

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

410 | Zion Foundation For Citizens, Inc. T/A Zion Transportation Services

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

6129 MAIN STREET | | LANHAM | MD | 20706

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

6129 MAIN STREET | | LANHAM | MD | 20706

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

301-731-5195 | | 301-577-4292 | dladyzion@yahoo.com

*Telephone | Other Telephone | Fax | E-mail

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

N/A | N/A | N/A | N/A

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):

Lady Angela I. Ezeigbo | Administrator/ CEO

*Name

*Title

301-731-5195 | 202-486-4126 | 301-577-4292 | dladyzion@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.

Lady Angela Ezeigbo | 301-731-5195 | dladyzion@yahoo.com

Name of Registered Agent for Service of Process | Telephone | E-mail

6129 MAIN STREET | | LANHAM | MD | 20706

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.

NO CHANGES.

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
	2014	DODGE	2C4RDGCG9ER121913	59214B	MD	5	WHC
	2008	CHEV	1GNDV23W28D175523	55167B	MD	7	AMB
	2007	DODGE	1D4GP24R37B134677	59828B	MD	7	AMB
	2007	CHEV	1GBDV13177D172577	59431B	MD	7	WHC

7. ***CERTIFICATION:**

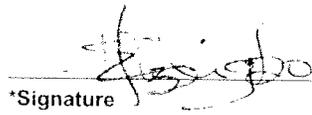
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Lady ANGELA EZEIGBO

*Name (type or print)

ADMINISTRATOR/ CEO

*Title (not required for sole proprietors)



*Signature

02/ 01/ 2016

*Date