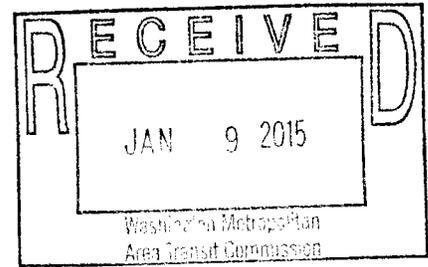


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2064 | Magic Carpet Tours Bus Service, Inc.

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

200 West 21st Street | | Richmond | VA | 23225-3920
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

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

(804) 232-0082 | | (804) 232-5610 | magiccarpettours@aol.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. James Morgan Brown, Sr. | CEO

*Name | *Title

(804) 232-0082 | | (804) 232-5610 | magiccarpettours@aol.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.

Chauncey Dunham | (301) 399-0981 | cdunham690@aol.com

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

6700 Carroll Way | | Upper Marlboro | MD | 20772-3932

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

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
2015	2015	MCI	2MB35MBA9FW066978 ✓	H519716	VA	54	YES
2014	2001	"	1MB81RMPA71P061459 ✓	H518320	VA	56	"
2012	2001	"	1MB81RMPA21P061496 ✓	H518131	VA	56	NO
2011	1999	"	1MB81RMPA1X7060817 ✓	H519120	VA	56	"
2010	1999	"	1MB81RMPA0X7060646 ✓	H507690	VA	56	"
2009	1995	"	1MB8PDMFA157946800 ✓	H518855	VA	51	"
2008	1998	"	1MB8PDMFA6W7050384 ✓	H519151	VA	55	"
2007	1994	"	1MB8PDMFA67P045360 ✓	H517154	VA	55	"
2003	1991	"	1M786DMLA8MP043823 ✓	H511812 H509691	VA	43	"
2002	1987	"	T1WFC46A4HR006018	H537091	VA	49	"

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.

James M. Brown Sr

 *Name (type or print)



 *Signature

CEO

 *Title (not required for sole proprietors)

01-02-2015

 *Date