Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Wednesday, February 12, 2014 3:00 PM
To: Chris Aquino
Subject: 2014 Annual Report - WMATC No: 1748, Carrier Name: Butler Medical Transport, LLC

Washington Metropolitan Area Transit Commission
2014 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2014, must file a complete 2014 annual report and pay a $150 annual fee on or before **January 31, 2014.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that 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 **$150 late fee**. Each carrier that fails to pay the $150 annual fee on time will be assessed a separate **$150 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 2, 2014.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:
WMATC No.: 1748
Name of Carrier (as shown on certificate of authority): Butler Medical Transport, LLC
Trade Name: Butler Mobility
Principal Place of Business
Street Address: 10233 S DOLFIELD RD
Apt./Suite:
City: OWINGS MILLS
State: MD
Zip: 21074

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

Telephone Number: (410)602-4007
Other Telephone:
Fax Number:
E-mail: JGOODWIN@BUTLERMEDICALTRANSPORT.COM

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):
Name: JESSICA GOODWIN
Title: EDUCATION/PI/QA SUPERVISOR
Telephone Number: (443)334-1221
Other Telephone:
Fax Number:
E-mail: JGOODWIN@BUTLERMEDICALTRANSPORT.COM

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:
Agent Address:
Apt./Suite:
City:
State:
Zip:
Telephone Number:
E-mail:

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) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
17	2001	FORD	1FDWE35F51HB67124	01043HT	MD	5	Yes
21	2003	FORD	1FDWE35F53HA37606	48953B	MD	5	Yes
22	2003	FORD	1FDWE35F63HA37601	48954B	MD	5	Yes

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

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

Name: JESSICA GOODWIN
Title: EDUCATION/PI/QA SUPERVISOR
Date: 02/12/2014