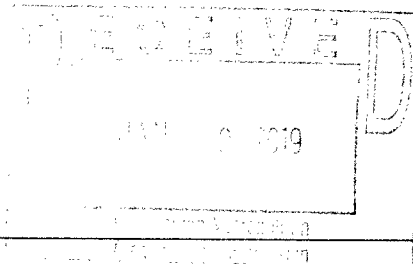


# Washington Metropolitan Area Transit Commission

## 2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



**1. CARRIER INFORMATION:**

2760	Nake Transportation LLC				
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>					
7610 Wildwood Drive			Takoma Park	MD	20912-7505
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address (if different from street address)</b>					
(202) 299-4091	(301) 792-7626	(301) 434-4531	nakelambamo@gmail.com		
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>		

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

	76776		
<b>USDOT No.</b>	<b>DC DFHV No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

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

Mr. Nake Bogale Lambamo		Owner		
<b>*Name</b>		<b>*Title</b>		
(202) 299-4091	(301) 792-7626	(301) 434-4531	nakelambamo@gmail.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

**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](http://www.wmatc.gov).

<b>Name of Registered Agent for Service of Process</b>	<b>Telephone</b>	<b>E-mail</b>
<b>Agent Address (must be inside Metropolitan District)</b>		
	<b>Apt./Suite</b>	<b>City</b>
		<b>State</b>
		<b>Zip</b>

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.

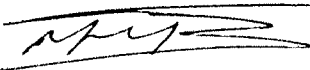
6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
2760	2011	TOYOTA	5TDKX3DCXBS142123	61857B	MD	6	Yes
2760	2013	CHRY	2C4RC1BG5DR777610	62586B	MD	7	NO
2760	2014	TOYOTA	5TDZK3DC8ES460955	62595B	MD	5	Yes
2760	2014	TOYOTA	5TDZK3DC1ES491755	64064B	MD	5	Yes
2760	2015	DOGD	2C4RDGBG3FR511943	64229B	MD	6	Yes

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.

Nake Lambano  
 \*Name (type or print)

  
 \*Signature

Owner  
 \*Title (not required for sole proprietors)

01/07/19  
 \*Date