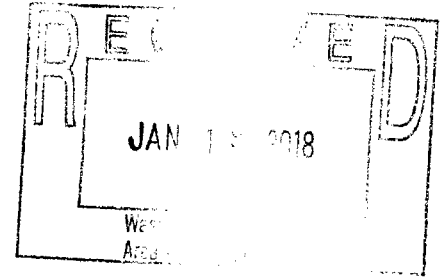


Washington Metropolitan Area Transit Commission

2018 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

592	Adventures By Dawn L.L.C.				
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
17517 B Indian Head Highway			Accokeek	MD	20607-2527
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)					
		Apt./Suite	City	State	Zip
(301) 868-1141		(301) 868-7023	adventurebydawn@verizon.net		
*Telephone	Other Telephone	Fax	E-mail		

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

779981			2210
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):

Mr. Dave Buckingham		Director Of Operations		
*Name		*Title		
(301) 868-1141		(301) 868-7023	adventurebydawn@verizon.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.

None

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

Attached

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.

David Buckner

 *Name (type or print)

VP

 *Title (not required for sole proprietors)

David Buckner

 *Signature

11/1/18

 *Date

ADVENTURE BY DAWN VEHICLE LIST

FLEET #	YEAR	MAKE	MODEL	VIN #	TAG #	SEATS	ADA
9915	2006	MCI	D4505	1M86DMPA96P057206	005P41 MD	55	NO
9916	2006	MCI	D4505	1M86DMPA96P057207	005P42 MD	55	NO
9918	2012	MCI	J4500	2MG3JMBAT7CW066019	020P81 MD	56	NO
9919	2012	MCI	J4500	2MG3JMBA3CW066020	005P39 MD	56	NO
9920	2013	VanHool	C2045	YE2CC1AB3D2048022	023P21 MD	57	NO
9921	2013	VanHool	C2045 L	YE2CC2AB7D2048028	023P20 MD	57	YES
9922	2014	VanHool	C2045	YE2CC2BB1E2046369	025P99 MD	57	YES
9923	2014	MCI	J4500	2MG3JMBA1EW066794	027P00 MD	56	YES
9924	2014	MCI	J4500	2MG3JMBA3EW066795	027P01 MD	56	YES
9925	2015	VanHool	CX45	YE2XC21B01F3048466	028P82 MD	56	YES
9926	2015	MCI	J4500	2MG3JM8A8FW067174	028P89 MD	56	YES
9927	2016	VanHool	CX045	YE2XC81B0G3049010	030P53 MD	56	YES
9928	2016	MCI	J4500	2MG3JM8A3GW067617	032P10 MD	56	YES
9929	2017	MCI	J4500	2MG3JM8A2HW068161	034P32 MD	56	YES
9930	2017	MCI	J4500	2MG3JM8A2HW068162	034P31 MD	56	YES
701	2011	FORD	BUS	1FDUF5GT7BEC38409	024P13 MD	28	YES
702	2013	Turtle top	Mini	1FVACWDT7DHBM8924	005P40 MD	32	NO