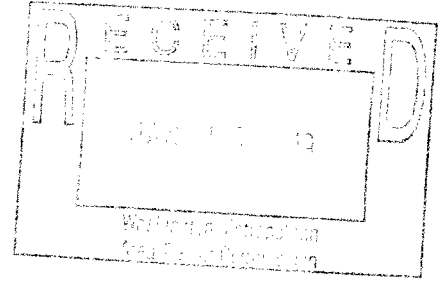


Washington Metropolitan Area Transit Commission

2019 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

3223 | LW Transportation Charter Service LLC

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

41 RV Parkway		Fredricksburg	VA	22405-1340
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip

4600 Sutton Oaks Drive		Chantilly	VA	20151-2528
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip

(703) 955-7801		(703) 955-7815	beth@lw-transportation.com
*Telephone	Other Telephone	Fax	E-mail

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

3088776		1726	
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):

Ms. Beth Anne Forsht	Managing Member
*Name	*Title

(703) 955-7801		(703) 955-7815	beth@lw-transportation.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.

Beth Forsht	(703) 930-6269	beth@lw-transportation.com
Name of Registered Agent for Service of Process	Telephone	E-mail

4600 Sutton Oaks Drive		Chantilly	VA	20151-2528
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.

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
<i>See attached</i>							

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.

Beth Forstl
 *Name (type or print)

Managing Member
 *Title (not required for sole proprietors)

Beth Forstl
 *Signature

1/9/19
 *Date

LWTCS

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheelchair
89	2004	Freightliner	4UZZAA8CS34CN62875	P148026	VA	29	Yes
91	2006	Freightliner	4UZAAZDD06CW23821	P148010	VA	29	No
500	2008	VAN HOOL	YE2TC17B282044847	P148025	VA	57	No
501	2005	VAN HOOL	YE2CC17B352047087	P148006	VA	57	No
502	2005	VAN HOOL	YE2CC17B352047087	P148007	VA	57	No
503	2006	VAN HOOL	YE2CC17B162047171	P148008	VA	57	No
504	2016	VAN HOOL	YE2XC81B7G3049019	P132118	VA	56	Yes
505	2016	VAN HOOL	YE2XC81B33G304910	P132119	VA	56	Yes
506	2005	VAN HOOL	YE2CC17B752047092	P148022	VA	57	No
507	2007	VAN HOOL	YE2CC16B172046704	P148023	VA	57	No
508	2017	VAN HOOL	YE2XC81B5H3049151	P132123	VA	56	Yes

509	2018	VAN HOOL	YE2XC81B0J3081091	P132124	VA	56	Yes
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