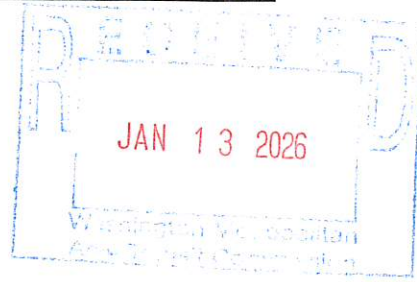


Washington Metropolitan Area Transit Commission

2026 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

1. CARRIER INFORMATION:

#3626 | Tadele and Yirdaw LLC | JOB TY Transportation

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

2615 EVARTS St NE	2 nd Room	Washington	DC	20018
*Street Address of Principal Place of Business				
2615 EVARTS St NE	2 nd Room	Washington	DC	20018
Mailing Address (if different from street address)				
202-374-5300			Yirdawadebo@gmail.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.
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3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Tadele Abebe | Owner

*Name *Title

202-374-5300			Yirdawadebo@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.

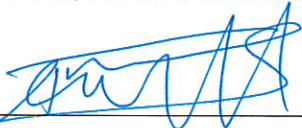
Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	2023	Toyota	5TDKRKE C4P5163786	B53474	DC	4	yes
2	2019	Toyota	5TDZ3DC9K5976194	B52902	DC	6	yes
3	2017	Toyota	5TDY23DCXH5884469	B52806	DC	6	yes

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.

Tadele Abebe

 *Name (type or print)



 *Signature

owner

 *Title (not required for sole proprietors)

01/13/2026

 *Date