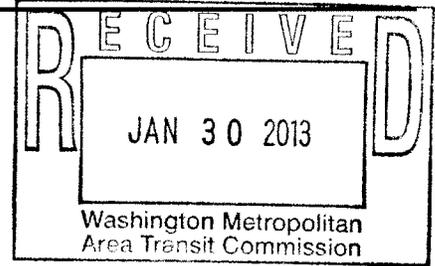


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

596 | Nigussie G. Mogus, t/a Batmn

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

6318 Indian Run Parkway | | Alexandria | VA | 22312-6439
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

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

(202) 359-3244 | | (703) 914-5534 | batmntrans@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. Nigussie Mogus | Sole Proprietor

*Name | *Title

(202) 359-3244 | | (703) 763-5704 | batmntrans@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.

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

W/A | | | | |
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.

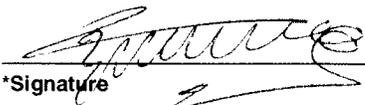
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2005	FORD	1FBSS31S1S HA23191	H517431	VA	15	—
✓	2006	FORD	1FBSS31L36HB 23593	H512420	VA	15	—
✓	2005	FORD	1FBSS31L35HA 79187	H518022	VA	15	
✓	2007	FORD	1FBSS31L070B01643	H517846	VA	15	
✓	2003	FORD	1FBSSJ1L81HA 59319	H520097	VA	15	
✓	2007	FORD	1FBSS31L67WA 98679	H518030	VA	15	
✓	2005	Dodge	1D4GP24RX5B 117808	H5101405	VA	07	
✓	2003	FORD	1FBSS31L23HA 78965	H515966	VA	15	

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.

Nioussie Mowus
 *Name (type or print)

OWNER
 *Title (not required for sole proprietors)


 *Signature

01/30/2013
 *Date