

Rasier-PA, LLC  
1455 MARKET STREET  
SAN FRANCISCO, CA 94103  
UBER.COM

Kathryn Ciano  
SENIOR COUNSEL  
KATHRYN@UBER.COM

December 20, 2016

**Via Electronic Filing**

Rosemary Chiavetta, Secretary  
PA Public Utility Commission  
P.O. Box 3265  
Harrisburg, PA 17105-3265

Re: Application of Rasier-PA LLC for Transportation Network Service License  
Docket No. A-2016-XXXXXX

Dear Secretary Chiavetta:

Enclosed for electronic filing please find Raiser-PA LLC's Application for Transportation Network Service License with regard to the above-referenced matter. The \$350 filing fee is being paid electronically concurrently with this e-filing.

Sincerely,



Kathryn Ciano

## Application for Transportation Network Service License

THIS APPLICATION IS TO BE USED WHEN PROVIDING TRANSPORTATION FOR COMPENSATION BETWEEN POINTS IN PENNSYLVANIA USING A DIGITAL NETWORK TO FACILITATE PREARRANGED RIDES.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Rasier-PA LLC ("Applicant").

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

N/A

3. **Applicant is:**

☐ Sole Proprietor

☐ Partnership

☐ Limited Partnership (Provide list of partners and copy of Certificate of Limited Partnership)

☐ Limited Liability Partnership (Provide list of partners and copy of Statement of Registration)

☒ Limited Liability Company (Provide list of members and copy of Certificate of Organization)  
See Attachment 1. Rasier LLC is the sole member of Applicant.

☐ Corporation (Provide list of shareholders, distribution of shares, officers, and copy of Articles of Incorporation)

☐ Foreign Association not formed in PA (Provide copy of Foreign Registration Statement)

4. **Registration with the Department of State** - The Applicant certifies that the TNC is registered with the Pennsylvania Department of State to do business in the Commonwealth. Please provide a copy of the TNC Applicant's registration with this application.

See Attachment 2.

5. **Please check Applicant's PUC status:**

☐ Does not now, nor never has had PUC Authority

☐ Does not now, but has previously held PUC Authority at A-\_\_\_\_\_

☒ Holds current PUC Authority at A-2014-2416127; A-2014-2424608; A-2015-2474715

6. **Dual Motor Carrier** - Please indicate whether the Applicant is a call demand carrier.

\_\_\_\_ The Applicant WILL BE operating as a Dual Motor Carrier.

X The Applicant WILL NOT BE operating as a Dual Motor Carrier

7. **Physical Address** (do not use PO Box)

114 S. 13<sup>th</sup> Street, Third Floor

Street Address

Philadelphia, PA 19107

City, State and Zip Code

202-386-2765

Telephone Number

Philadelphia

County

8. **Mailing Address** (if different from Physical Address)

1455 Market St., 4th Floor, Attn: Regulatory

Street Address

San Francisco, CA 94103

City, State and Zip Code

9. **Website**

www.uber.com/cities

The Applicant certifies that it will establish and maintain a website that complies with Chapter 26.

10. **Registered Agent**

C T Corporation System

Agent's Name

116 Pine Street, Suite 320

Street Address

Harrisburg, PA 17101

City, State and Zip Code

n/a

Telephone Number

Dauphin

County

11. **Attorney (if applicable)**

N/A

---

Attorney's Name & Telephone Number for this Filing

---

Attorney's Address

12. **Affiliated Interests** – List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

Rasier-PA is a single member limited liability company whose sole member is Rasier, LLC.

Affiliates of Rasier-PA include Gegen LLC, which provides certificated limousine services in the counties surrounding Philadelphia and is also a licensed broker authorized to provide brokerage services throughout Pennsylvania; Danach LLC, which operates as a limousine provider within the City of Philadelphia; and Portier, LLC, which is motor carrier of property in Pennsylvania. The common ownership of these affiliates is Uber Technologies, Inc.

