

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:

1119 Capital Care, Inc.

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

2401 Blueridge Avenue, #301, Silver Spring, MD 20902

*Street Address of Principal Place of Business

Mailing Address (If different from street address)

(301) 949-0466

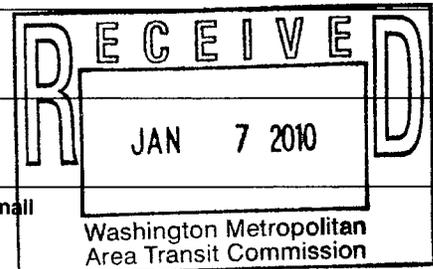
(301) 933-2007

*Telephone Number

Other Telephone

Fax Number

E-mail



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

Mr. Paul T. Atang

President

*Name

*Title

(301) 949-0466

(301) 933-2007

*Telephone Number

Other Telephone

Fax Number

E-mail

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)

WMATC No: **1119** - **Washington Metropolitan Area Transit Commission**
2010 Annual Report: Revenue Vehicle List

Name: Capital Care, Inc.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
	2007	Ford	1FTNS24W47DB45832	46488B	MD	8