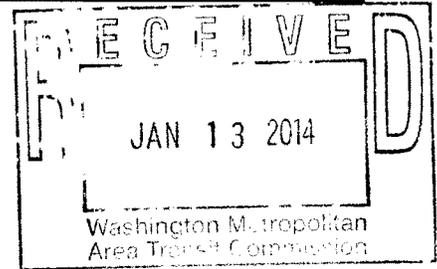


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2036 | LUE LIMOUSINE INC

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

8715 FIRST AVE SUITE 317C | 317C | SILVER SPRING | MD | 20910

*Street Address of Principal Place of Business Apt./Suite City State Zip

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

301 588 0385 | 301 252 5552 | 301 588 0386 | INFO@LUELIMOUSINE.NET

*Telephone Other Telephone Fax E-mail

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

| | | | |
|-----------|----------|------------------------------------|------------------|
| | | | 4644 |
| 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):

LIGNON VINCENT LUE | PRESIDENT

*Name *Title

301 588 0385 | 301 252 5552 | 301 588 0386 | INFO@LUELIMOUSINE.NET

*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.

| | | |
|--|--------------------|----------------|
| | | |
| 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 |
|----------------------------|----------------|-------------------|-----------------------------|--------------------------|----------------------|----------------------|---|
| 01 | 2008 | CHEVY SUBURBAN | 1GNFK16358R272487 | 46321B | M.D | 7 | NO |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

7. ***CERTIFICATION:**

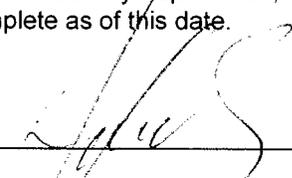
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

LIGNON VINCENT LUE

 *Name (type or print)

PRESIDENT

 *Title (not required for sole proprietors)



 *Signature

01/13/2014

 *Date