13. **General Description of Nature and Scope of Business - Provide a general description of the nature and scope of the proposed TNC service to be offered, including the company's business model, the use of independent drivers or employee drivers, the use of driver-owned vehicles or company-owned vehicles, the names and roles of any affiliates involved in providing the service, and other relevant features of the proposed TNC service.**

Applicant, Rasier-PA LLC, a subsidiary of Rasier LLC, requests a license evidencing approval to operate a transportation network company ("TNC") between all permitted points in the Commonwealth of Pennsylvania.

Applicant is a limited liability company organized under the laws of Delaware and is registered as a foreign limited liability company in Pennsylvania with the Department of State at Corporation Bureau Entity Identification Number 4262217.

By this application, Applicant proposes to operate a transportation network service, as defined in Act 164, for passenger trips between all points in the Commonwealth of Pennsylvania, except for trips originating in Philadelphia. Applicant proposes to use an application service to connect passengers to independent transportation network drivers ("Operators") with whom Applicant intends to contract, in addition to Operators who are employees of the Applicant or one of its affiliates. Operators will use "personal vehicles," as defined in Act 164, for the purpose of providing transportation services. The personal vehicles may be owned, leased, or otherwise authorized for use by the Operators. Some of the personal vehicles may be owned by the Applicant or one of its affiliates, and authorized for use by the Operators. Applicant may also contract with individual owner-operators and/or fleet owners who authorize individual Operators to use vehicles in their fleet.

Applicant will maintain the records required under Chapter 26 of Act 164 and make them available for inspection by the Commission as necessary for the Commission to investigate complaints. Applicant will also maintain accurate records of each Operator and the vehicles used to provide the services for no less than three years. These records will include those specified in Chapter 26 of Act 164. Applicant will also provide written notice to each Operator of the scope and levels of insurance.

**14. Driver Standards -- Please explain:**

- a. Your standards for drivers;**
- b. Your system for ensuring compliance with criminal background and license check requirements;**
- c. Your driver training program;**
- d. Your policy regarding alcohol and drug use by your drivers;**
- e. How your policy or your written policy will ensure that drivers have the necessary insurance coverage;**
- f. How your policy or your written policy will ensure your drivers will continuously comply with all requirements under Chapter 26, including providing service to people with disabilities;**
- g. How your policy or your written policy will ensure your drivers will be informed of nondiscrimination policies.**

Applicant will require Operators to meet standards that are at least consistent with or superior to the Commission's standards set forth in Sections 2604.1, 2604.3 and 2605 of Act 164, as described more fully below.

*Criminal Background Checks.* Applicant will conduct a local and national criminal background check that includes the Multi-State/Jurisdictional Criminal Records Locator and the National Sex Offender Registry database on each Operator before the Operator may access the digital app to receive requests for transportation. To the extent consistent with applicable law, a match on the national sex offender registry or a conviction that appears on a criminal background check related to certain crimes as defined in Act 164 shall automatically disqualify an individual from acting as an Operator.

*Driving History Record.* Applicant will have a driving history record conducted on each Operator before the Operator may offer TNC service. A major violation, or more than three moving violations that appear on a driving history check within the past three years, shall automatically disqualify an individual from acting as an Operator.

*Training Program.* Operators will receive training materials designed to ensure that each Operator understands safety and driving requirements while logged onto the application service or providing a prearranged ride. Training program materials will contain information related to providing service to people with disabilities. To the extent required by applicable law, Operators will be required to acknowledge receipt of program materials.



*Drugs or Alcohol.* Applicant has a zero tolerance policy on the use of drugs or alcohol while an Operator is providing TNC services. Notice of this zero tolerance policy is on the Applicant's website, along with procedures to report a complaint, including a telephone number for the Commission, about an Operator with whom the passenger was matched and for whom the passenger reasonably suspects was under the influence of drugs or alcohol during the course of the ride. Applicant immediately suspends an Operator upon receipt of a passenger complaint alleging a violation of the zero tolerance policy, and such suspension shall last the duration of the Applicant's investigation.

