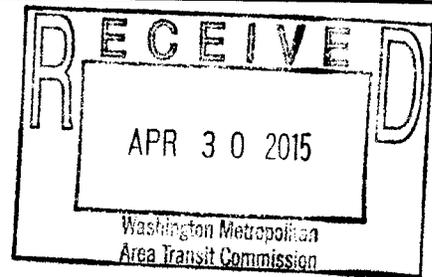


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1922 METRO-TRANSCARE L.L.C

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

13601 ALE HOUSE CIRCLE 310 GERMANTOWN MD 20874

*Street Address of Principal Place of Business Apt./Suite City State Zip

Mailing Address (if different from street address) Apt./Suite City State Zip

240-444-1405 301-640-5147 301-640-5148 METROTRANSCARE@GMAIL.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):

MAHAMANE DABO PRESIDENT, OWNER

*Name *Title
240-444-1405 301-640-5147 301-640-5148 METROTRANSCARE@GMAIL.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.

Name of Registered Agent for Service of Process Telephone E-mail

Agent Address (must be inside Metropolitan District) Apt./Suite City State Zip

