

Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Thursday, January 30, 2014 9:27 AM
To: Chris Aquino
Subject: 2014 Annual Report - WMATC No: 178, Carrier Name: Winter Growth, Inc.

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.: 178

Name of Carrier (as shown on certificate of authority): Winter Growth, Inc.

Trade Name:

Principal Place of Business

Street Address: 18110 Prince Philip Dr

Apt./Suite:

City: Olney

State: MD

Zip: 20832

Mailing Address (if different from street address)

Street:

Apt./Suite:

City:

State:

Zip:

Telephone Number: (301)774-7501
Other Telephone:
Fax Number: (240)389-1017
E-mail: susanellison@wintergrowthinc.org

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: Susan Ellison
Title: Accounting Manager
Telephone Number: (301)774-7501
Other Telephone:
Fax Number: (240)389-1017
E-mail: susanellison@wintergrowthinc.org

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
1	1999	Ford E350	1FDWE30F9XHC23291 ✓	23412HV	MD	11	Yes
2	2005	Dodge Caravan	1D4GP24R55B129560 ✓	73584HV	MD	6	Yes
3	2003	Chevy Entervan	1GBDX23E73D255388 ✓	12057HT	MD	4	Yes
4	2008	Toyota Sienna	5TDZK23C08S175909 ✓	93970HV	MD	8	No
5	2009	Toyota Sienna	5TDZK23C39S265279 ✓	01701HT	MD	7	No
6	2010	Ford E350	1FDEE3FL2ADA21111 ✓	04453HT	MD	12	Yes
7	2011	Ford E350	1FDEE3FL6BDA29780 ✓	10084HT	MD	12	Yes
8	2011	Toyota Sienna	5TDKK3DC2BS115790 ✓	20808HT	MD	7	No
9	2012	Ford E150	1FTNS1EW3CDA12949 ✓	10251HT	MD	7	Yes
10	2014	Ford E350	1FDEE3FL0EDA13398 ✓	29270HT	MD	12	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: Susan Ellison

Title: Accounting Manager

Date: 01/30/2014