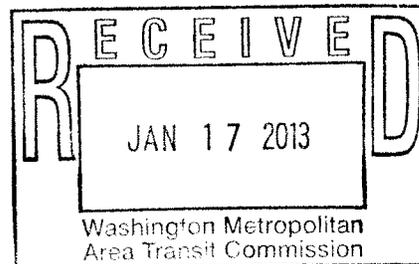


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1071	Total Care Services, Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
5000 Philadelphia Way, #J		Lanham	MD	20706-4408
*Street Address of Principal Place of Business		Apt./Suite	City	State
Mailing Address (if different from street address)		Apt./Suite	City	State
(301) 918-0070		(301) 918-3872	ladams@totalcare1.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Larry Adams		Operations Manager		
*Name		*Title		
(301) 918-0070		(301) 918-3872	ladams@totalcare1.com	
*Telephone	Other Telephone	Fax	E-mail	

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

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
		State
		Zip

5. ***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.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2007	Toyota	5TDZK23CX7S068852	CW1912	DC	7	NO
	2007	Toyota	5TDZK23C37S067766	CW1911	DC	7	NO
	2007	Toyota	5TDZK23C37S058307	CW2323	DC	7	NO
	2005	Chevy	1GAHG39U76118158	B42061	DC	15	NO
	2007	Chevy	1GAHG39U571234170	B43205	DC	15	NO
	2007	Chevy	1GAHG39U271245269	B43697	DC	15	NO
	2007	Chevy	1GAHG39U471234189	B43633	DC	15	NO
	2008	Chevy	1GAHG39K081131741	B43666	DC	DC	NO

7. ***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.

Antonio Robbins
 *Name (type or print)

Antonio Robbins
 *Signature

Office Manager
 *Title (not required for sole proprietors)

1/7/13
 *Date