

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

APR 12 2016

1. CARRIER INFORMATION:

2483 | NG-Aseffa Limousine Service LLC

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

3100 Alderton Avenue	Apt./Suite	Fort Washington	MD	20744-2303
*Street Address of Principal Place of Business		City	State	Zip

Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
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(202) 355-4243	Other Telephone	Fax	E-mail
*Telephone			

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

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
			4999

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

Mr. Netsanet Geremew Aseffa	Owner
*Name	*Title

(202) 355-4243	Other Telephone	Fax	E-mail
*Telephone			

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
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Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip
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