

**APPLICATION FOR CITY OF SAN MARCOS
TRANSPORTATION COMPANY OPERATING PERMIT**

Pursuant to Section 90.352 of the City Code of San Marcos City, the following information is required to be filed with the City of San Marcos City Clerk's Office. If the space provided is insufficient, please attach separate sheets.

1. Name and address of applicant: (If at the current address for less than 2 years, list previous address)

Rasier, LLC

1455 Market St., 4th Floor, San Francisco, CA 94103

Type of ownership: _____ Proprietorship _____ Partnership _____
Corporation _____ Other (specify): _____ LLC _____

2. If the applicant is a partnership, the information in question 1 shall be supplied for each partner.
3. If the applicant is a corporation, provide the name and place of residence of all officers of the corporation; a duly certified copy of its charter and by-laws; the amount of capital stock; the character and value of its assets; its liabilities and the security provided; and, if the corporation is a foreign corporation, a duly certified copy of its certificate of authority to transact business in the State of Texas.

See attachment.

4. Describe your experience in the transportation of passengers.

See attachment.

5. Any facts which the applicant believes tend to prove that the public convenience and necessity in San Marcos require the granting of an operating permit.

See attachment.

6. The name and address of the person who will be in active charge and control of the TNC.

Marco McCottry

400 W. 15th St. Suite 200, Austin, TX 78701

7. The color scheme or insignia to be used to designate the vehicles of the applicant.
See attachment.

8. Insurance as required by Section 90.381 of the San Marcos City Code. Attach a copy of the insurance policy to the application.

Name, address, and telephone number of carrier of Insurance Policy:
See attachment.

Rasier, LLC

Name of Transportation Network Company

By: *[Signature]*

Owner of Transportation Network Company

STATE OF _____

COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME, the undersigned authority, this
_____ day of _____, 20____, by _____.

Notary Public, in and for the State of Texas

See attached.

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me

on this 29 day of May, 2015
by Date Month Year

(1) Axel Martinez

(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

[Signature]

Signature of Notary Public



Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: San Marcos TMC application Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

UBER TECHNOLOGIES, INC.
1455 MARKET STREET
SAN FRANCISCO, CA 94103
UBER.COM

AXEL MARTINEZ
MANAGER OF RASIER, LLC
AXEL@UBER.COM

Application Requirement
Question 3

Rasier, LLC ("Rasier"), is a limited liability company organized under the laws of the State of Delaware. Pursuant to Section 90.352(2) of the TNC Ordinance, Rasier is providing its Certificate of Formation and Certificate of Authority to do business in the State of Texas. Rasier's membership interests are 100 % owned by Uber Technologies, Inc. Rasier's officers and directors are as follows:

Name: Axel Martinez

Address: 8 10th Street, #831, San Francisco, CA 94103

Name: Karen Walker

Address: 8 10th Street, #830, San Francisco, CA 94103

UBER TECHNOLOGIES, INC.
1455 MARKET STREET
SAN FRANCISCO, CA 94103
UBER.COM

AXEL MARTINEZ
MANAGER OF RASIER, LLC
AXEL@UBER.COM

Application Requirement Question 4

Rasier, LLC ("Rasier"), a foreign limited liability company authorized to transact business in Texas, is a wholly owned subsidiary of Uber Technologies, Inc. ("Uber"). As such, Uber is the sole member of Rasier. Rasier has an agreement with Uber to use the Uber smartphone application. Throughout the country, Rasier obtains and holds transportation network company licenses and contracts with driver partners who provide transportation network services. Rasier holds licenses and permits to provide transportation services in more than twenty state and local jurisdictions throughout the United States, including other jurisdictions in Texas.

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SAN FRANCISCO, CA 94103
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AXEL@UBER.COM

Application Requirement Question 5

Rasier, LLC (“Rasier”) provides a hassle-free, affordable transportation solution that will improve options available to the citizens of San Marcos and enhance safety on city roadways. According to a recent study by Mothers Against Drunk Driving (MADD), ridesharing companies like Rasier significantly reduce the occurrence of drinking and driving. In fact, 78% of respondents confirmed that their friends are less likely to drive after drinking alcohol if ridesharing services are available. Further, news outlets reported Austin DWI-related crashes decreased by 23 percent during Rasier’s first year in the city according to APD statistics.

In addition to providing a safe alternative to drinking and driving, Rasier will provide San Marcos citizens a flexible earning opportunity for individuals who choose to drive on the platform. Rasier recently announced the creation of 20,000-plus jobs in Texas alone.

Rasier’s services are in high demand throughout the United States, which illustrates the clear gaps in preexisting transportation networks and validates the income opportunity presented by Rasier’s platform.

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UBER.COM

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Application Requirement
Question 7

Not applicable pursuant to Ordinance No. 2015-14.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/19/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com Fax: 212-948-4377 577522-TX-AL-14-16	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A : James River Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-006981117-01 **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CA436100TX00	12/21/2014	03/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured/Underinsured \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Pursuant to policy terms and conditions:

A. "Rideshare Driver" is an individual that is operating a motor vehicle in connection the use of the UberDriver application.

