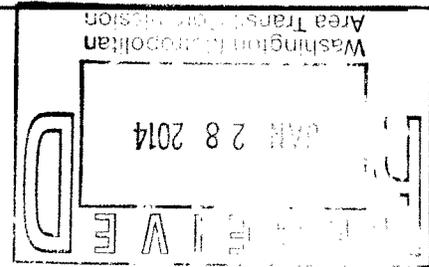


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2253	VANITY TOUR'S INC			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
21120 TWINRIDGE SQ		STERLING	VA	20164
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)				
202-288-6791		240-235-4253	INFO@VANITYLIMO.COM	
*Telephone	Other Telephone	Fax	E-mail	

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

2390440		821640	
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):

NADEEM NAGRA		OWNER	
*Name		*Title	
202-288-6791		2402354235	INFO@VANITYLIMO.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.

NADEEM NAGRA		202-288-6791	info@vanitylimo.com	
Name of Registered Agent for Service of Process		Telephone	E-mail	
145 FLEET ST		275	OXON HILL	MD 20745
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
738	2007	international	1HVBTAAM07H314227	VANITY 2	VA	36	NO
748	2001	PREVOST	2PCH3341911014256	VANITY 1	VA	51	NO

7. ***CERTIFICATION:**

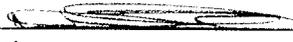
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

NADEEM NAGRA

*Name (type or print)

OWNER

*Title (not required for sole proprietors)



*Signature

01/28/2014

*Date