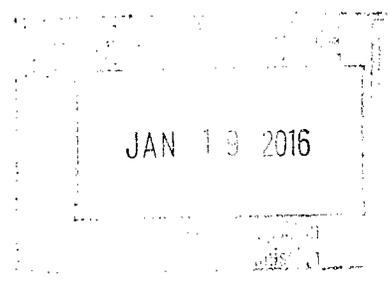


Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1916	Citi Concepts Inc., t/a Baron Tours			
<small>*WMATC No.</small>	<small>*Name of Carrier (as shown on certificate of authority)</small>			
6509 Old Branch Avenue, #202		Temple Hills	MD	20748-2627
<small>*Street Address of Principal Place of Business</small>	<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
P.O. Box 1662		Falls Church	VA	22041-0662
<small>Mailing Address (if different from street address)</small>	<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
(202) 449-9671	(202) 320-3322	(866) 546-8819	claudine@barontours.com	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>	

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

1665132			4527
<small>USDOT No.</small>	<small>DCTC No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>

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

Ms. Claudine Basem Halabi	President
<small>*Name</small>	<small>*Title</small>
(202) 449-9671	(202) 320-3322
<small>*Telephone</small>	<small>Other Telephone</small>
	(866) 546-8819
	<small>Fax</small>
	claudine@barontours.com
	<small>E-mail</small>

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.

Claudine Halabi	2023203322	claudine@barontours.com
<small>Name of Registered Agent for Service of Process</small>	<small>Telephone</small>	<small>E-mail</small>
18014 Rolling Meadow Way		01ney
<small>Agent Address (must be inside Metropolitan District)</small>	<small>Apt./Suite</small>	<small>City</small>
		MD
		20832
		<small>State</small>
		<small>Zip</small>

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
31	1999	LINCOLN	1LNHM82W5XY628733	53593B	MD	3	NO
101	1998	FORD	1FDXE40F6WHA29505	023P87	MD	28	NO
103	2000	FORD	1FBSS31L1YHA88510	022P15	MD	15	NO
104	2010	FORD	1FDFF4F59ADA58609	023P86	MD	25	NO
105	2012	FORD	1FDWE3FL6CDA02746	028P56	MD	13	NO
106	2011	FORD	1FDUF5G75BEC8408	030P22	MD	28	NO
107	2012	FORD	1FDUF5G79CEA43736	031P76	MD	28	NO
708	1993	MCI	1M8GDMLA9PP045472	025P71	MD	47	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.

BASEM HALALI
 *Name (type or print)

Basem Halali
 *Signature

OPERATION MANAGER
 *Title (not required for sole proprietors)

01/11/2016
 *Date