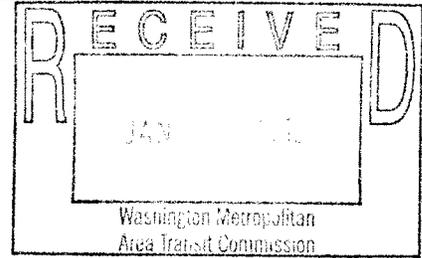


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1071 | Total Care Services, Inc.

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

5000 Philadelphia Way, #J | | Lanham | MD | 20706-4408
*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) 918-0070 | | (301) 918-3872 | ladams@totalcare1.com

*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. Larry Adams | Operations Manager

*Name | *Title

(301) 918-0070 | | (301) 918-3872 | ladams@totalcare1.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.

The 2007 Toyota with vin # 5T0ZK23C375058307 and license plate # CW2323 is no longer in operation with our Fleet, please discharge from records

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
	2008	Chevrolet	1GAHG39U571234170 ✓	B43205	D.C.	15 Pass	NO
	2008	Chevrolet	1GAHC39U471234189 ✓	B43633	D.C.	15 Pass	NO
	2007	Toyota	5T0ZK22C975013650 ✓	B45138	D.C.	7 Pass	Yes
	2007	Toyota	5T0ZK23CX75068882 ✓	CW1912	D.C.	7 Pass	NO
	2007	Toyota	5T0ZK23C375067766 ✓	CW1911	D.C.	7 Pass	NO
	2007	Chevrolet	1GAHG39U271245269 ✓	B43697	D.C.	15 Pass	NO
	2008	Chevrolet	1GAHG39K081131741 ✓	B43666	D.C.	15 Pass	NO
	2006	Chevrolet	1GAHG39U761118158 ✓	B42061	D.C.	12 Pass	NO

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.

Larry Adams

 *Name (type or print)

Operation Manager

 *Title (not required for sole proprietors)

Larry Adams

 *Signature

Jan 14, 2015

 *Date