*Non-Discrimination.* Applicant has a non-discrimination policy that prohibits discrimination against riders based on race, religion, national origin, disability, sexual orientation, sex, marital status, gender identity, age or any other characteristic protected under applicable federal or state law. Such discrimination includes, but is not limited to, refusing to provide or accept services based on any of these characteristics. Any Operator found to have violated this prohibition will lose access to the application service. In addition, Applicant expects Operators to comply with all applicable state, federal, and local laws governing the transportation of riders with disabilities. Accordingly, service animals must be accommodated in compliance with applicable accessibility laws. Additionally, Operators are expected to accommodate riders using walkers, canes, folding wheelchairs or other assistive devices to the maximum extent possible. Any report of unlawful discrimination will result in the temporary deactivation of an Operator's account while Applicant reviews the incident. Confirmed violations of the law with respect to riders with disabilities may result in permanent loss of access to the application service. Notice of these non-discrimination policies are on the Applicant's website, and the policies are included in the training program described above.

*Other Requirements.* Operators must possess a current, valid driver's license, and must be at least 21 years of age. Applicant must also have on file proof of vehicle registration and proof of motor vehicle insurance before the Operator may use the vehicle on the application service. In addition, Applicant maintains an insurance policy that meets or exceeds the minimum requirements established in the Act, as evidenced by a Form E to be filed with the Commission.

15. **Vehicle Safety Program** – Please explain:

- a. **How your policy or your written policy will ensure that vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) and Chapter 26.**
- b. **Plans for ensuring that vehicles which no longer meet vehicle age and/or vehicle mileage standards shall be replaced in a timely fashion.**
- c. **How your policy or your written policy will ensure vehicles engaged in TNC service display their respective TNC placard in accordance with Chapter 26.**

Applicant will require Vehicles to meet standards that are consistent with the Commission's standards particularly as to safety, as described more fully below.

*Inspections.* Applicant will require vehicles to undergo and pass an annual and comprehensive safety inspection before the vehicle provides a TNC service, which is consistent with the requirements detailed in 67 Pa. Code, Chapter 175 and Chapter 26 of Act 164. Such inspection must be performed by an official inspection station, and comply with all applicable vehicle laws and regulations. Additionally, Applicant acknowledges that vehicles are subject to inspection by Commission enforcement officers through routine enforcement inspections to ensure compliance with these requirements.

*Vehicle Age.* Vehicles may not be more than 10 years old, or 12 years for hybrid vehicles. By way of this application, Applicant requests that the Commission adjust the age limitation pursuant to Commission authority delineated under Section 2606(b) of the Public Utility Code, 66 C.S. § 2606(b), which permits the Commission to adjust the vehicle age requirements applicable to TNCs by regulation *or order*. Previously, at Docket P-2016-2556598, the Commission granted an exception to its vehicle age requirements for vehicles providing TNC services in the suburban counties surrounding Philadelphia, which allowed vehicles older than ten model years to be used. Specifically, the Commission permitted the use of vehicles, including electric, hybrid and alternative fuel vehicles that were up to fifteen model years in age, in Bucks, Chester, Delaware and Montgomery Counties. Vehicles up to fifteen years of age were operated from July 21, 2016 through September 30, 2016 without complaints or safety concerns arising. Should the Commission grant this request as part of its order issuing Applicant's license, the Applicant will continue to require, as it did during this prior waiver period, that all vehicles used in connection with its application service successfully complete inspections, as required by law. Accordingly, Applicant respectfully requests that the Commission permit vehicles throughout its licensed territory older than ten model years (and older than twelve model years in the case of electric, hybrid and alternative fuel vehicles), but not older than fifteen model years.

*Vehicle Type.* Vehicles must be designed to transport no more riders than there are factory-installed seat belts in the vehicle. Eligible vehicles include street-legal coupes, sedans, or light duty vehicles including vans, minivans, sport utility vehicles, hatchbacks, convertibles, and pickup trucks.

*Other Vehicle Requirements.* Vehicles will be required to be in a condition that meets or exceeds the standards set forth in Chapter 26, including seats in working order; vehicles in clean and sanitary condition; clean trunk compartments suitable for carrying luggage; exteriors free of large dents or gouges; 4 matching wheel covers; and operative air conditioning. In addition, all vehicles are required to display trade dress - i.e., the TNC placard attached as Attachment 3 - in accordance with Chapter 26.

