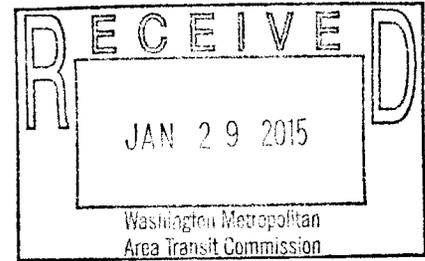


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1356 | Simon Transportation, LLC

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

10013 Moreland Street		Fort Washington	MD	20744-2541
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

Mailing Address (If different from street address)		City	State	Zip
--	--	------	-------	-----

(301) 379-1063	(240) 606-0680	(240) 318-3185	howie.simon1@yahoo.com
*Telephone	Other Telephone	Fax	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.
-----------	----------	------------------------------------	------------------

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Howard Edgerton Simon	President
*Name	*Title
(301) 379-1063	(240) 244-5622
*Telephone	Other Telephone
(240) 318-3185	howie.simon1@yahoo.com
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)		City	State	Zip
--	--	------	-------	-----

