

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN - 7 2016

1. CARRIER INFORMATION:

23051 Halle LMD LLC				
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
13709 Ashby Rd		Rockville	MD	20853
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)				
301-792-4382				
301-871-2459 Zmeszana@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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Zelalem Gidafie		owner / president	
*Name		*Title	
301-792-4382		301-871-2459	Zmeszana@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.

Zelalem Gidafie	301-792-4382	Zmeszana@yahoo.com		
Name of Registered Agent for Service of Process	Telephone	E-mail		
Same of Above				
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

