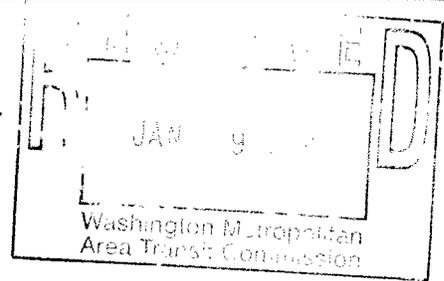


# Washington Metropolitan Area Transit Commission

## 2014 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



### 1. CARRIER INFORMATION:

276 | Airport Metro Connection, Inc., t/a Excellent Tours

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

4324 41st Street, | Brentwood | MD | 20722

\*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) 773-1018 | (301) 773-1077 | reservations@excellendctours.com

\*Telephone | Other Telephone | Fax | E-mail

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

1512245 | | | 2850

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):

Mr. Tsegaye Mamo | President

\*Name | \*Title

(240) 832-5700 | (301) 773-1077 | tmamo@excellendctours.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](http://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.

NONE

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
8	2006	GMC	1GDE5V1216F419500	004P94	MD	34	NO
9	2006	CHEVY	1GBE5V1226F434791	010P40	MD	30	NO
10	2002	MCI	1M83JMPA42P061928	010P41	MD	57	NO
11	2010	FORD	1FDWE3FL8ADA49256	018P46	MD	15	NO
101	2005	MCI	1M86DMDA15P056599	019P97	MD	56	NO
201	2012	FREIGHT- LINER	1FVACWDT1CHBF8665	021P44	MD	36	NO
301	2012	MCI	2MG3JM8A4CW066180	022P83	MD	57	NO
401	2012	INTERNA- TIONAL	4DRXWSKK3CJ454678	022P40	MD	25	YES

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.

TSEGATE MAMO

\*Name (type or print)

Tsegate Mamo

\*Signature

PRESIDENT

\*Title (not required for sole proprietors)

1/7/2014

\*Date