Chris Aquino

From: WMATC E-Filing <administrator@wmatc.gov>
Sent: Friday, January 31, 2014 11:50 AM
To: Chris Aquino
Subject: 2014 Annual Report - WMATC No: 1566, Carrier Name: Osalo Transportation, LLC

Washington Metropolitan Area Transit Commission
2014 Carrier Annual Report Form

FILING INFORMATION:

- Each carrier holding a WMATC certificate of authority on January 1, 2014, must file a complete 2014 annual report and pay a $150 annual fee on or before **January 31, 2014.** To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **$150 late fee**. Each carrier that fails to pay the $150 annual fee on time will be assessed a separate **$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 2, 2014.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

1. ANNUAL REPORT OF:
WMATC No.: 1566
Name of Carrier (as shown on certificate of authority): Osalo Transportation, LLC
Trade Name:
Principal Place of Business
Street Address: 4165 BRANCH AVE #213
Apt./Suite:
City: TEMPLE HILLS
State: MD
Zip: 20748

Mailing Address (if different from street address)
Street: 7725 CHATFIELD LN
Apt./Suite:
City: ELLICOTT CITY
State: MD
Zip: 21043

Telephone Number: (410)800-5385
Other Telephone:
Fax Number: (410)796-3610
E-mail: osalotransport@gmail.com

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):
Name: OLIVIER
Title: TCHATO
Telephone Number: (410)800-5385
Other Telephone:
Fax Number: (410)796-3610
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: OLIVIER TCHATO
Agent Address: 4165 BRANCH AVE
Apt./Suite: 213
City: TEMPLE HILLS
State: MD
Zip: 20748
Telephone Number: (301)336-7925
E-mail: osalotransport@gmail.com

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.

OLIVIER TCHATO is the only owner and resident agent.

6. *LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS: (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair
21	2007	FORD E350	1FTSS34L07DB40352 √	55559B	MD	6	Yes
22	2009	FORD E350	FTSS34LX9DA37894 √	51438B	MD	4	Yes
18	2004	CHEVY IMPALA	2G1WH52K049269926 √	51632B	MD	5	No
26	2013	FORD E150	1FTNE1EW9DD56480 √	56536B	MD	7	Yes
25	2008	FORD E350	1FTSE34L98DB34607 √	56810B	MD	5	Yes
24	2013	SIENNA	5TDZK3DC0DS367359 √	56261B	MD	7	No
23	2013	SIENNA	5TDZK3DC3DS344772	55865B	MD	7	No

***Filer has chosen vehicle list option (1), vehicles listed above. No vehicle list file was uploaded.**

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

Name: OLIVIER TCHATO
Title: GENERAL MANAGER
Date: 01/31/2014