B. Covered autos are passenger autos being used following the Rideshare Driver's logged and recorded acceptance in the UberDriver application using account credentials issued under a contract with a Named Insured to provide transportation services while the named operator is i) en route to the pick up location of the requested transportation services, or traveling to the final destination of the requested transportation services, including but not limited to dropping-off of passengers.

CERTIFICATE HOLDER

Rasier LLC, Rasier-CA LLC, Rasier-DC LLC
Rasier-PA LLC
1455 Market Street, 4th Floor
San Francisco, CA 94103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – GOVERNMENT ENTITIES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

SCHEDULE

Name Of Additional Insured Entity(ies):

Any state, county, city or other local governmental entity or regulatory organization, and their respective employees, where required by agreement, law, ordinance or contact with a Named Insured.

- A. Section II – COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured** is amended to include as an additional insured the entity(ies) shown in the SCHEDULE, but only with respect to their liability for "bodily injury" or "property damage" to which this insurance applies, caused in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

and caused by an "accident" resulting from the ownership, maintenance or use of a covered "auto".

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by contract or agreement to provide such additional insured.

- B. Section II – COVERED AUTOS LIABILITY COVERAGE, C. Limit Of Insurance** is amended to add the following:

With respect to the insurance afforded to the additional insureds shown in the SCHEDULE, the following is added:

The most we will pay on behalf of the additional insured shown in the SCHEDULE is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/13/2015

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PRODUCER
MARSH USA, INC.
99 HIGH STREET
BOSTON, MA 02110
Attn: Boston.certrequest@Marsh.com Fax: 212-948-4377

577522-TX-AL-15-16

INSURED
Rasier, LLC, Rasier-PA, LLC
Rasier-CA, LLC, Rasier-DC, LLC
1455 Market Street, 4th Floor
San Francisco, CA 94103

CONTACT

NAME:

PHONE
(A/C, No, Ext):FAX
(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : James River Insurance Company

12203

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

COVERAGES

CERTIFICATE NUMBER:

NYC-007026346-01

REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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	GENERAL LIABILITY						
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	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			CA436200TX00	03/01/2015	03/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 50,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$ 100,000
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$ 25,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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B. Covered autos are passenger autos being used in connection with the UberDriver application using account credentials issued under a contract with a Named Insured while the Rideshare driver i) has logged in to the Uber Driver Application and is available to receive request for transportation services requested through the UberDriver application and 2) has not accepted a request to through the UberDriver application and is not transporting a passenger for a fee or other compensation.

Issued as evidence of coverage;

CERTIFICATE HOLDER

Rasier LLC, Rasier-CA LLC, Rasier-DC LLC
Rasier-PA LLC
1455 Market Street, 4th Floor
San Francisco, CA 94103

CANCELLATION

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AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

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1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

and caused by an "accident" resulting from the ownership, maintenance or use of a covered "auto".

However, the insurance afforded to such additional insured:

1. Only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by contract or agreement to provide such additional insured.

- B. Section II – COVERED AUTOS LIABILITY COVERAGE, C. Limit Of Insurance** is amended to add the following:

With respect to the insurance afforded to the additional insureds shown in the SCHEDULE, the following is added:

The most we will pay on behalf of the additional insured shown in the SCHEDULE is the amount of insurance:

1. Required by the contract or agreement you have entered into with the additional insured; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "RASIER, LLC", FILED IN THIS OFFICE ON THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2012, AT 3:42 O'CLOCK P.M.



5214471 8100

121042264

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9856149

DATE: 09-19-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:07 PM 09/18/2012
FILED 03:42 PM 09/18/2012
SRV 121042264 - 5214471 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

The undersigned, being duly authorized to execute and file this Certificate of Formation for the purposes of forming a limited liability company pursuant to the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101, et seq., does hereby certify as follows:

First: The name of the limited liability company is **Rasier, LLC.**

Second: The address of its registered office in the State of Delaware is 3500 South Dupont Highway, in the City of Dover, 19901.

The name of its registered agent at that address is Incorporating Services, Ltd.

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Formation this 18th day of September, 2012.

/s/Connie Duong Vincent

Connie Duong Vincent
Authorized Person



Office of the Secretary of State

CERTIFICATE OF FILING OF

Rasier, LLC
File Number: 801929618

The undersigned, as Secretary of State of Texas, hereby certifies that an Application for Registration for the above named Foreign Limited Liability Company (LLC) to transact business in this State has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the authority of the entity to transact business in this State from and after the effective date shown below for the purpose or purposes set forth in the application under the name of

Rasier, LLC

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 01/30/2014

Effective: 01/30/2014



NANDITA BERRY

Nandita Berry
Secretary of State

Come visit us on the internet at <http://www.sos.state.tx.us/>