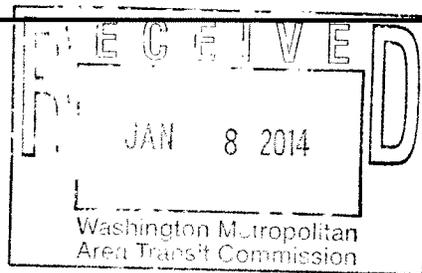


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

1392	Associates Tours & Travel, L.L.C.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
4203 Georgia Avenue, N.W.		Washington	DC	20011-7244
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
2231 Hidden Valley Lane		Silver Spring	MD	20904-5241
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
(301) 879-2277	(240) 535-4517	(301) 236-0698	mickeyjohnson926@hotmail.com	
*Telephone	Other Telephone	Fax	E-mail	

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

416223			3598
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. Ramon P. Johnson		President	
*Name		*Title	
(301) 879-2277	(240) 535-4517	(202) 547-2702	mickeyjohnson926@hotmail.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.

N/A			
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.

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. If you have more than 10 vehicles in your fleet, you must use option 2. 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
F144	1990	MCI	1M8GDM9A5LP043171	005P71	MD	47	No
	2004	Lincoln	1LNHM84W64Y662902	03661LM	MD	5	No
	2007	Chev	1GAHG39U571188727	08735P	MD	15	No

7. ***CERTIFICATION:**

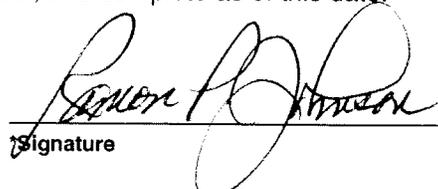
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Ramon P. Johnson

*Name (type or print)

Owner/President

*Title (not required for sole proprietors)



*Signature

January 6, 2014

*Date