16. **Autonomous Vehicle Safety – Please certify that all autonomous vehicles and their operation in TNC service comply with all applicable PennDOT regulations.**

See note below

The certification must be signed here by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation)

Applicant's TNC services do not currently make use of autonomous vehicles, but do make use of vehicles with certain advanced technologies. PennDOT also has not yet adopted regulations governing autonomous vehicles.

17. **Customer Service Standards – Please describe your customer service standards. Within your description, please explain:**

- a. **Your plan to inform customers of how to file complaints with the PUC;**
- b. **Your intended customer complaint resolution procedure.**

Applicant will maintain a website that provides two of the following methods for contacting Applicant: a customer service telephone number, hyperlink, or email address. Applicant will maintain records to demonstrate compliance with all of the requirements, standards, and obligations referenced in this Application.

In addition to the methods of contacting Applicant, Applicant maintains contact information for the Commission available on Applicant's website for the purpose of directing customers to the Commission to file relevant complaints.

18. **Insurance – Please explain steps you have taken to determine if you can obtain and pay the premiums to maintain liability insurance coverage for your business. You must attach a copy of your Declarations Page with this application. (Upon approval of the application, you will be required to have Form E evidence of insurance filed by the insurance carrier.)**

Applicant already purchases and pays for liability insurance to satisfy the requirements of the statute and is submitting to the Commission proof of adequate insurance evidencing policies and coverage that meet or exceed the minimum standards required by the Commission at Section 2603.1(a)

Certificates of insurance, Declarations Pages, and a copy of Form E as completed by the insurer are included as Attachment 4.

19. **Financial Data –You must submit documentation as evidence of your current financial position.**

A statement of current financial condition is attached as Attachment 5.



20. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the License for failure to comply with Commission requirements. **TNC applicant certifies that it will comply with all of the requirements under Chapter 26.**

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported annual gross Pennsylvania intrastate receipts derived from all fares charged to customers for the provision of TNC service. Applicant acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Attached as Attachment 6 is a Power of Attorney for limited purposes executed by a principal of Rasier-PA LLC and Rasier, LLC authorizing the following verification.

## Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Jennifer Krusius  
(Print Name)

Jennifer Krusius 12/19/16  
(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Officer (if a corporation).

## ATTACHMENT 1

# Delaware

PAGE 1

*The First State*

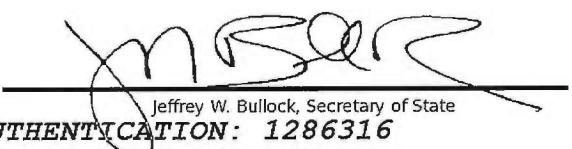
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "RASIER-PA, LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2014, AT 11:17 O'CLOCK A.M.



5515373 8100

140459553

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1286316

DATE: 04-11-14

**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-PA, LLC**.

**Second:** The address of its registered office in the State of Delaware is 160 Greentree Drive, Suite 101, in the City of Dover, 19904.

The name of its registered agent at that address is National Registered Agents, Inc.

**IN WITNESS WHEREOF**, the undersigned authorized person has executed this Certificate of Formation this 11<sup>th</sup> day of April, 2014.

/s/Andrew Ancheta

Andrew Ancheta  
Authorized Person



# LLC MEMBERSHIP CERTIFICATE

Rasier-PA, LLC

Company Name

Organized in Delaware has a total of 1 member(s) at 12/15/18 date

This certifies that Rasier LLC is a member of the above named Limited Liability Company, and holds a 100 %

interest of the above named company, which is entitled to the full benefits of such membership.

Such benefits are subject to the membership duties and obligations set forth in the Limited Liability Company operating agreement.

This named Limited Liability Company has caused this certificate to be executed by its members this

16 day of December, 2016 A.D.

*[Signature]*  
Member

*[Signature]*  
Witness and/or member

If sold:

For \_\_\_\_\_ received, I, \_\_\_\_\_ sell and transfer unto

\_\_\_\_\_ represented within this certificate, and appoint \_\_\_\_\_ % of the membership interest,

to transfer the allocated interest in the books of the named Limited Liability Company with full power of substitution.

