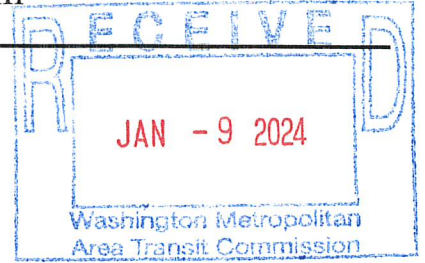


Washington Metropolitan Area Transit Commission

2024 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

3592 EarlGO, LLC					
*WMATC No. *Name of Carrier (as shown on certificate of authority)					
204 Nob Mill Way		Odenton		MD	21113
*Street Address of Principal Place of Business		Apt./Suite	City	State	Zip
Mailing Address (if different from street address)		Apt./Suite	City	State	Zip
301 693-6068					
*Telephone	Other Telephone	Fax	E-mail		
			earlt@earlgo.com		

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

	A079103		6460
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):

Earl Taylor		Owner	
*Name		*Title	
301 693 6068			earlt@earlgo.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.

Geoffrey Taylor		443-966-3800	gmtaylorccim@gmail.com	
Name of Registered Agent for Service of Process		Telephone	E-mail	
57 1st NE, Wash. DC 20002				
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
	2019	Chery	1GNSKMKC9KR397352	66655B	MD	8	No
	2021	GMC	1GK52DKLSMR358441	67646B	MD	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.

Earl Taylor
 *Name (type or print)


 *Signature

Owner
 *Title (not required for sole proprietors)

1/9/2024
 *Date