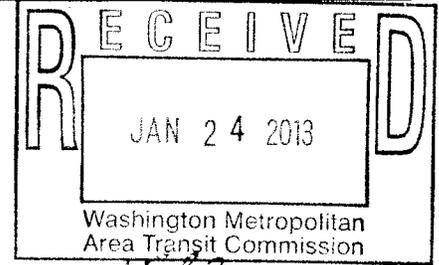


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1589 | EASY TRANSPORT

1589

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

3334 ERIE ST SE | | W Washington | DC | 20020

*Street Address of Principal Place of Business

Apt./Suite City

State

Zip

8507 Chapman Oaks | | Springfield | VA | 22153

Mailing Address (if different from street address)

Apt./Suite City

State

Zip

(703) 467-2781 | | Fgenemo at AOL.com

*Telephone

Other Telephone

Fax

E-mail

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

USDOT No.

DCTC No.

Virginia DMV passenger carrier No.

Maryland PSC No.

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

FISSEHA GENEMO | Sole proprietor

*Name

*Title

*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.

Name of Registered Agent for Service of Process

Telephone

E-mail

Agent Address (must be inside Metropolitan District)

Apt./Suite City

State

Zip

