

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

1071 | Total Care Services, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

5000 Philadelphia Way suite J Lanham, MD 207

*Street Address of Principal Place of Business

same as above

Mailing Address (if different from street address)

(301) 918-0070

*Telephone Number

Other Telephone

(301) 918-3872

Fax Number

E-mail

Ladams@totalcare1.com

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Larry Adams | Operations Manager

*Name

*Title

(301) 918-0070

*Telephone Number

Other Telephone

(301) 918-3872

Fax Number

E-mail

Ladams@totalcare1.com

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

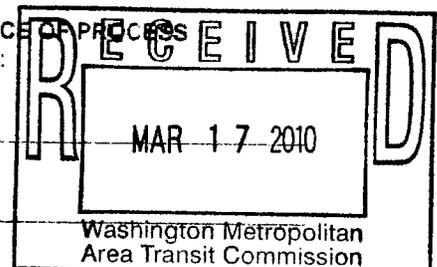
Street Address

Telephone Number

Other Telephone

Fax Number

E-mail



(continued on next page)

4. *CHANGES: Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

One Vehicle sold to Ford Daccan Dealership in Lanham, MD
 [Ford E-350 XLT - yr. 2006 Vin# 1FBSS31L37DA14902
 Lic Plate # B42734 - DC - 15 Pass]

5. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (attach additional sheets as necessary but include all required information):

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
	2007	Toyota	5TDZK23CX75068082	CW1912	DC	7 Pass
	2007	Toyota	5TDZK23C375067766	CW1911	DC	7 Pass
	2007	Toyota	5TDZK23C375058307	CW2323	DC	7 Pass
	2008	chevrolet	1GAGG396571234170	B43205	DC	15 Pass
	2008	chevrolet	1GAGC39U471234189	B43633	DC	15 Pass
	2007	chevrolet	1GAGG39U271245269	B43697	DC	15 Pass
	2007	chevrolet	1GAGG39K081131741	B43666	DC	15 Pass
	2005	chevrolet	1GAGG39U76118158	B42061	DC	12 Pass

6. *CERTIFICATION:

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Larry Adams
 *Name (Type or Print)

Larry Adams
 *Signature

Operations Manager
 *Title

March 17, 2010
 *Date

(end)