

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 29 2016

1. CARRIER INFORMATION:

1389 | BLS Limo Group, Inc.

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

2401 M Street, N.W. | | Washington | DC | 20037-1408

*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) 857-0440 | | (202) 857-7826 | bls2@covad.net

*Telephone | Other Telephone | Fax | E-mail

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

01427347 | 52730213 | 1268

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. Leith K. Aburish | President

*Name | *Title

(202) 857-0440 | | (202) 857-7826 | bls2@covad.net

*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
	2010	LINCOLN	2LNBL8EV7AX627859 ✓	L3850	DC	5	NO
	2010	LINCOLN	2LNBL8EV1AX618526 ✓	L4850	DC	5	NO
	2013	CADILLAC	2GEXG6U36D9600011 ✓	L5783	DC	5	NO
	2013	CADILLAC	2GEXG6U39D9600004 ✓	H524340	VA	5	NO
	2013	CADILLAC	1GYS4HEF0DR298702 ✓	H524345	VA	7	NO
	2014	CADILLAC	1GYS4HEF1ER173175 ✓	H524346	VA	7	NO
	2015	SUBURBAN	1GNSKKKC0FR522015 ✓	H524972	VA	7	NO
	2016	CADILLAC	1GYS4HKL4GR101852 ✓	H526362	VA	7	NO
	2016	CADILLAC	1GYS4HKL8GR101112 ✓	H526357	VA	7	NO
	2016	CADILLAC	1GYS4HKJ0GR102500	H526358	VA	7	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.

Leith K. Abu-Rish
 *Name (type or print)

Leith K. Abu-Rish
 *Signature

President
 *Title (not required for sole proprietors)

1-29-16
 *Date

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	2014	LINCOLN	2LMHJ5FK6EBL53435	H526373	VA	5	NO
401	2014	MERCEDES	WD3PF4CC6E5877851	B49115	DC	13	NO
405	2012	FORD	1FDXE4FS4CDA90634	B45166	DC	15	NO
406	2013	FORD	1FBSS3BL4CCA94642	B49029	DC	15	NO
404	2009	CHEVROLET	1GBJG31K291101621	B42477	DC	14	NO
301	2009	INTERNATIONAL	1HVBTAAM09H041521	B42478	DC	38	NO
504	2008	FORD	1FDXE45P98DA54622	B42479	DC	26	NO
403	2007	FORD	1FBSS31L27DB01674	B42954	DC	15	NO
502	2005	FORD	1FDXE45P25HA09896	B41679	DC	21	YES

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Leith K. Abu-Aish

*Name (type or print)

President

*Title (not required for sole proprietors)

[Signature]

*Signature

1-29-16

*Date