

Jeffrey Lehmann

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**From:** Washington Metropolitan Area Transit Commission [administrator@wmatc.gov]  
**Sent:** Friday, January 27, 2012 11:52 AM  
**To:** Constantine Kolouas  
**Subject:** 2012 Annual Report - WMATC No: 592, Carrier Name: Adventures By Dawn L.L.C.  
**Attachments:** 4f22d63dab803-WMATC VEHICLE LIST 2012.xls

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**Washington Metropolitan Area Transit Commission**  
2012 Carrier Annual Report Form

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**NEW THIS YEAR:**

- Annual reports can now be filed online at [www.wmatc.gov](http://www.wmatc.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

**FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on 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 **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **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 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 592

**USDOT No.:** 779981

**Name of Carrier (as shown on certificate of authority):** Adventures By Dawn L.L.C.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 6307 AARON LANE

**City:** CLINTON

**State:** MD

**Zip:** 20735

**Mailing Address (if different from street address)**

**Street:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (301)868-1141

**Other Telephone:**

**Fax Number:** (301)868-7023

**E-mail:** ADVENTUREBYDAWN@VERIZON.NET

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

**Name:** MOHAMMED KHAN

**Title:** PRESIDENT

**Telephone Number:** (301)868-1141

**Other Telephone:**

**Fax Number:** (301)868-7023

**E-mail:** ADVENTUREBYDAWN@VERIZON.NET

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

\*(Complete section 3 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.

**Name of Registered Agent for Service of Process:** ALFRED TAYLOR

**Agent Address:** 2911 7 TH STREET NE

**City:** WASHINGTON

**State:** DC

**Zip:** 20017

**Telephone Number:** (301)868-1141

**E-mail:** ADVENTUREBYDAWN@VERIZON.NET

**4. \*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.

CHANGED  
PREVIOUSLY -  
WILLIAM  
ADONA  
PASSED  
AWAY

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following two options: (1) list your vehicles below; **or** (2) upload your own complete vehicle list. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
9							

**\*Your vehicle list was attached to your submission.**

6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Mohammed Khan

**Title:** President

**Date:** 1/27/12

# ADVENTURE BY DAWN LLC VEHICLE LIST

VEH #	# PASS	YEAR	MAKE	MODEL	VIN #	TAG #	STATE
9911	55 PASS	2006	PREVOST	XL2	2PCX3349861028867	015P69	MD
9912	55 PASS	2006	PREVOST	XL2	2PCX3349461028851	005P39	MD
9914	55 PASS	2007	PREVOST	XL2	2PCG3349471028821	005P40	MD
9915	55 PASS	2006	MCI	102 DL3	1M86DMPA96P057206	005P41	MD
9916	55 PASS	2006	MCI	102 DL3	1M86DMPA06P057207	005P42	MD
9917	56 PASS	2009	MCI	J4500	2M93JMHHA39W065036	010P96	MD

WHEELCHAIR

