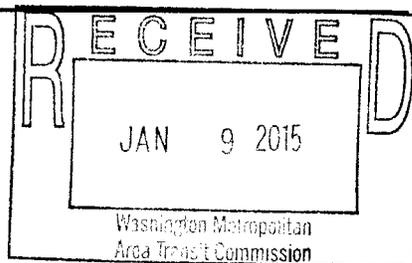


Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

592 | ADVENTURE TOURS

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

7942 OLD BRANCH AVE | | CLINTON | MD | 20735

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

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

301-868-1141 | | 301-868-7023 | ADVENTUREBYDAWN@VERIZON.NET

*Telephone | Other Telephone | Fax | E-mail

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

779981 | | | 2210

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):

DAVID BUCKINGHAM | DIRECTOR OF OPERATIONS

*Name | *Title
301-868-1141 | | 301-868-7023 | DAVE@ABDTOURS.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
			PLEASE FIND LIST ATTACHED				

7. ***CERTIFICATION:**

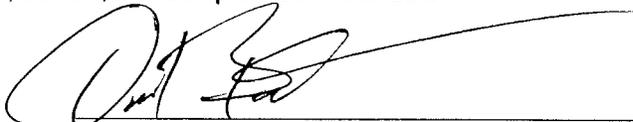
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

DAVID BUCKINGHAM

*Name (type or print)

DIRECTOR OF OPERATIONS

*Title (not required for sole proprietors)



*Signature

1/7/2015

*Date

ADVENTURE TOURS VEHICLE LIST

VEH #	YEAR	PASSENGER	MAKE	MODEL	VIN #	TAG #	ADA
9915	2006	55	MCI	D4505	1M86DMPA96P057206 ✓	005P41 MD	NO
9916	2006	55	MCI	D4505	1M86DMPA96P057206 ✓	005P42 MD	NO
9918	2012	56	MCI	J4500	2MG3JMBA7CW066019 ✓	020P81 MD	NO
9919	2012	56	MCI	J4500	2MG3JMBA3CW066020 ✓	005P39 MD	NO
9920	2013	57	VanHool	C2045	YE2CC1AB3D2048022 ✓	023P21 MD	NO
9921	2013	57	VanHool	C2045 L	YE2CC2AB7D2048028 ✓	023P20 MD	YES
9922	2014	57	VanHool	C2045	YE2CC2BB1E2046369 ✓	025P99 MD	YES
9923	2014	56	MCI	J4500	2MG3JMBA1EW066794 ✓	027P00 MD	YES
9924	2014	56	MCI	J4500	2MG3JMBA3EW066795 ✓	027P01 MD	YES
701	2011	28	FORD	BUS	1FDUF5GT7BEC38409 ✓	024P13 MD	YES
702	2013	32	turtle top	Mini	1FVACWDT7DHBM8924	005P40 MD	NO