Seller

Newly named member

Witness

Signature and name

<http://www.northwestregisraredagent.com>

## ATTACHMENT 2

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

11/18/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Rasier-PA, LLC

is duly registered to do business under the laws of the Commonwealth of Pennsylvania and remains a registered Foreign Limited Liability Company so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*

Secretary of the Commonwealth

Certification Number: TSC161118171556-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

12/01/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Rasier-PA, LLC

I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Feb 4, 2016 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written


*Pedro A. Cortés*

Secretary of the Commonwealth

Certification Number: TSC161201161649-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <u>9851991 SO Pt 344</u> Name Address <b>CT - COUNTER</b> City _____ State _____ Zip Code _____ <input type="checkbox"/> Return document by email to:	Amendment of Foreign Registration  TCO160211JD1114
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 413 (relating to amendment of foreign registration statement), the undersigned registered foreign association hereby states that:

1. The name of the association under which it is registered to do business in this Commonwealth is:

Rasier-PA, LLC

2. The type of association is (check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   |   |

3. The (a) address of the association's registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) **OR** (b) – not both:

(a) \_\_\_\_\_  
Number and street City State Zip County  
**OR**  
(b) c/o: National Registered Agents, Inc. Dauphin  
Name of Commercial Registered Office Provider County

4. Effective date of amendment of foreign registration (check, and if appropriate complete, one of the following):

- ☒ The Amendment of Foreign Registration shall be effective upon filing in the Department of State.  
☐ The Amendment of Foreign Registration shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.  
Date (MM/DD/YYYY) Hour (if any)

2016 FEB -4 AM 9:39



5. Check, and if appropriate complete, one of the following:

The association desires that its registration be amended to change or correct the following information:

C T Corporation System

Dauphin County

The amendment adopted by the association is set forth in full in Exhibit A attached hereto and made a part hereof.

If the amendment reflects a change in name for the association which does not comply with 15 Pa.C.S. § 414 and §§ 201-209, the foreign association must adopt an alternate name that complies with 15 Pa.C.S. §§ 201-209 for use in Pennsylvania and a resolution from the association's governors adopting the name must be attached.

IN TESTIMONY WHEREOF, the undersigned association has caused this Amendment of Foreign Registration Statement to be signed by a duly authorized representative thereof this 2nd day of February 2016.

Rasier-PA, LLC

Name of Association

Kimberly Steinmetz

Signature

Member

Title

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

11/21/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Rasier-PA, LLC

I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Creation Filing filed on Apr 15, 2014 - Pages (2)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Cortés*

Secretary of the Commonwealth

Certification Number: TSC161121110438-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Application for Registration - Foreign

(15 Pa.C.S.)

- ☐ Registered Limited Liability General Partnership (§ 8211)  
☐ Registered Limited Liability Limited Partnership (§ 8211)  
☐ Limited Partnership (§ 8582)  
☒ Limited Liability Company (§ 8981)

Name <b>Selene Hakobyan</b>		
Address <b>706 Mission St., 9th Floor</b>		
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94103</b>

Document will be returned to the  
name and address you enter to  
the left.

Commonwealth of Pennsylvania  
APPLICATION FOR REGISTRATION 3 Page(s)



T1411137112

Fee: \$250

In compliance with the requirements of the applicable provisions (relating to registration), the undersigned, desiring to register to do business in this Commonwealth, hereby states that:

1. The name of the limited liability company/limited liability partnership/limited partnership in the jurisdiction in which it is formed:

**Rasier-PA, LLC**

2. The name under which the limited liability company/limited liability partnership/limited partnership proposes to register and do business in this Commonwealth is:

**Rasier-PA, LLC**

3. The name of the jurisdiction under the laws of which it was organized and the date of its formation:

Jurisdiction: **Delaware** Date of Formation: **04/11/2014**

4. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street City State Zip County

(b) Name of Commercial Registered Office Provider  
**National Registered Agents, Inc.**

