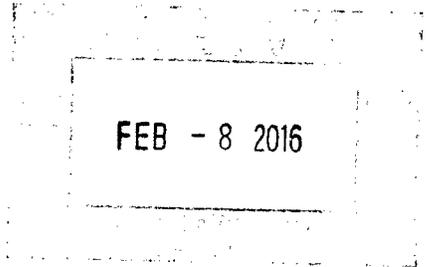


Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

876 | MED-TRANS-INC

*WMATC No.		*Name of Carrier (as shown on certificate of authority)			
1334 9TH ST NW	2	WASHINGTON	DC	20001	
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip	
1317 ORREN ST NE	4	WASHINGTON	DC	20002	
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
2027140080		2026350044	MEDTRANS2964@GMAIL.COM		
*Telephone	Other Telephone	Fax	E-mail		

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

2345557			
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):

LEMA ATAKELETE		CEO	
*Name		*Title	
2027140080		2026350044	LEMA1958@COMCAST.NET
*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.

N/A

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
	2007	FORD	1FBSS31L77DA51192 ✓	B45398	DC	15	NO
	2006	FORD	1FBSS31L06HA58640 ✓	B49075	DC	15	NO
	2006	FORD	1FBSS31L68HA58420 ✓	B42387	DC	15	NO
	2006	FORD	1FBSS31L76HA53970	B46396	DC	15	NO
	2006	FORD	1FBSS31L86DA87424 ✓	B46410	DC	15	NO
	2006	FORD	1FBSS31L16DA87443 ✓	B44391	DC	15	NO
	200608	FORD	1FBSS31L36DA87427 ✓	B46410	DC	15	NO
	2006	FORD	1FBSS31L86DA87441 ✓	B46391	DC	15	NO
	2006	FORD	1FBSS31L66DB40346 ✓	B46409	DC	15	NO
	2006	FORD	1FBSS31L36HA58440 ✓	B46380	DC	15	NO
	2006	FORD	1FBSS131L16HA62082 ✓	B45383	DC	15	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.

LEMA ATAKELETE

*Name (type or print)

CEO

*Title (not required for sole proprietors)



*Signature

02/08/2016

*Date