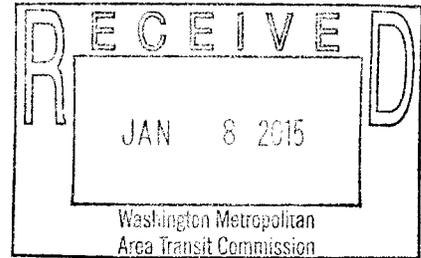


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2466 | Attl Inc., t/a Atlantic Travel and Limousine

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

2560 Virginia Avenue, N.W. | | Washington | DC | 20037-1904

*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) 337-5900

(202) 342-3900

(202) 333-3359

atlantictravel@aol.com

*Telephone

Other Telephone

Fax

E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

14830614

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. Muhsin Katib Abulhawa

President

*Name

*Title

(202) 337-5900

(202) 342-3900

(202) 333-3359

atlantictravel@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.

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.

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	2011	Lincoln Town	2LNBL8EV6BX753213	L4574	DC	4	No
	2006	Lincoln Town	1LNHM81V46Y645482	L5711	DC	4	No
	2009	Lincoln Town	2LNHM82V19X607260	L5712	DC	4	No
	2011	Mercedes Sprinter	WDZPE7CCXB5510764	B43399	DC	12	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.

MUHSIN KATIB ABULHAWA

*Name (type or print)

PRESIDENT / GENERAL MANAGER

*Title (not required for sole proprietors)



*Signature

JANUARY 5, 2015

*Date