Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

RECEIVED
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Washington Metropolitan Area Transit Commission

1. CARRIER INFORMATION:

*WMATC No.	*Name of Carrier (as shown on certificate of authority)
1608	Mariet & B Transportation, LLC

*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
5940 14th Street, N.W., #A1		Washington	DC	20011-1775

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

*Telephone	Other Telephone	Fax	E-mail
(240) 893-7627			saidoukabem@yahoo.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	*Title
Mr. Saidou Kabem Ouedraogo	President

*Telephone	Other Telephone	Fax	E-mail
(240) 893-7627			saidoukabem@yahoo.com

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	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.

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
02	2003 GRAND CARAVAN	dodge	1D4GP24R33B248415	B44285	district of DC	7	NO
03	VOYAGER 2000	CHRYSLER	1C4GJ44G4YB770499	B45232	DC	7	NO
05	CARAVAN 2002	DODGE	1B4GP15B32B601014	B44229	DC	7	NO
06	TOWN & COUNTY 2008	CHRYSLER	2A8HR44H88R782039	B44297	DC	4	RAMP YES
07	CARAVAN 1999	DODGE	1B4GP44L6XB891266	B44296	DC	4	RAMP YES
08	SIENNA 2008	TOYOTA	5TDZK23C58S123028	B44290	DC	7	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.

SAIDOU K OUEDRAOGO
***Name** (type or print)

***Signature**

President
***Title** (not required for sole proprietors)

01/24/14
***Date**