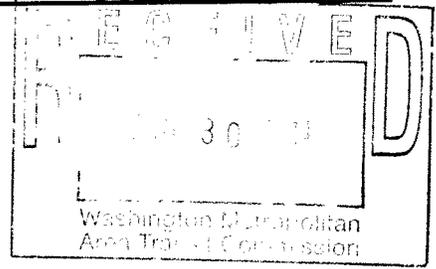


Washington Metropolitan Area Transit Commission

2014 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

981	Gizachew Wourgasso Nerri, t/a H&H GN Transport			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
4534 Southland Avenue		Alexandria	VA	22312-1620
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
Mailing Address (if different from street address)				
(571) 236-1679	(202) 529-1071	(703) 619-0045	gizachewnerri@yahoo.com	
*Telephone	Other Telephone	Fax	E-mail	

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

2343806			
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):

Ms. Gizachew Wourgasso Nerri		Sole Proprietor	
*Name		*Title	
(571) 236-1679	(202) 529-1071	(703) 619-0045	gizachewnerri@yahoo.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.

n/a		
Name of Registered Agent for Service of Process	Telephone	E-mail
Agent Address (must be inside Metropolitan District)		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.

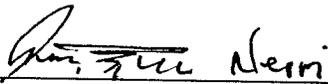
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2004	FORD	1FBSS31L54HA31480	H512196	VA	15	NO
2	2004	CHEVY EXPRESS	1GAHG39U041210242	H522218	VA	15	NO
3	2006	FORD	1FBSS31L36DA95818	H522217	VA	15	NO
4	2009	FORD	1FBSS31L59DA09106	H522216	VA	15	NO
5	2011	FORD	1FBSS3BLXBDB11277	H522972	VA	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.

Gizachew Nerri

 *Name (type or print)



 *Signature

MANAGER & OWNER

 *Title (not required for sole proprietors)

JANUARY 23, 2014

 *Date