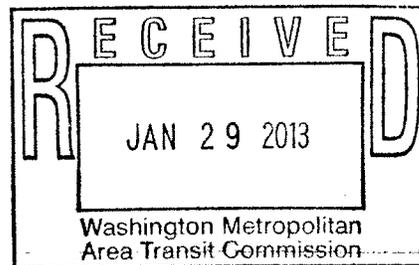


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1844	St. Michael Transportation, LLC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
5610 2nd Place, N.W.		Washington	DC	20011-2202
*Street Address of Principal Place of Business		Apt./Suite	City	State
Mailing Address (if different from street address)		Apt./Suite	City	State
(202) 413-1200				
*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):

Ms. Tsega Kahsay Tesfay		Manager	
*Name		*Title	
(202) 413-1200		(202) 265-3538	
*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

