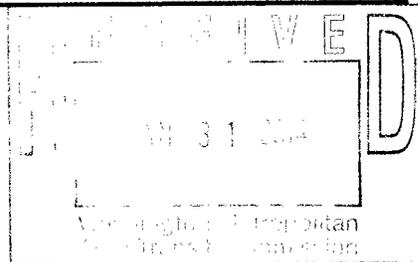


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

634 Metro Homes, Inc.

*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
6856 Eastern Avenue, N.W., #376		Washington	DC	20012-2112	
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (If different from street address)		Apt./Suite	City	State	Zip
(202) 829-1707		(202) 829-0616			
*Telephone	Other Telephone	Fax	E-mail		

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

2064678			
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. Kevin M. Mattison	Transportation Manager		
*Name	*Title		
(202) 829-1707	(202) 829-0616		
*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.

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
Kenilworth	2005	Ford	1fbss31s25ha15889 ✓	B41463	DC	9	Yes
Northgate	2005	Ford	1fbss31s85ha61467 ✓	49622b	MD	9	Yes
Juanita	2012	Ford	1ftss3el0cda86723 ✓	B45159	DC	9	Yes
Priscilla	2010	Ford	1ftss3el9ada10575 ✓	B42347	DC	9	Yes
Juliet	2012	Ford	1fdfe4fs2cdb18846 ✓	B45157	DC	11	Yes
Spare	1998	Ford	1fbss31lxwha16508 ✓	05231p	MD	9	Yes
Spare	2001	Ford	1fdxe45s11ha19964 ✓	50521b	MD	11	Yes
Maxine	2012	Ford	1fbss3bl7cda03670 ✓	B45386	DC	15	No
Claire	2010	Ford	1fbss3bl0ada77431 ✓	B44683	DC	15	No
Elaine	2010	Ford	1fbss3bl5ada54064 ✓	B44684	DC	15	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.

KEVIN MATTHEWSON
 *Name (type or print)

[Signature]
 *Signature

TRANSPORTATION MANAGER
 *Title (not required for sole proprietors)

1/7/14
 *Date