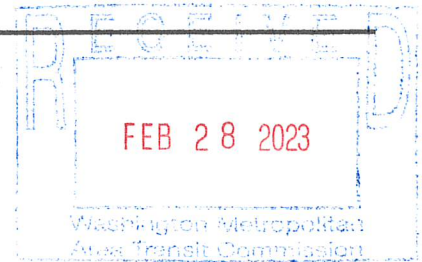


Washington Metropolitan Area Transit Commission 2023 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

206 | Para-Med Medical Transportation Inc.

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

16021 Industrial Drive | #3 | Gaithersburg | MD | 20877

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

16021 Industrial Drive | #3 | Gaithersburg | MD | 20877

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

301-838-8700 | 202-666-9161 | 301-838-8704 | tsafai@yahoo.com

*Telephone | Other Telephone | Fax | E-mail

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

2345

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):

Tejav Safai | Owner/President

*Name

*Title

301-838-8700 | 202-666-9161 | 301-838-8704 | tsafai@yahoo.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.

Tejav Safai | 301-838-8700 | tsafai@yahoo.com

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

23300 Ridge Road | | Germantown | MD | 20876

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.

None-Applicable

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
2	2006	Chevy	1GBJG312361196508	5FA6370	MD	6	Yes
20	2009	Dodge	C4RDGBG6GR342261	8EB1001	MD	5	Yes
21	2011	Dodge	2D4RN3DG7BR637660	4EE3643	MD	5	Yes
22	2019	Dodge	2C4RDGCG2KR775051	1EY6146	MD	5	Yes
23	2019	Dodge	2C4RDGCG1KR693196	1EY6147	MD	5	Yes
24	2005	Chevy	1GNDV23E75D111044	1FF3368	MD	5	Yes
25	2016	Dodge	2C4RDGCG6GR344798	1FF3369	MD	5	Yes
26	2017	Dodge	2C7WDGBG3HR784129	3FF4334	MD	5	Yes
31	2015	Dodge	3C6TRVPG5FE520222	2EZ6817	MD	5	Yes
121	2003	Jeep	1J4GW48S43C576066	2EZ6882	MD	4	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.

Tejav Safai

*Name (type or print)

Owner/President

*Title (not required for sole proprietors)

*Signature

1/2/2023

*Date