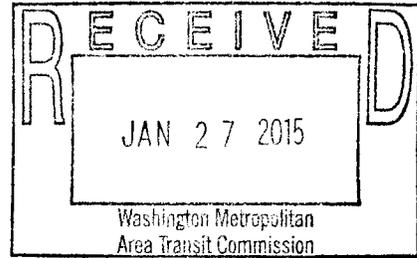


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2340 | M&Z Transportation LLC

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

531 N. Jordan Street, #404	Apt./Suite	Alexandria	VA	22304-5598
*Street Address of Principal Place of Business		City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(571) 241-2248	Other Telephone	Fax	mekonnen@yahoo.com
*Telephone			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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Zelalem Semeneh Mekonnen	Manager
*Name	*Title
(571) 241-2248	mekonnen@yahoo.com
*Telephone	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
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Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
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