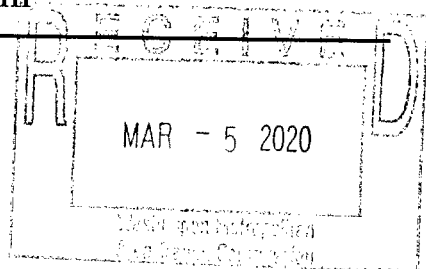


# Washington Metropolitan Area Transit Commission

## 2020 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

1748 | Butler Medical Transport, LLC t/a Butler Mobility

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

3108 Lord Baltimore Dr. | 100 | Milford Mill | MD | 21244

\*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

410-602-4007

\*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):**

Nikole Schriefer | Manager of Education and Compliance

\*Name | \*Title

240-584-4263 | nschriefer@butlermedicaltransport.com

\*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).

National Registered Agents, Inc. | 844-316-8944 | CT-statecommunications@waltersklaters.com

Name of Registered Agent for Service of Process | Telephone | E-mail | DC | Zip

1015 15th St. NW | 1000 | Washington | DC | 20005

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

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.

April 1, 2019 - Best Care Ambulance, LLC Acquisition

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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.<br>If applicable | *Model<br>Year | *Make | *Vehicle VIN<br>(17 digits) | *License Plate<br>Number | *State<br>Registered | *Seating<br>Capacity | Wheelchair<br>Lift or<br>Ramp<br>Yes/No |
|----------------------------|----------------|-------|-----------------------------|--------------------------|----------------------|----------------------|---|
| WC519                      | VAN 2019       | Dodge | 2C4RDGBG5KR677911           | 65981HT                  | MD                   | 6                    | YES                                     |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |
|                            |                |       |                             |                          |                      |                      |   |

7. **\*CERTIFICATION:**

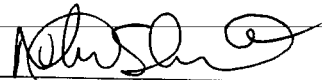
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Nikole Schriefer

\*Name (type or print)

Education and Compliance Manager

\*Title (not required for sole proprietors)



\*Signature

03/03/2020

\*Date