

Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1119	Capital Care, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
2401 Blueridge Avenue, #301		Apt./Suite	Silver Spring	MD	20902-4517
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(202) 787-0333	(301) 949-0466	(301) 933-2007	patang@capitalcareinc.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. Paul T. Atang		President		
*Name		*Title		
(202) 787-0333	(301) 949-0466	(301) 933-2007	patang@capitalcareinc.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

