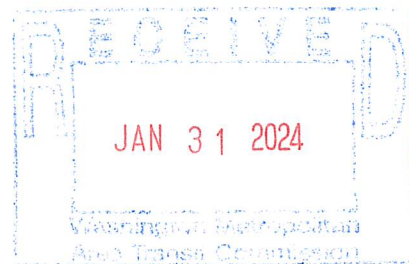


Washington Metropolitan Area Transit Commission

2024 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

3470	Eagle 1 Transportation LLC				
<small>*WMATC No. *Name of Carrier (as shown on certificate of authority)</small>					
2933 Nash Place, S.E., #3			Washington	DC	20019-7744
<small>*Street Address of Principal Place of Business</small>		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Mailing Address (if different from street address)		<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
(202) 935-0811				eagletransport357@gmail.com	
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>		

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

<small>USDOT No.</small>	<small>DC DFHV No.</small>	<small>Virginia DMV passenger carrier No.</small>	<small>Maryland PSC No.</small>
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Erik James Edmond		Owner/Operator	
<small>*Name</small>		<small>*Title</small>	
(202) 935-0811			erik_edmond@yahoo.com
<small>*Telephone</small>	<small>Other Telephone</small>	<small>Fax</small>	<small>E-mail</small>

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)	<small>Apt./Suite</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

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.

no changes to staff or Company
vehicles: 2017 Ford Transit Removed from Fleet

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
1	2014	Ford	1FTDS3EL7EDA75214	DC B49724	DC	11	Yes

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.

Erik
Erik James C. Edmond
 *Name (type or print)

Erik J. Edmond
 *Signature

Owner/Operator
 *Title (not required for sole proprietors)

Jan 29th 2024
 *Date