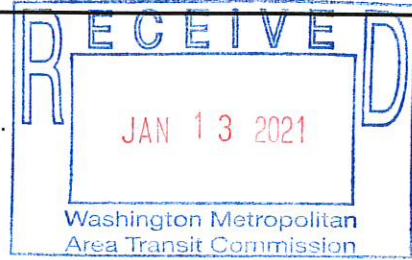


# Washington Metropolitan Area Transit Commission

## 2021 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

1509					WHOLISTIC SERVICES III, INC				
*WMATC No.					*Name of Carrier (as shown on certificate of authority)				
11814 BUNKER HILL RD.			M.E.	WASHINGTON		DC	20018		
*Street Address of Principal Place of Business			Apt./Suite	City		State	Zip		
2309 VARNUM STREET				MOUNT RAINIER		MD	20712		
Mailing Address (if different from street address)			Apt./Suite	City		State	Zip		
301-392-2500			301-363-1976	Robert.Thomas@wholisticservicesinc.com					
*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	Robert.Thomas@wholisticservicesinc.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).

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

