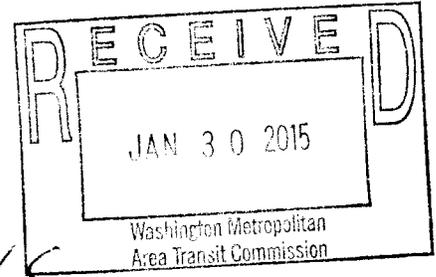


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2224 | Tour Buy The Hour LLC

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

14609 Farnham Lane | | Laurel | MD | 20707

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

14609 Farnham Lane | | Laurel | MD | 20707

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

240 413 5942 | 301-317 5559 | 301-317 5559 | Cheryl14609@verizon.net

*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.

| | | 005 9273

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

Dexter P. Harrison | Co-owner

*Name *Title

240-4135942 | 301-317-5559 | 301-317-5559 | Cheryl14609@verizon.net

*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.

N/A | |

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

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.

None

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
1	2012	Chevy VN	1GAZG1F67C1150630	09103DP	MD	15P	NO

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.

Dexter P. Harrison

 *Name (type or print)

Dexter P. Harrison

 *Signature

Co-owner

 *Title (not required for sole proprietors)

01-30-2015

 *Date