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:

1210	Joseph K. Ngwafa, t/a First Choice Health Services
***WMATC No.**	***Name of Carrier (as shown on certificate of authority)**

9207 Chestnut Avenue, Bowie, MD 20720-3222

***Street Address of Principal Place of Business**

Mailing Address (if different from street address)

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(202) 359-9750		(301) 805-1450	jngwafao1@yahoo.com
***Telephone Number**	**Other Telephone**	**Fax Number**	**E-mail**

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

Mr. Joseph K. Ngwafa	Sole Proprietor
***Name**	***Title**

(202) 359-9750		(301) 262-8861	jngwafao1@yahoo.com
***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)

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.

Ownership is changed from sole proprietor ship to Limited Liability Company. Here attached is proof of filing with state. What is the next step with WMATC?

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; **or** (3) attach your own vehicle list. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
1	2006	Ford	1FBSS31L66HA31863	B41544	DC	7
2	2005	Chevy	2G1WF52E459122977	C72688	DC	5
3	2003	Chevy	2G1WF52E139400506	C72887	DC	5

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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.

JOSEPH NGWAFA
*Name (Type or Print)

*Signature

Manager
*Title

1-25-10
*Date

(end)

rev. 12/23/09