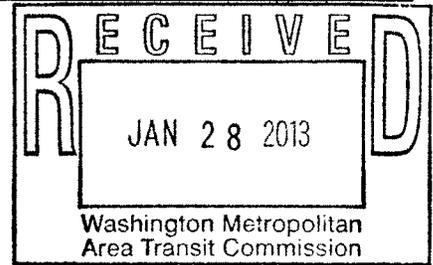


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1808 | Unus Transportation and Services, LLC

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

6 Musicmaster Court | | Silver Spring | MD | 20904-6847
*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) 417-3862 | (888) 986-8687 | (888) 986-8687 | camara@unu transports.com
*Telephone | Other Telephone | Fax | E-mail

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

2200718 | | | 4394
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. Mamadou Camara | Owner

*Name

*Title

(240) 417-3862 | (888) 986-8687 | (888) 986-8687 | yunus56@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
1	Lincoln 03	Towncar	1LNHM84W33Y607595 ✓	464-518	Ind	5	No
2	Chevrolet 07	Suburban	3GNFK16307G298512 ✓	520-93B	Ind	7	No
3	Lincoln 03	Towncar	1LNHM84W103Y616562 ✓	530-42B	Ind	5	No
4	Lincoln 05	Towncar	1LNHM81W155Y617035 ✓	530-94B	Ind	5	No
5	Lincoln 05	Towncar	1LNHM84W135Y633987 ✓	540-45B	Ind	5	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.

Mamadou Camara
 *Name (type or print)


 *Signature

Owner
 *Title (not required for sole proprietors)

01/07/13
 *Date