County  
**Dauphin**

2014 APR 15 PM 3:15  
PA DEPT OF STATE

## 5. Check and complete one of the following:

☒ The address of the office required to be maintained by it in the jurisdiction of its organization by the laws of that jurisdiction is:

122 Meyran Ave.                      Pittsburgh                      PA                      15213

Number and street                      City                      State                      Zip

☐ It is not required by the laws of its jurisdiction of organization to maintain an office therein and the address of its principal office is:

Number and street                      City                      State                      Zip

~~6. For Restricted Professional Limited Liability Company Only. Strike out if inapplicable. The company is a restricted professional company organized to render the following professional service(s):~~

**Limited Liability Partnership and Limited Partnership: Complete paragraphs 7 and 8**

7. The name and business address of each general partner.

Name                      Business Address

8. The address of the office at which is kept a list of the names and addresses of the limited partners and their capital contribution is:

Number and street                      City                      State                      Zip                      County

The registered partnership hereby undertakes to keep those records until its registration to do business in the Commonwealth is canceled or withdrawn.

IN TESTIMONY WHEREOF, the undersigned has caused this Application for Registration to be signed by a duly authorized officer/member or manager thereof this

11 day of April, 2014.

Rasier-PA, LLC

Name of Partnership/Company

Signature

Manager

Title

## ATTACHMENT 3





## ATTACHMENT 4

# BUSINESS AUTO DECLARATIONS

JAMES RIVER INSURANCE COMPANY  
6641 WEST BROAD STREET  
SUITE 300  
RICHMOND, VA 23230



Policy Number: CA436100PA-01

## ITEM ONE

<b>Named Insured:</b>	Rasier LLC, Rasier-CA LLC, Rasier-DC LLC. and Rasier-PA LLC	<b>Mailing Address:</b>	1455 Market Street, 4 <sup>th</sup> Floor San Francisco, CA 94103
<b>Policy Period:</b>			
<b>From:</b> 3/1/2016			
<b>To:</b> 3/1/2017 At 12:01 AM Standard Time at your mailing address shown above			
<b>Form Of Business:</b>			
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual			
<input type="checkbox"/> Partnership <input type="checkbox"/> Other:			
<b>Premium shown is payable at inception:</b>			
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly			

IN RETURN FOR THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS IN THE APPLICATION(S) AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

## ITEM TWO

### Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos <small>Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which "autos" are covered "autos"</small>	Limit  The Most We Will Pay for Any One Accident or Loss	Premium
Liability	10	\$ 1,000,000	
Personal Injury Protection (Or Equivalent No-fault Coverage)	10	Separately Stated In Each Personal Injury Protection Endorsement	
Uninsured Motorists (UM)	10	\$ 1,000,000	
Underinsured Motorists (UIM) (When Not Included in UM Coverage)	10	\$ 1,000,000	
Physical Damage			
Physical Damage Comprehensive Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning	\$ Not Covered
Physical Damage Specified Causes of Loss Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto, for Loss Caused By Mischief or Vandalism	\$ Not Covered

CRC Insurance Services, License #65024

The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is NOT covered by the Pennsylvania Property and Casualty Insurance Guaranty Association.

Physical Damage Collision Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever is Less, Minus \$ Deductible For Each Covered Auto	\$ Not Covered
<b>ITEM THREE – Specifically Described Autos – Physical Damage</b>			
Vehicles described below are covered “autos” but only for the Physical Damage Coverage where a premium is shown on the Declarations and only for the Limit(s) designated in the Declarations for such premium charge.			
None			
Premium From Endorsements			
Estimated Total Premium			
Company Fee			
TOTAL SHOWN IS PAYABLE AT INCEPTION			
Surplus Lines Tax Stamping Office Tax Total Premium			

<b>ENDORSEMENTS</b>	
ENDORSEMENTS ATTACHED TO THIS POLICY:	
See attached schedule A – Schedule of Forms	

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.



