

# Washington Metropolitan Area Transit Commission

## 2011 Carrier Annual Report Form

### PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2011, must file a complete 2011 annual report and pay a \$150 annual fee on or before **January 31, 2011**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 3, 2011.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

### 1. ANNUAL REPORT OF:

592 | Adventures By Dawn L.L.C.

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

6307 Aaron Lane, Clinton, MD 20735-2202

\*Street Address of Principal Place of Business

Mailing Address (if different from street address)

(301) 868-1141 | | (301) 868-7023 | adventurebydawn@verizon.net

\*Telephone Number | Other Telephone | Fax Number | E-mail

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

Mr. Mohammed Khan | Vice President & General Manager

\*Name | \*Title

(301) 868-1141 | | (301) 868-7023 | adventurebydawn@verizon.net

\*Telephone Number | Other Telephone | Fax Number | E-mail

### 3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*(Complete section 3 only if the street address 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).

Alfred Taylor  
Name of Registered Agent for Service of Process

2911 7<sup>th</sup> Street NE Washington DC 20017

Street Address

(202) 529-3500

Telephone Number | Other Telephone | Fax Number | E-mail

3. **\*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.

William Adona - Deceased

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list, check the box indicating all information is accurate, and return the list with both pages of this form; **or** (3) attach your own vehicle list to both pages of this form. Include **all** required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
9911	2006	Prevo	2PLX3349861028867	005P37	MD	55
9912	2006	Prevo	2PLX3349461028851	005P38	MD	55
9914	2007	Prevo	2PLG3349471028821	005P39	MD	55
9915	2006	MCI	2M86 DMPA 96P057206	005P40	MD	55
9916	2006	MCI	2M86 DMPA06P057207	005P41	MD	55
9917	2009	MCI	2M93JMH439W065036	010P96	MD	56

6. **\*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.

Mohammed Khan  
 \*Name (Type or Print)

  
 \*Signature

President  
 \*Title

1/19/11  
 \*Date

Name: Adventures By Dawn L.L.C.

Trade Name:

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. Choose one and only one of the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list, check the box indicating all information is accurate, and return this list with both pages of your annual report form; or (3) attach your own vehicle list to both pages of the annual report form. Failure to report revenue vehicles may result in a civil forfeiture.

Check this box if all information on this list, including any corrections, is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
9911	2006	Prevost	2PCX3349861028867	005P38	MD	55
9912	2006	Prevost	2PCX3349461028851	005P39	MD	55
9914	2007	Prevost	2PCE3349471028821	005P40	MD	55
9915	2006	MCI	1M86DMPA96P057206	005P41	MD	55
9916	2006	MCI	1M86DMPA06P057207	005P42	MD	55
9917	2009	MCI	2M93JMHA39W065036	010P96	MD	56