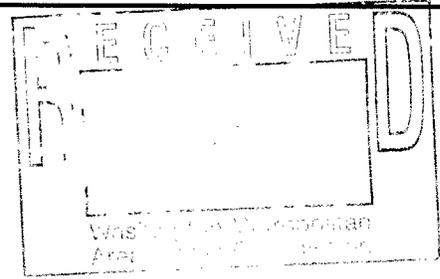


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2064 | Magic Carpet Tours Bus Service, Inc.

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

200 West 21st Street	Apt./Suite	Richmond	VA	23225-3920
*Street Address of Principal Place of Business		City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(804) 232-0082	(804) 232-5610	magiccarpettours@aol.com
*Telephone	Other Telephone	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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. James Morgan Brown, Sr.	CEO
*Name	*Title
(804) 232-0082	(804) 232-5610 magiccarpettours@aol.com
*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.

Chauncey Dunham	(301) 399-0981	cdunham690@aol.com
Name of Registered Agent for Service of Process	Telephone	E-mail
6700 Carroll Way	Upper Marlboro	MD 20772-3932
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
			COPIES ENCLOSED				

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.

James M. Brown Sr.
***Name** (type or print)

James M. Brown Sr.
***Signature**

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

1-8-14
***Date**