# BUSINESS AUTO DECLARATIONS

JAMES RIVER INSURANCE COMPANY  
6641 WEST BROAD STREET  
SUITE 300  
RICHMOND, VA 23230



Policy Number: CA436200PA-01

## ITEM ONE

<b>Named Insured:</b> Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC	<b>Mailing Address:</b> 1455 Market St, 4 <sup>th</sup> Floor San Francisco, CA 94103
<b>Policy Period:</b>	
<b>From:</b> 3/01/2016	
<b>To:</b> 3/01/2017 At 12:01 AM Standard Time at your mailing address shown above	
<b>Form Of Business:</b>	
<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
<input type="checkbox"/> Other:	
<b>Premium shown is payable at inception:</b>	
<b>Audit Period (If Applicable):</b> <input type="checkbox"/> Annually <input type="checkbox"/> Semiannually <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Monthly	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, IN RELIANCE UPON THE STATEMENTS IN THE APPLICATION(S) AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

## ITEM TWO

### Schedule of Coverages and Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

Coverages	Covered Autos <small>Entry of one or more of the symbols from the COVERED AUTOS SECTION of the BUSINESS AUTO COVERAGE FORM next to the name of the coverage is required.</small>	Limit  The Most We Will Pay for Any One Accident or Loss	Premium
Liability	10	\$50,000 each person BI \$100,000 each accident BI \$25,000 each accident PD	
Personal Injury Protection (Or Equivalent No-fault Coverage)	10	Separately Stated In Each Personal Injury Protection Endorsement	
Uninsured Motorists (UM)	Not Covered	\$ Not Covered	
Underinsured Motorists (UIM) (When Not Included In UM Coverage)	Not Covered	\$ Not Covered	
Physical Damage			
Physical Damage Comprehensive Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies to Loss Caused By Fire or Lightning	\$ Not Covered
Physical Damage Specified Causes of Loss Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, for Loss Caused By Mischief or Vandalism	\$ Not Covered

CRC Insurance Services, License #65024

The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is NOT covered by the Pennsylvania Property and Casualty Insurance Guaranty Association.



Physical Damage Collision Coverage	Not Covered	Actual Cash Value or Cost of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto	\$ Not Covered

### ITEM THREE – Specifically Described Autos – Physical Damage

Vehicles described below are covered "autos" but only for the Physical Damage Coverage where a premium is shown on the Declarations and only for the Limit(s) designated in the Declarations for such premium charge.

None

	Premium From Endorsements	
	Estimated Total Premium	
	Surplus Lines Tax	
	Stamping Fee	
TOTAL SHOWN IS PAYABLE AT INCEPTION		

ENDORSEMENTS		
ENDORSEMENTS ATTACHED TO THIS POLICY:		
X	See attached schedule A – Schedule of Forms	

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

**CRC Insurance Services, License #65024**

**The insurer which has issued this insurance is not licensed by the Pennsylvania Insurance Department and is subject to limited regulation. This insurance is NOT covered by the Pennsylvania Property and Casualty Insurance Guaranty Association.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/01/2016

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No. Ext):</b>	<b>FAX (A/C, No.):</b>
<b>INSURED</b> Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>NAIC #</b>	
	<b>INSURER A:</b> James River Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 570064600544

REVISION NUMBER:

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	
	OTHER:							
A	<b>AUTOMOBILE LIABILITY</b>			CA436100PA-01	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						Uninsured/Underinsured CSL	\$1,000,000
	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY							
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

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

Coverage includes First-Party Medical Benefits as required by 75 PA.C.S. § 1711 (relating to required benefits) on a per incident basis for incidents involving a Transportation Network Company Driver's operation of a personal vehicle while engaged in a prearranged ride, including \$25,000 for Passengers and Pedestrians and \$5,000 for a Driver.

**CERTIFICATE HOLDER****CANCELLATION**

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA	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  <i>Aon Risk Insurance Services West, Inc.</i>

Holder Identifier :

Certificate No : 570064600544



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
12/01/2016

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Aon Risk Insurance Services West, Inc. San Francisco CA Office 425 Market Street Suite 2800 San Francisco CA 94105 USA	<b>CONTACT</b> NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: James River Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> Rasier LLC, Rasier-CA LLC, Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA	NAIC # 12203	

**COVERAGES**

CERTIFICATE NUMBER: 570064600572

REVISION NUMBER:

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.

