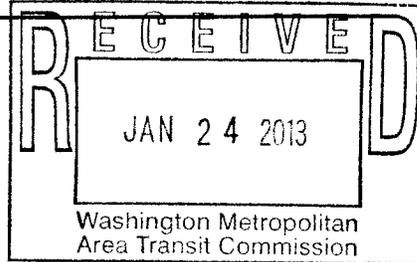


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1749 DC NATION, INC.

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

2000 HUNTINGTON AVE | 1624 | ALEXANDRIA | VA | 22303
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

P.O. Box 30033 | | ALEXANDRIA | VA | 22310
Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

571-969-9558 | (703) 994-8545 | 703 3723283 | DCNATIONINC@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):

ALBERTO CARHUAS | CHIEF OPERATING OFFICER

*Name | *Title
571-969-9558 | (703) 372-3283 | DCNATIONINC@AOL.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.

Name of Registered Agent for Service of Process | Telephone | E-mail
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.

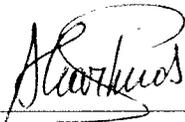
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2012	INTERNATIONAL	3HAMMAAM2CL553488	5A557P	VA	32	NO
	2006	FORD	1FDAF56P96EBA3007	44606P	VA	28	NO
	2002	FORD	1FDWE45F02HA35704	P159857	VA	24	NO
	2004	FORD	1FDWE45F73HB65643	H517965	VA	24	NO
	2012	FORD	1FDGF5GT3CEA30526	H519761	VA	28	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.

CARHUAS, ALBERTO
 *Name (type or print)


 *Signature

CHIEF OPERATING OFFICER
 *Title (not required for sole proprietors)

JAN-17-2013
 *Date