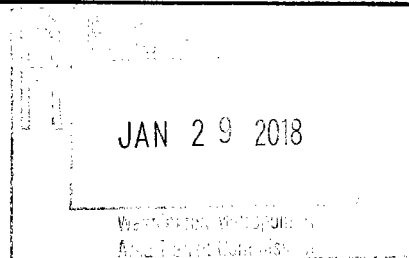


Washington Metropolitan Area Transit Commission

2018 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1608 | MARIET & B TRANSPORTATION, LLC

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

143 KENNEDY ST NW | 6 | WASHINGTON | DC | 20011-5270

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

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

240-893-7627 | | | | saidoukabem@yahoo.com

*Telephone | Other Telephone | Fax | E-mail

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

USDOT No. | DC DFHV No. | Virginia DMV passenger carrier No. | Maryland PSC No.

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

SAIDOU KABEM OUEDRAOGO | PRESIDENT

*Name | *Title
240-893-7627 | | | saidoukabem@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.

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.

THE CARRIER CERTIFIES THAT NO CHANGES HAVE OCCURED AFTER THE PREVIOUS REPORT

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
08	2008	TOYOTA	5TDZK23C58S123028	B44297	DC	7	NO
09	2007	TOYOTA	5TDZK23C07S033039	B48054	DC	7	NO
00	2008	TOYOTA	5TDZK23C18S151148	B45252	DC	7	NO
09	2007	DODGE	2D4GP44L37R229586	B45232	DC	7	NO
09	2010	DODGE	2D4RNDE4AR362171	B44278	DC	7	NO
00	2010	DODGE	2D4RN5D1XAR205392	B45289	DC	7	NO
00	2009	CHEVR	1GAHG39K991162259	B49372	DC	7	NO
00	2008	CHRYSL	2A8HR54P28R609887	B45331	DC	7	NO
00	2011	CHRYSL	2A4RR5DG2BR7683373	B45349	DC	7	NO
10	2006	TOYOTA	5TDZA23C776S4472045	B48108	DC	7	NO

7. ***CERTIFICATION:**

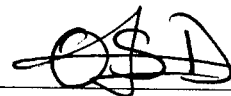
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

SAIDOU K OUEDRAOGO

*Name (type or print)

PRESIDENT

*Title (not required for sole proprietors)



*Signature

01/15/2018

*Date