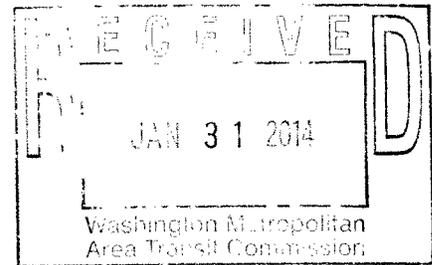


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

206 | Paramed Medical Transportation, Inc., t/a PARA-MED

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

14803 Southlawn Lane, #C | | Rockville | MD | 20850-1399

*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) 838-8700 | | (301) 838-8704 |

*Telephone | Other Telephone | Fax | E-mail

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

— | — | — | 2345

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):

TEJA SAFAI | VICE-PRESIDENT

*Name | *Title

(240) 793-6574 | | (301) 838-8704 | TEJAS@paramedusa.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

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.

NONE

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. If you have more than 10 vehicles in your fleet, you must use option 2. 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
			PLEASE				
			C-ATTACHED				

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.

TEJA SAFAI

*Name (type or print)

VICE-PRESIDENT

*Title (not required for sole proprietors)



*Signature

1-30-14

*Date

Vehicle List

Vehicle #	Year	Make	Model	VIN	Plate/Tag #	State Reg.	Seating Cap.	W/C Access
2	2012	Nissan	NV	1N6BF0LX4CN118122	6AV6996	Md.	8	Yes
3	2013	Nissan	NV	1N6BF0LY4DN106790 ✓	8BE2509	Md.	8	Yes
4	2012	Nissan	NV	1N6BF0LX2CN109760 ✓	9AR7699	Md.	8	Yes
5	2012	Nissan	NV	1N6BF0LX1CN109748 ✓	4AP1741	Md.	8	Yes
6	2013	Nissan	NV	1N6BF0LY3DN109566 ✓	46342B	Md.	6	Yes *
7	2013	Nissan	NV	1N6BF0LYXDN109533 ✓	8BE2507	Md.	8	Yes
9	2012	Nissan	NV	1N6BF0LX2CN109600 ✓	9AR7698	Md.	8	Yes
10	2012	Nissan	NV	1N6BF0LX1CN109718 ✓	4AP1742	Md.	8	Yes
12	2012	Nissan	NV	1N6BF0LX6CN118025 ✓	6AV6997	Md.	8	Yes
16	2000	Chevy	Express 3500	1GBHG31ROY1268277 ✓	9AF6205	Md.	8	Yes
17	2012	Nissan	NV	1N6BF0LX0CN111085 ✓	7AL4060	Md.	8	Yes
20	2011	Dodge	Caravan	2D4RN3DG8BR626554 ✓	52947B	Md.	6	Yes
21	2011	Dodge	Caravan	2D4RN1AG5BR705527 ✓	54546B	Md.	6	Yes
22	2011	Dodge	Caravan	2D4JN1AG9BR600924 ✓	35994B	Md.	5	Yes *
23	2009	Dodge	Caravan	2D4HN1E89R693233	46100B	Md.	6	Yes

