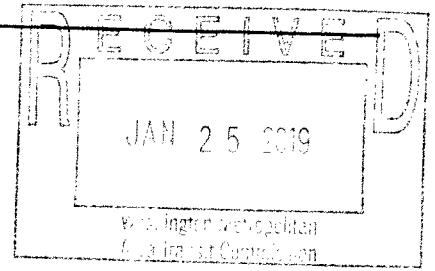


# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

1508		WHOLISTIC SERVICES II INC.			
*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
226 LAWRENCE STREET, N.E.			WASHINGTON	DC	20007-4027
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
2309 VARNUM ST.			MOUNT RAINIER	MD	20712-1459
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
301 392-2500		301	363-1976		
*Telephone	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.
-----------	-------------	------------------------------------	------------------

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

ROBERT ARNOLD THOMAS		CORPORATE SECRETARY	
*Name		*Title	
301-392-2500		301	363-1976
*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](http://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

