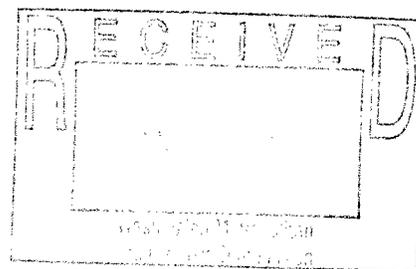


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1972	MA Sedan, Inc.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
12612 Buckingham Drive			Bowie	MD	20715-2244
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)					
(202) 438-3645		202-309-5034	(301) 805-8554	ahmedok65@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.
			5161

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

Mr. Ahmed Mahmood		President		
*Name		*Title		
(202) 438-3645	202-309-5034	(301) 805-8554	ahmedok65@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.

Name of Registered Agent for Service of Process		Telephone	E-mail		
Agent Address (must be inside Metropolitan District)					
		Apt./Suite	City	State	Zip

