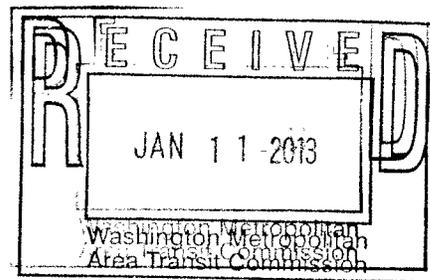


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1145 | Horizon Medical Transportation LLC

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

6428 Landing Way | | Newcarrollton | MD | 20784

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

301-442-1801 | 301-2738845 | 240-770-8615 | hori_medtrans@yahoo.com

*Telephone | Other Telephone | Fax | E-mail

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

n/a

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

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

Divine B. Jimla | CEO

*Name

*Title

301-442-1801 | 301-273-8845 | 240-770-8615 | hori_medtrans@yahoo.r

*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.

n/a

Name of Registered Agent for Service of Process | Telephone | E-mail

n/a

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.

New Fax. 240-770-8615

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
1145	Uplander	Chevy	1GBDV13L26D135338	39961B	MD	6	Yes

7. ***CERTIFICATION:**

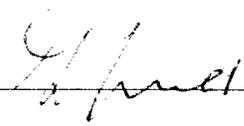
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Divine Jimla

*Name (type or print)

CEO

*Title (not required for sole proprietors)



*Signature

01/08/12

*Date