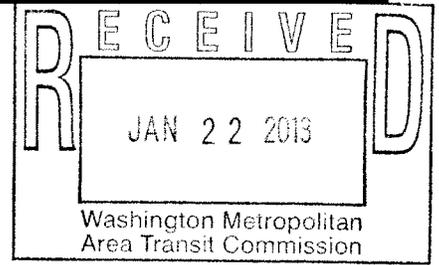


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

592 | Adventures By Dawn L.L.C.

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

6307 Aaron Lane | | Clinton | MD | 20735-2202
 *Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(301) 868-1141 | | (301) 868-7023 | adventurebydawn@verizon.net

*Telephone | Other Telephone | Fax | E-mail

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

779981 | | | |
 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. Mohammed Khan | President

*Name | *Title

(301) 868-1141 | | (301) 868-7023 | adventurebydawn@verizon.net

*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.

Alfred Taylor | 202-305-7087 | AdventureByDawn@verizon.net

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

2911 7th Street NE DC 20017 | Washington | DC | 20017

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.

None

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
			<i>Attached</i>				

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.

Mohamad Khan

 *Name (type or print)

President

 *Title (not required for sole proprietors)

[Signature]

 *Signature

1/15/13

 *Date

ADVENTURE BY DAWN LLC VEHICLE LIST

VEH #	YEAR	MAKE	MODEL	VIN #	TAG #	STATE	# PASS	WHEELCHAIR
9914	2007	PREVOST	XL2	2PCG3349471028821	005P40	MD	55 PASS	NO
9915	2006	MCI	102 DL3	1M86DMPA96P057206	005P41	MD	55 PASS	NO
9916	2006	MCI	102 DL3	1M86DMPA06P057207	005P42	MD	55 PASS	NO
9917	2009	MCI	J4500	2M93JMHHA39W065036	010P96	MD	56 PASS	YES
9918	2012	MCI	J4500	2MG3JMB7CW066019	020P81	MD	56 PASS	NO
9919	2012	MCI	J4500	2MG3JMBA3CW066020	005P39	MD	56 PASS	NO