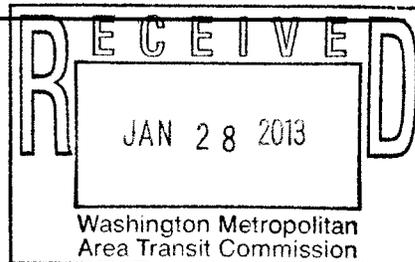


# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

GADOSOLO TRANSPORTATION

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

655

\*Street Address of Principal Place of Business

Apt./Suite City

State Zip

1512 MONTANA AVE NE DC20018

DC 20018

Mailing Address (if different from street address)

Apt./Suite City

State Zip

\*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):

FEKADU HYBANO

OWNER

\*Name

\*Title

202 437 6762

HYBANO@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](http://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.

NO

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. # applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2005	CHEVY	1GNDV23E25D128665	ED1782	DC	7	VAN
	2008	FORD	1FBXE31288DB20087 ✓	B44085	DC	12	VAN
	2007	FORD	1FBNE31L87DB13364DC ✓	DP5942	DC	12	VAN
	2007	FORD	1FBSS31L37DA05004 ✓	B40974	DC	15	VAN

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.

FEKADU HYBANO

\*Name (type or print)

OWNER

\*Title (not required for sole proprietors)



\*Signature

01/28/2013

\*Date