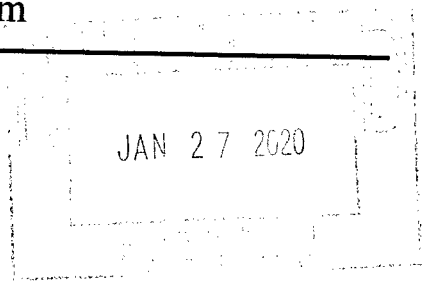


Washington Metropolitan Area Transit Commission

2020 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2011 | AMESHOU LLC

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

1111 UNIVERSITY BLVD W | 408 | Silver Spring | MD | 20902

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

The Same as above

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

240-602-0164 — — ameshou949@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):

Daniel Arega | President

*Name *Title

240 602-0164 — — ameshou949@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

