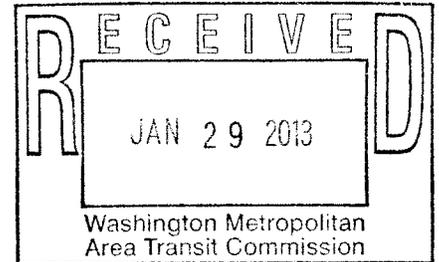


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1629	Mark Asibey Ampofo, t/a Heavens Bridges Transportation			
*WMATC No.	*Name of Carrier (as shown on certificate of authority)			
15616				
15604	Marathon Circle, # 201 401		North Potomac	MD 20878-5363
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(240) 813-5776	(240) 357-4452	(240) 377-0671	mcampof@yahoo.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):

Mr. Mark Asibey Ampofo		Sole Proprietor	
*Name		*Title	
(240) 813-5776	(240) 357-4452	(240) 377-0671	mcampof@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.

National Registered Agents, Inc.		(800) 767-1553		apurdy@nrai.com	
Name of Registered Agent for Service of Process		Telephone	E-mail		
1090 Vermont Avenue, N.W., #910			Washington	DC	20005
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.

N/A

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. 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
1	06	INFINITI	5N3AA08C46N812979	46349B	MD	7	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.

MARC ARSEY - Amy Asto

*Name (type or print)

Marc Arsey

*Signature

OWNER

*Title (not required for sole proprietors)

1/15/13

*Date