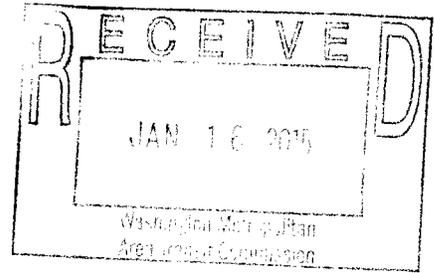


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2652 | Noursa, LLC

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

7201 Wisconsin Avenue, #450		Bethesda	MD	20814-4835
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
114-C S. Lynchburg Street		Chestertwown	MD	21620-1115
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(410) 778-0168		(301) 363-4538	mgm@elexc.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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Farid Vatan	Manager
*Name	*Title
(240) 328-2818	(301) 363-4538 farid.vatan@gmail.com
*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.

Farzad Enayati		tavisllc@gmail.com
Name of Registered Agent for Service of Process	Telephone	E-mail
10411 Motor City Drive, #750		Bethesda
Agent Address (must be inside Metropolitan District)	Apt./Suite	City
		MD
		20817-1289
		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.

Please change the "Registered Agent" to:

ALI HERISCHI (202) 415-4468

7201 WISCONSIN AVE. 450 BETHESDA, MD 20814

Ali.Herischi@IBHLAW.com

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
	2012	Mercedes	WDIDNG9EB6CA437070	57304B	MD	5	No
	2011	Jaguar	SAJWA2GE4BMV14659	57305B	MD	5	No
	2014	Cadillac	2G61U553XE9291832	57940B	MD	5	No
	2014	Infiniti	JN8AZ2NE3E9065524	57939B	MD	6	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.

Farid Voutan

*Name (type or print)

Manager

*Title (not required for sole proprietors)

Farid Voutan

*Signature

1/13/2015

*Date