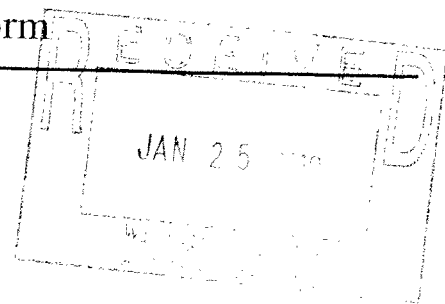


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1512 | WHOLISTIC SERVICES VI, INC

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

7129 TIM STREET, N.W.		WASHINGTON	DC	20012-1801
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip

2309 VARNUM STREET		MOUNT RAINIER	MD	20002-1298
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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

ROBERT ARNOLD THOMAS | CORPORATE SECRETARY

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.

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

