

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB 2 2016

**1. CARRIER INFORMATION:**

1644 | ST. Michael Transportation LLC

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

5610 2nd place NW |   | WASHINGTON | DC | 20011

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

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

202-413-1200 |   |   |   |   | e-tsegi@yahoo.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.

**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Tsega Tesfay | CEO

\*Name   \*Title

202-413-1200 |   |   | e-tsegi@yahoo.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](http://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.

None

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.

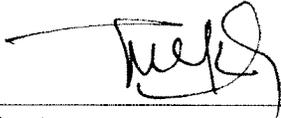
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2008	Toyota	5TDZK23C48S140340	B45740	Dc	7	No
3	2008	dodge	2D8HN44H18R700236	B48008	DC	7	No
4	2008	DODGE	1D8HN44H28B163195	B47973	DC	7	NO
5	2014	Ford	1FBNE3BLXEDA14797	95786	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.

Tsega Tesfay

\*Name (type or print)



\*Signature

CEO

\*Title (not required for sole proprietors)

2/2/16

\*Date