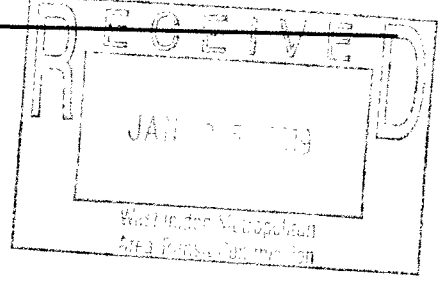


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2438	Wholistic Services, Inc				
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>					
2309 VARNUM STREET			MOUNT RAINIER	MD	20712-1459
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
<small>Mailing Address (if different from street address)</small>					
301-392-2500		301	363-1976		
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>		

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

<small>USDOT No.</small>	<small>DC DFHV No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

Mr. Robert Arnold Thomas		Corporate Secretary	
<small>*Name</small>		<small>*Title</small>	
301-392-2500		301	
<small>*Telephone</small>		<small>Fax</small>	
		<small>E-mail</small>	

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.

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

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.

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

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.

ROBERT A. THOMAS
*Name (type or print)

Robert A. Thomas
*Signature

CORPORATE SECRETARY
*Title (not required for sole proprietors)

1/22/19
*Date

Carrier Name: WHOLISTIC SERVICES, INC.

Case Number: _____

WMATC VEHICLE LIST

Fleet No.	Year	Make	Vehicle VIN	License Plate	State Registered	Seating Capacity	Wheelchair Lift or Ramp (Y/N)
	2017	TOYOTA	5TDKZ3DC945848732	B45792	DC	7	N
	2017	TOYOTA	5TDKZ3DCXH5847640	B45821	DC	7	N
	2017	TOYOTA	5TDKZ3DCXHS848271	B45823	DC	7	N
	2017	DOGGE	2C4RDGBG9HR563841	B45777	DC	7	N
	2016	DODGE	2C4RDGBG2GR377721	B45771	DC	5	Y
	2017	FORD	1FBZX2YM3HKA49834	B45810	DC	15	N
	2017	FORD	1FBZX2YM8HA49831	B45765	DC	15	N
	2017	FORD	1FBZX2YM5HKA49835	B45786	DC	15	N