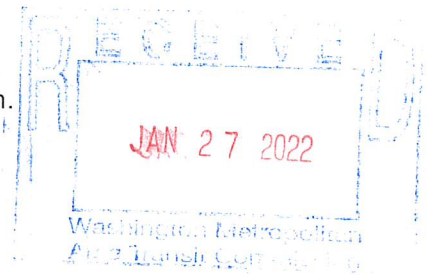


# Washington Metropolitan Area Transit Commission

## 2022 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

1508	Wholistic Services II Inc.			
<b>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</b>				
1226 Lawrence Street, N.E.		Washington	DC	20017-4027
<b>*Street Address of Principal Place of Business                      Apt./Suite    City                      State                      Zip</b>				
2309 Varnum Street		Mount Rainer	MD	20712-1459
<b>Mailing Address (if different from street address)                      Apt./Suite    City                      State                      Zip</b>				
(301) 392-2500		(301) 363-1976		
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

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

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

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

Mr. Robert A. Thomas	Corporate Secretary		
<b>*Name</b>	<b>*Title</b>		
(301) 392-2500		(301) 363-1976	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

### 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).

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

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.

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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. 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)

CORPORATE SECRETARY

\*Title (not required for sole proprietors)

Robert A. Thomas

\*Signature

1/26/2022

\*Date

