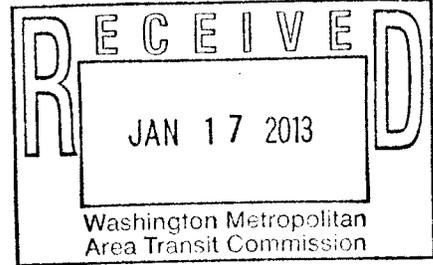
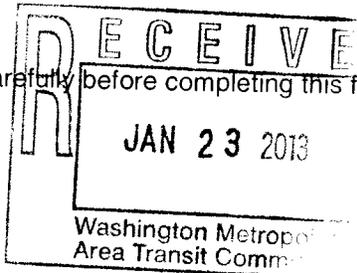


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

COPY

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

444 IONA Senior Services

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

4125 Albemarle Street, N.W. Washington DC 20016-2105
*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) 966-1055 (202) 895-0244 dsimpson@iona.org
*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.

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

Mr. Darryl Simpson Administrative Coordinator

*Name *Title
(202) 895-0238 (202) 895-0244 dsimpson@iona.org
*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.

COPY

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
	2006	Ford	1FDXE45326HB333	B42406	DC	16	Yes
			1FDXE45826HB33866				

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.

Darryl Simpson
 *Name (type or print)


 *Signature

Administrative Coordinator
 *Title (not required for sole proprietors)

4/22/13
 *Date