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:						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"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA436200PA-01	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$50,000 BODILY INJURY (Per accident) \$100,000 PROPERTY DAMAGE (Per accident) \$25,000
	UMBRELLA LIAB EXCESS LIAB DED 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						PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

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

Coverage includes First-Party Medical Benefits as required under 75 PA.C.S. § 1711 (relating to required benefits), including \$25,000 for Pedestrians and \$5,000 for a Driver.

**CERTIFICATE HOLDER****CANCELLATION**

Rasier LLC, Rasier-CA LLC Rasier-DC LLC, Rasier-PA LLC 1455 Market Street, 4th Floor San Francisco CA 94103 USA	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  <i>Aon Risk Insurance Services West, Inc.</i>

Holder Identifier :

Certificate No : 570064600572



**Form E - TNC**  
**UNIFORM TNC BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

(Execute in Triplicate)

Filed with **Pennsylvania Public Utility Commission** (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the **James River Insurance Company**  
(Name of Company)

(hereinafter called Company) of **6641 West Broad Street, Suite 300, Richmond, VA 23230**  
(Home Office Address of Company)

has issued to **Rasier PA, LLC**  
(Name of Transportation Network Company or TNC)

of **1455 Market Street 4<sup>th</sup> Floor, San Francisco, CA 94103**  
(Address of TNC)

a policy or policies of insurance effective from see below 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by filing this Certificate of Insurance and corresponding endorsements, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such TNC by the provisions of the TNC law of the State in which the Commission has jurisdiction or the Commission orders or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **6641 West Broad Street, Suite 300, Richmond, VA 23230**  
(Street Address, City, State and Zip Code)

This 16<sup>th</sup> day of December, 2016.

*Christine L. Miller*  
Authorized Company Representative

Insurance Company File No(s):

Stage 1: **Policy Number CA436200PA-01 effective 3/1/16 – Liability Limits \$50K/\$100K/\$25K**

Stages 2 & 3: **Policy Number CA436100PA-01 effective 3/1/16 – Liability Limit \$1,000,000**

## ATTACHMENT 5

## **STATEMENT OF CURRENT FINANCIAL POSITION**

For calendar year 2014, Rasier-PA, LLC reported gross operating revenues in excess of \$1,000,000.

For calendar year 2015, Rasier-PA, LLC reported gross operating revenues in excess of \$10,000,000.

Rasier-PA, LLC experienced further increases in its gross operating revenues during calendar year 2016, which will be reported in March 2017.

Rasier-PA, LLC anticipates continued increases in its gross operating revenues during calendar year 2017.



## ATTACHMENT 6

### LIMITED POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That the undersigned, RASIER, LLC, a Delaware limited liability company (the "Principal"), hereby appoints JENNIFER KRUSIUS, an individual currently residing in Washington, D.C. (the "Agent"), to exercise the powers and discretions described below.

The Agent, acting singly, shall have the full power and authority to represent and act on behalf of the Principal in respect of the following:

any actions necessary by the Principal for Rasier-PA, LLC initially obtain and thereafter maintain the Pennsylvania TNC permit, and to do all such other acts and things in relation with the foregoing which the Agent, in his discretion, shall deem necessary, advisable or useful and in the interest of the Principal in respect of the foregoing.

This Limited Power of Attorney is granted in, and shall be governed by, the laws of the State of California; provided, that this Limited Power of Attorney shall be universally recognized and admissible to recordation (if applicable) in any jurisdiction in the United States of America and its territories.

This Limited Power of Attorney shall become effective immediately and the authority granted hereunder shall continue in effect until revoked in writing by the Principal.

IN WITNESS WHEREOF, the undersigned has executed this instrument on this 16 day of December, 2016, in San Francisco, California.

PRINCIPAL:

RASIER, LLC

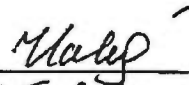
By: 

Name: Gautam Gupta  
Title: Manager

WITNESS 1:

  
Name: Willie Mah

WITNESS 2:

  
Name: Selene Hakobyan