against, the Class rejecting the Plan and (z) otherwise satisfies the requirements of section 1129(b) of the Bankruptcy Code. If the Plan is confirmed by the Court, it will be binding on GUC Holders whether a GUC Holder votes to accept or reject the Plan or does not vote at all.

All pleadings and notices relating to the Chapter 11 Cases that are filed with the Court (including notices of the date and time of hearings), will be made publicly available for review, free of charge, on the Case Website.

GUC Holders are Impaired under the Plan and are, therefore, entitled to vote to accept or reject the Plan. In order for your vote to count, this GUC Ballot must be completed and returned to the Solicitation Agent so that it is actually received by the Solicitation Agent on or prior to the Voting Deadline.

This GUC Ballot is *not* a letter of transmittal and may *not* be used for any purpose other than (i) to cast a vote to accept or reject the Plan and/or (ii) to opt out of the Releases (as defined below).

This GUC Ballot is *not* intended for Holders of Second Lien Claims.

If you have any questions regarding the GUC Ballot or how to properly complete this GUC Ballot, please call the Solicitation Agent at (888) 733-1521 (U.S. / Canada, toll-free) or +1 (310) 751 2636 (International, toll), or by submitting an inquiry at <https://www.veritaglobal.net/ModivCare/Inquiry>.

#### **IMPORTANT NOTICE REGARDING TREATMENT FOR HOLDERS OF CLASS 4 GENERAL UNSECURED CLAIMS**

As described in more detail in the Disclosure Statement and Plan, if the Plan is confirmed, and the Effective Date occurs, then on or as soon as reasonably practicable after the Effective Date, except to the extent that a Holder of an Allowed General Unsecured Claim agrees to less favorable treatment, in full and final satisfaction, settlement, release, and discharge and in exchange for each Allowed General Unsecured Claim, on the Effective Date or on another date acceptable to the Required Consenting First Lien Lenders, each Holder of an Allowed General Unsecured Claim shall receive a Pro Rata Share of the following:

2% of the New Common Interests, subject to dilution by the DIP Backstop Premium, the Equity Rights Offering (if applicable), the New Warrants, and the MIP;  
the New Warrants; and  
if such Holder is an Eligible Holder, on a pro rata basis with the Holders of Allowed General Unsecured Claims and Holders of Allowed Subordinated Unsecured Notes Claims, the right to purchase up to \$200,000,000, in aggregate, of New Common Interests pursuant to the Equity Rights Offering;  
*provided, that*, each Holder of an Allowed General Unsecured Claim that is less than \$1,000,000 may elect to receive, in lieu of the foregoing, its Pro Rata Share (determined pro rata for all Holders of General Unsecured Claims regardless of whether such holders make such election) of the GUC Cashout Value.

**Please be advised that if the Plan is consummated, Holders of Class 4 General Unsecured Claims will be bound by the release, injunction, and exculpation provisions contained in Article X of the Plan and set forth in Appendix A hereto; if such Holders opt out of the third-party release contained in Section 10.6(b) of the Plan (the “Releases”), they will not be deemed to have granted such Releases and will not receive the benefit of the Releases under the Plan.**

**IMPORTANT**

**YOU SHOULD CAREFULLY REVIEW THE DISCLOSURE STATEMENT AND PLAN BEFORE YOU VOTE. YOU MAY WISH TO SEEK LEGAL ADVICE CONCERNING THE PLAN AND THE CLASSIFICATION AND TREATMENT OF YOUR CLAIMS UNDER THE PLAN.**

**THE SOLICITATION AGENT IS NOT AUTHORIZED TO (AND WILL NOT) PROVIDE LEGAL ADVICE.**

**VOTING RECORD DATE: OCTOBER 6, 2025**

**VOTING DEADLINE: 4:00 P.M. PREVAILING CENTRAL TIME ON NOVEMBER 25, 2025**

**FOR YOUR VOTE TO COUNT, YOU MUST SUBMIT THIS GUC BALLOT TO THE SOLICITATION AGENT, SUCH THAT THE GUC BALLOT IS ACTUALLY RECEIVED BY THE SOLICITATION AGENT BY THE VOTING DEADLINE. IF THE SOLICITATION AGENT DOES NOT ACTUALLY RECEIVE THE GUC BALLOT INDICATING YOUR VOTE CAST ON YOUR GUC BALLOT BY THE VOTING DEADLINE, YOUR VOTE WILL NOT BE COUNTED, EXCEPT AS DIRECTED BY THE DEBTORS IN THEIR SOLE DISCRETION, AND ANY ELECTION TO OPT OUT OF THE RELEASES WILL NOT BE VALID.**

**YOU SHOULD NOT SEND YOUR GUC BALLOT TO ANY OF THE DEBTOR ENTITIES, DEBTORS’ AGENTS (OTHER THAN THE SOLICITATION AGENT), OR DEBTORS’ FINANCIAL OR LEGAL ADVISORS. IF SO SENT, THE GUC BALLOT WILL NOT BE COUNTED IN CONNECTION WITH THE PLAN.**

