

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 11 2016

1. CARRIER INFORMATION:

536 | Ontime Transportation Inc.

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

811 Upshur Street, N.W., #2		Washington	DC	20011-5836
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

6816 Landon Court		Greenbelt	MD	20770-3047
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(301) 474-6111		(240) 296-1705	ontimetrips@aol.com
*Telephone	Other Telephone	Fax	E-mail

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

2447387			2414
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):

Mr. Adamu Lemu	President
*Name	*Title

(301) 474-6111		(240) 296-1705	ontimetrips@aol.com
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

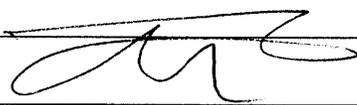
*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

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.

No changes!



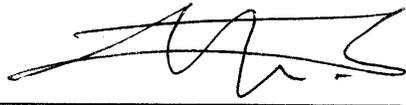
6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include all required information.

Fleet No. if applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2009	Chev/Van	1CAHC39K091128677 ✓	MD 54251B	MD	15	NO
	2013	Ford VN	1FBNE3BL4DDA01588 ✓	56881B	MD	12	NO
	2009	TOYOTA VN	5TDZK23C79S256102 ✓	56510B	MD	8	NO
	2006	DODGE VN	1D4GP45R56B500096 ✓	53602B	MD	7	NO
	2007	TOYOTA VN	5TDZK22C17S091484 ✓	53576B	MD	7	NO
	2012	FORD VN	1FDSS3BLXCDA17120	59595B	MD	12	NO
	2006	FORD VN	1FBSS31L66HA31913 ✓	55475B	MD	15	NO
	2010	CHRY VN	2A4R5DIXAR183910 ✓	57479B	MD	7	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.

ADAMU LEMU
*Name (type or print)


*Signature

President
*Title (not required for sole proprietors)

1-11-2016
*Date