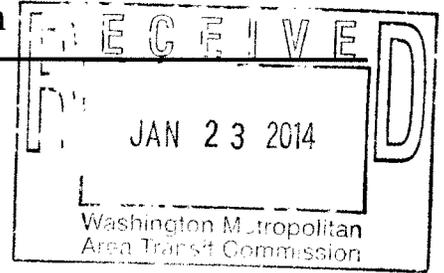


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2089 | ASSISTED MULTICARE TRANSPORTATION Inc

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

5433 Canonbury Rd | | Rosedale | MD | 21237

*Street Address of Principal Place of Business

Apt./Suite

City

State

Zip

Mailing Address (if different from street address)

Apt./Suite

City

State

Zip

*Telephone

Other Telephone

Fax

E-mail

240 4215525 | 410 9299519 | 410 7755989 | Armel@AssistedMulticare.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):

Armel Possi | President

*Name

*Title

240 4215525 | | | Armel@assistedmulticare.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.

Anne Yopuro | 240 4215525

Name of Registered Agent for Service of Process

Telephone

E-mail

7713 Riverdale Rd | 101 | New Carrollton | MD | 20784

Agent Address (must be inside Metropolitan District)

Apt./Suite

City

State

Zip

