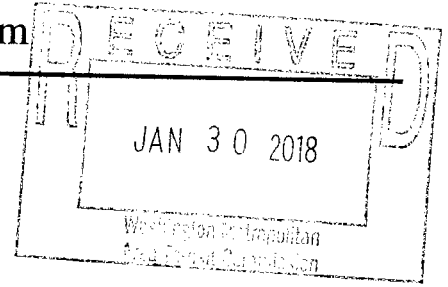


Washington Metropolitan Area Transit Commission

2018 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

444	IONA Senior Services				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
4125 Albemarle Street, N.W.			Washington	DC	20016-2105
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)					
		Apt./Suite	City	State	Zip
(202) 895-9448	(202) 966-1055	(202) 895-0244	dsimpson@iona.org		
*Telephone 0238	Other Telephone	Fax	E-mail		

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

USDOT No.	DC DFHV No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Darryl Simpson		Center Manager		
*Name		*Title		
(202) 895-0238	(202) 966-1055	(202) 895-0244	dsimpson@iona.org	
*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

