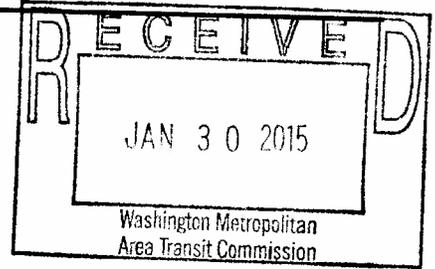


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

2325 Metropolitanlimousine, LLC

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

7215 Willow Oak PL Springfield VA 22153

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

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

202-361-2961 metropolitanlimousine01@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.

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

Anteneh Fantaye President

*Name *Title
202-361-2961 metropolitanlimousine01@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

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.

No Changes

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	Chevrolet	1GNSCHKC8FH273656 ✓	H524957	VA	7	
	2015	Chevrolet	1GNSKKKC6FR140412 ✓	H523843	VA	7	
	2013	Chevrolet	1GNSCJE07DR268163 ✓	H523827	VA	7	
	2013	Lincoln	1LNHL9FT2DG607266 ✓	H524566	VA	5	
	2011	Lincoln	2LNBL8CV3BX759537 ✓	H523821	VA	5	
	2011	Lincoln	2LNBL8EV7BX752930 ✓	H523818	VA	5	
	2009	Lincoln	2LNHM82V49X633450 ✓	H523817	VA	5	
	2007	Lincoln	1LNHM82V87Y614834 ✓	H523816	VA	5	
	2005	Lincoln	1LNHM81W65Y663201	H523833	VA	5	

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.

Anteneh Fantaye

*Name (type or print)

President

*Title (not required for sole proprietors)



*Signature

01/20/2015

*Date