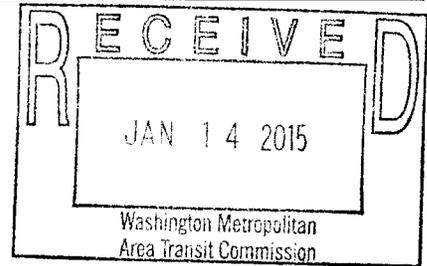


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1515 | Wholistic Services IX Inc.

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

7533 12th Street, N.W. | Washington | DC | 20012-1725

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

680 Rhode Island Avenue, N.E., #G1 | Washington | DC | 20002

Mailing Address (if different from street address)

Apt./Suite | City

State

Zip

832-8787

832-1197

wholisticservicesinc.com

(202) 347-5334

(202) 847-1916 | robert.thomas@wholisticservices.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. Robert A. Thomas

Corporate Secretary

*Name

*Title

832-8787

832-1197

(202) 347-5334

(202) 847-1916 | robert.thomas@wholisticservicesinc.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

