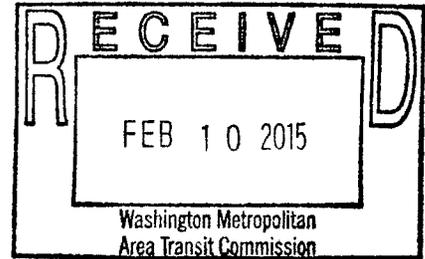


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1629	Mark Asibey Ampofo, t/a Heavens Bridges Transportation			
*WMATC No. 14043	*Name of Carrier (as shown on certificate of authority) WELLSRING AVE CLARKSBURG			
15616 Marathon Circle, #401		North Potomac	MD	20871 20878-5363
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(240) 813-5776	(240) 357-4452	(240) 377-0671	mcampof@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. 4412
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Mark Asibey Ampofo	Sole Proprietor		
*Name	*Title		
(240) 813-5776	(240) 357-4452	(240) 377-0671	mcampof@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.

National Registered Agents, Inc.	(800) 767-1553	apurdy@nrai.com		
Name of Registered Agent for Service of Process	Telephone	E-mail		
1090 Vermont Avenue, N.W., #910		Washington	DC	20005
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

