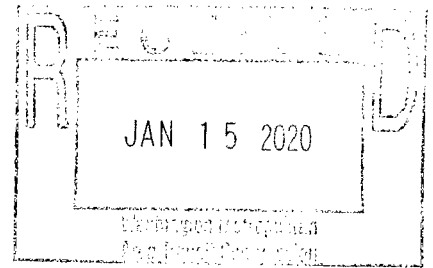


Washington Metropolitan Area Transit Commission

2020 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

2398	Atilimo Inc.			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
25865 Clairmont Manor Square		Aldie	VA	20105-5833
*Street Address of Principal Place of Business Apt./Suite City State Zip				
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(703) 626-7609				atilimoinc@gmail.com
*Telephone Other Telephone Fax E-mail				

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

	830537	1076	
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. Sam Ghannam	President
*Name *Title	
(703) 626-7609	atilimoinc@gmail.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.

Joseph Robinson	(202) 845-1654	jrobster@gmail.com
Name of Registered Agent for Service of Process Telephone E-mail		
5934 Bush Hill road	Alexandria	VA 22310-1144
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
	2016	^{USA} Mercedes	WDAPF1DD9GP32368	643HAE	VA	14	N/A
	2019	^{Suburban} Chevrolet	1GNSKHKC2KR323156	130HAF	VA	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.

SAM Ghannam

*Name (type or print)

President

*Title (not required for sole proprietors)

[Signature]

*Signature

1/12/2020

*Date