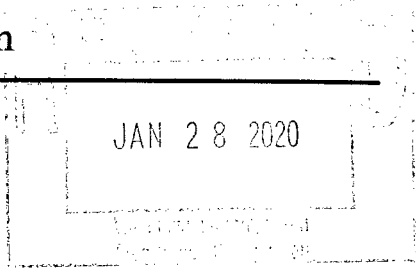


Washington Metropolitan Area Transit Commission

2020 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

*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):

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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 occurred 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
00	2014	CHEVR	1GBZG1FG1E1152999	B49373	DC	15	NO
00	2013	DODGE	2C4RDGC7DR636892	B45022	DC	7	NO
00	2012	DODGE	2C4RDGBG6CR324322	B48142	DC	7	NO
00	2011	CHRYSL	2A4RR5DG3BR735334	B45305	DC	7	NO
00	2011	CHRYSL	2A4RR5DG2BR768373	B45349	DC	7	NO
00	2010	DODGE	2D4RN5D1XAR205392	B45289	DC	7	NO
00	2009	CHEVR	1GAHG39K991162259	B49372	DC	15	NO
00	2006	TOYOTA	5TDZA23C66S439957	B48149	DC	7	NO
00	2006	TOYOTA	5TDZA23C76S472045	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

01/28/20

*Date