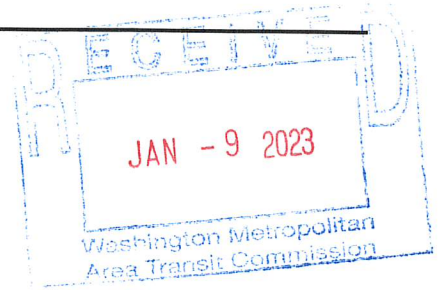


Washington Metropolitan Area Transit Commission

2023 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

468 | All Events Shuttle Service, Inc.

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

4406 Eastwood Ct | | Fairfax | VA | 22032

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

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

703-273-4222 | | 703-273-8003 | zoharyb57@gmail.com

*Telephone | Other Telephone | Fax | E-mail

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

883769 | | 517 | |
 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):

Bahman Zohary | President

*Name | *Title
 703-919-7430 | | 703-273-8003 | zoharyb57@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.

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.

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
20	2020	Freightliner	1FVACWFDOLHLL6430	H524829	VA	35	no
17	2017	Ford	1FDAF5GYXHEB70808	H523766	VA	31	no
16	2016	Ford	1FDXE4FS1GDCO2666	H527822	VA	24	no
15	2015	Ford	1FDAF5GY9DEB38149	H524785	VA	24	no
13	2013	Ford	1FDXE4FS2DDA38940	H519284	VA	24	no
9	2009	Chevrolet	1GBJ5V19X9F401960	H529402	VA	35	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.

Bahman Zohary

*Name (type or print)

Bahman Zohary

*Signature

Owner

*Title (not required for sole proprietors)

01/06/2023

*Date