**IF THE PLAN IS CONFIRMED BY THE COURT, IT WILL BE BINDING ON YOU WHETHER OR NOT YOU VOTE.**

**YOUR COMPLETED GUC BALLOT MUST BE ACTUALLY RECEIVED BY THE SOLICITATION AGENT BY THE VOTING DEADLINE.**

**THE VOTING DEADLINE IS NOVEMBER 25, 2025 AT 4:00 P.M. (PREVAILING CENTRAL TIME).**

**Item 1. Amount of Claim**

The undersigned hereby certifies that, as of the Voting Record Date, the undersigned was the Holder of a Class 4 General Unsecured Claim in the aggregate outstanding principal amount (excluding any Second Lien Claims) inserted into the box below, without regard to any accrued but unpaid interest.

\$737,636.06

**Item 2. Vote on Plan**

**IF YOU VOTE TO ACCEPT THE PLAN, YOUR VOTE CONSTITUTES AN ACCEPTANCE OF AND CONSENT TO THE CLASSIFICATION AND TREATMENT OF YOUR CLAIM UNDER THE PLAN.**

Any GUC Ballot that is executed by the Holder of a Class 4 General Unsecured Claim that indicates both an acceptance and a rejection of the Plan or does not indicate either an acceptance or rejection of the Plan will not be counted.

Regardless of whether you vote to accept or reject the Plan or if you do not cast a vote to accept or reject the Plan, please see Item 3 below and refer to **Appendix A** and Section 10.6(b) of the Plan for information about the Releases.

The Holder of the Class 4 General Unsecured Claim identified in Item 1 votes as follows (check one box only – if you do not check a box or you check both boxes, your vote will not be counted):

Reject

**Item 3. Election to opt out of Releases**

Regardless of whether you voted to accept or reject the Plan in Item 2 above or abstained from voting to accept or reject the Plan, you may select the option below to opt out of the Releases. **IF YOU DO NOT OPT OUT OF THE RELEASES BY SELECTING THE OPTION BELOW, YOU WILL BE DEEMED TO HAVE CONCLUSIVELY, ABSOLUTELY, UNCONDITIONALLY, IRREVOCABLY, AND FOREVER RELEASED AND DISCHARGED THE DEBTORS, THE REORGANIZED DEBTORS, AND THE RELEASED PARTIES AS PROVIDED IN THE PLAN. IF YOU WOULD OTHERWISE BE ENTITLED TO A RELEASE UNDER SECTION 10.6(B) OF THE PLAN AND SET FORTH IN APPENDIX A, BUT IF YOU DO NOT GRANT THE RELEASES BECAUSE YOU OPTED OUT, YOU WILL NOT RECEIVE THE BENEFIT OF THE RELEASES SET FORTH IN SECTION 10.6(B) OF THE PLAN. Please be advised that your decision to opt out does not affect the amount of distribution you will receive under the Plan. Specifically, your recovery under the Plan will be the same if you opt out;**

however, in the event you opt out of the Releases, you will not be granted a release from the Releasing Parties under the Plan.

**The Holder of the Class 4 General Unsecured Claim identified in Item 1 elects to:**

*(Select the below to opt out of the Releases. Leave blank if you do not wish to opt out.)*

OPT OUT of the Releases

**Item 4. Optional Cash Out Election**

Pursuant to the Plan, each Holder of a General Unsecured Claim in Class 4 that is less than \$1,000,000 may, by its election, receive its pro rata share of the GUC Cashout Value (the “**Cash Out Election**”). By selecting the option below, the undersigned certifies that it holds less than \$1,000,000 of General Unsecured Claims and irrevocably elects to make the Cash Out Election and shall receive its Pro Rata Share of the GUC Cashout Value.

In the absence of a timely Cash Out Election (or by not selecting the option below), the Holder of such Claim will receive the default Plan treatment under Class 4. If the Holder selects the option below to elect the Cash Out Election, then the Holder will not receive any other distributions under the Plan and should therefore not elect to participate in the Equity Rights Offering in Item 5 in respect of its General Unsecured Claim.

