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:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
444	IONA Senior Services

*Street Address of Principal Place of Business: 4125 Albemarle Street, N.W., Washington, DC 20016-2105

Mailing Address (if different from street address):

*Telephone Number	Other Telephone	Fax Number	E-mail
(202) 895-~~9419~~ 9491	202 966 1055	(202) 895-0244	~~amurrell@iona.org~~ thuskey@iona.org

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

*Name	*Title
~~Ms. Alyce A. Murrell~~ Ms. Tiffani Huskey	~~Director of Comm. Programs~~ Manager, Administration

*Telephone Number	Other Telephone	Fax Number	E-mail
(202) 895-~~9419~~ 9491	202 966 1055	(202) 895-0244	~~amurrell@iona.org~~ thuskey@iona.org

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

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(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.

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

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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.

Sally S. White
***Name (Type or Print)**

Sally S. White
***Signature**

Executive Director
***Title**

1/29/10
***Date**

(end)

rev. 12/23/09

WMATC No: **444**

Washington Metropolitan Area Transit Commission

2010 Annual Report: Revenue Vehicle List

Name: IONA Senior Services

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
	2006	Ford	1FDXE45S26HB33866	B42406	DC	16

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