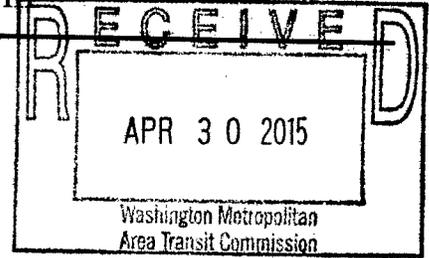


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

310					LIFESTAR RESPONSE OF MD, INC				
*WMATC No. *Name of Carrier (as shown on certificate of authority)									
3710 CONNELL DRIVE			1006		BALTIMORE		MD	21289	
*Street Address of Principal Place of Business			Apt./Suite		City		State	Zip	
N/A									
Mailing Address (if different from street address)									
410-290-8000					410-290-8228		MPARKER@LIFESTAR-RESPONSE		.NET
*Telephone			Other Telephone		Fax		E-mail		

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

N/A		N/A		N/A		1985	
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):

MICHAEL PARKER				AREA VP				
*Name				*Title				
410-290-8000		443-235-3522		410-290-8228		MPARKER@LIFESTAR-RESPONSE		.NET
*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.

CT CORP				202-216-9382				
Name of Registered Agent for Service of Process				Telephone		E-mail		
1015 15th St NW			1000		WASHINGTON DC		20005	
Agent Address (must be inside Metropolitan District)			Apt./Suite		City		State	Zip
1015								

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.

CLAIRE R. RINGHAM IS NO LONGER
WITH LIFESTAR RESPONSE AND
REPLACED BY MICHAEL PARKER

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
801	2010	FORD	1FTNE1EWSADA46430	15404HT	MD	5	YES
802	2006	FORD	1FTNE24W16HA73258	15484HT	MD	5	YES
807	2012	FORD	1FTNE2EW3CDA80004	16182HT	MD	5	YES
830	2009	FORD	1FTNE14W69DA18813	34279M6	MD	5	YES
831	2007	FORD	1FTNE14W67DA73467	31167HT	MD	5	YES
832	2007	FORD	1FTNE24W07DA59117	30743HT	MD	5	YES
1734	2012	FORD	1FTNE2EWS0DA48073	2CG0983	PA	5	YES
			X				
			X				
			X				

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.

MICHAEL J. PARKER
 *Name (type or print)

Michael J Parker
 *Signature

AREA VP
 *Title (not required for sole proprietors)

4/27/15
 *Date