



EXHIBIT D

Giving "Wings" To Those In Need . .

DOCTOR'S CERTIFICATION

Medical Doctor's Certification for Flight.

I _____ do hereby certify that my
(DOCTORS NAME)

patient _____ is
(PATIENTS NAME)

medically stable and can safely be transported in general aviation aircraft that are referred by WINGS OF MERCY without charge, for the purpose of transporting the patient to or from the named facility.

[Empty box for Facility Name and City & State]

(FACILITY NAME)

(FACILITY CITY & STATE)

I further certify that said patient is not on any medication that may cause adverse effects at altitudes consistent with general aviation aircraft.

So certified on this date

[Empty box for Date]

[Empty box for Doctor's Signature]

(DOCTOR'S SIGNATURE)

[Empty box for City and State of Certification]

(CITY AND STATE OF CERTIFICATION)

Return completed form to:

Wings of Mercy
100 Pine Street Suite 393
Zeeland, MI 49464
Fax 616.748-6093