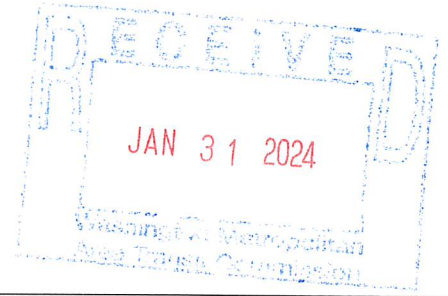


# Washington Metropolitan Area Transit Commission

## 2024 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>					
3400 9th Street, N.E.			Washington	DC	20017-1704
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
(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) 363-1976	
<small>*Telephone</small>	<small>Other 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](http://www.wmatc.gov).

<small>Name of Registered Agent for Service of Process</small>	<small>Telephone</small>	<small>E-mail</small>
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.

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
	2020	FORD TRANSIT	1FDAY2C86LK88988	B-52518	D.C.	7	Y
	2019	DODGE CARAVAN	2C4RDG6G7KR727594	B-52489	D.C.	5	Y
	2019	FORD TRANSIT	1FBZK2ZMXKKB24325	B-51575	D.C.	15	N
	2020	SIENNA FORD	5TDYZ3DC0L5036609	66007B	MD	8	N
	2019	TRANSIT	1FBZK2ZM9KKB05085	B-52503	MD	15	N
	2020	SIENNA	5TDYZ3DC5L5042115	B-51603	D.C.	8	N
	2017	TOYOTA	5TDKZ3DCXH5848271	B-45823	D.C.	8	N
	<del>2021</del>	<del>CHRYSLER</del>	<del>5ZLACLDGXMRS03394</del>	<del>83179HT</del>	<del>MD</del>	<del>6</del>	<del>N</del>
	<del>2021</del>	<del>CHRYSLER</del>	<del>2C4RC1DGXMR503994</del>	<del>83179HT</del>	<del>MD</del>	<del>6</del>	<del>N</del>
	2021	CHRYSLER	2C4RC1DGXMR503994	83179HT	MD	6	N

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)

1/29/2024

\*Date