**The Holder of the Class 4 General Unsecured Claim identified in Item 1 elects to:**

*(Select the below to make the Cash Out Election. Leave blank if you do not wish to make the Cash Out Election.)*

Make Cash Out Election

**Item 5. (Optional) Equity Rights Offering – Expression of Interest in Participating**

Section 5.8 of the Plan provides for the Equity Rights Offering, pursuant to which Eligible Holders may participate. The offer to participate in the Equity Rights Offering is being made only to Eligible Holders. If you are an Eligible Holder, and want to receive the subscription documents and other relevant information regarding the Equity Rights Offering (the “**Equity Rights Offering Materials**”) from the Solicitation Agent, you must either (i) select the option below and provide the contact information requested below or (ii) email the Solicitation Agent at ModivCareInfo@veritaglobal.com to request the Equity Rights Offering Materials by the Voting Deadline. If you do not request the Equity Rights Offering Materials per the foregoing instructions, you will not be given the opportunity to subscribe to the Equity Rights Offering. Similarly, if you select the option below but do not provide the requested contact information, you will not be given the opportunity to subscribe to the Equity Rights Offering. Only Eligible Holders may elect to subscribe to the Equity Rights Offering. Receipt of the Equity Rights Offering Materials is neither (i) an indication that such recipient is an Eligible Holder, nor (ii) a binding commitment to participate in the Equity Rights Offering.

The Solicitation Agent will provide interested Eligible Holders of Class 4 (General Unsecured Claims) with the Equity Rights Offering Materials via email. If you have any questions regarding the Equity Rights Offering, please contact the Solicitation Agent at ModivCareInfo@veritaglobal.com.

**The undersigned is an Eligible Holder<sup>3</sup> and:**

*(Select the below to request Equity Rights Offering Materials. Leave blank if you are not an Eligible Holder and/or do not wish to receive Equity Rights Offering Materials.)*

Account Name:

Telephone:

Email:

**Item 6. Certification.**

By returning this GUC Ballot, the Holder of the Class 4 General Unsecured Claim identified in Item 1 certifies that (a) this GUC Ballot is the only GUC Ballot submitted for the Class 4 General Unsecured Claim identified in Item 1 (b) it was the Holder of the Class 4 General Unsecured Claim identified in Item 1 and/or it has full power and authority to vote to accept or reject the Plan for the Class 4 General Unsecured Claim identified in Item 1 as of the Voting Record Date; and (c) it has received a copy of the Disclosure Statement (including the exhibits thereto) and understands that the solicitation of votes for the Plan is subject to all of the terms and conditions set forth in the Disclosure Statement and Plan.

**YOUR RECEIPT OF THIS GUC BALLOT DOES NOT SIGNIFY THAT YOUR CLAIM HAS BEEN OR WILL BE ALLOWED.**

Sign and date your Ballot. Your signature is required in order for your vote to be counted. If the Claim voted with this Ballot is held by a partnership, the Ballot should be executed in the name of the partnership by a general partner. If the Claim is held by a corporation, the Ballot must be executed by an authorized officer of such corporation.

If you believe that you have received the wrong Ballot, please immediately contact the Solicitation Agent, (888) 733-1521 (U.S./Canada) or +1 (310) 751-2636 (International.)

If you are completing this Ballot on behalf of another person or entity, indicate your relationship with that person or entity and the capacity in which you are signing.

Provide your name and mailing address if (i) different from the printed address that appears on the Ballot or (ii) no pre-printed address appears on the Ballot.

**YOU MUST SEND YOUR GUC BALLOT TO THE SOLICITATION AGENT SO THAT THE SOLICITATION AGENT ACTUALLY RECEIVES THE GUC BALLOT BY 4:00 P.M. (PREVAILING CENTRAL TIME) ON NOVEMBER 25, 2025, OR YOUR VOTE WILL NOT BE COUNTED.**

Name of Holder

Signature:

ALPHAONE AMBULANCE MEDICAL SERVICES, INC.

Shawn M. Krogh

Name and Title (if by authorized Agent):

Shawn M. Krogh, Attorney of Record

Name of Institution:

Krogh & Decker, LLP

Telephone Number:

916.498.9000

Email:

shawnkrogh@kroghdecker.com

Address

ALPHA ONE AMBULANCE MEDICAL SVCS INC, 10461 OLD PLACERVILLE ROADS, SUITE 110, SACRAMENTO, CA 95827

This GUC Ballot shall not constitute or be deemed a proof of claim or equity interest, an assertion of a claim or equity interest, or the allowance of a claim or equity interest.

<sup>1</sup> A complete list of each of the Debtors in these chapter 11 cases (the “Chapter 11 Cases”) and the last four digits of each Debtor’s taxpayer identification number (if applicable) may be obtained on the website of the Debtors’ claims and noticing agent at <https://www.veritaglobal.net/ModivCare>. Debtor ModivCare Inc.’s principal place of business and the Debtors’ service address in the Chapter 11 Cases is 6900 E. Layton Avenue, Suite 1100 & 1200, Denver, Colorado 80237.

<sup>2</sup> Capitalized terms used but not defined herein have the meanings ascribed to them in the Plan.

<sup>3</sup> “**Eligible Holder**” means a Holder of an Allowed General Unsecured Claim that is an “Accredited Investor” (within the meaning of Rule 501(a) under the Securities Act) or a “Qualified Institutional Buyer” (within the meaning of Rule 144A of the Securities Act).