

CLAIM FORM

To receive benefits from this Settlement, your Claim Form *must* be electronically submitted or postmarked on or before DECEMBER 15, 2017.

You may submit your completed and signed Claim Form online at www.UberTCPASettlement.com or by mail to the following address:

Uber TCPA Settlement Administrator
P.O. Box 5053
Portland, OR 97208-5053

You must complete all sections and sign below in order to receive any benefits from this Settlement.

You should only submit a Claim Form if you are a member of one or more of the following Settlement Classes:

Settlement Class A: All persons or entities within the U.S. who, from December 31, 2010, up to and including August 17, 2017, used or subscribed to a wireless or cellular service and were sent one or more non-emergency text messages, utilizing Twilio Inc.'s system, in connection with Uber's Refer-a-Friend Program.

Settlement Class B: All persons or entities within the U.S. who, from December 31, 2010, up to and including August 17, 2017, started Uber's driver application process but did not become an "active" driver in Uber's system, who used or subscribed to a wireless or cellular service, and to whom Uber sent one or more non-emergency text messages after the user or subscriber requested Uber to discontinue sending text messages.

Settlement Class C: All persons or entities within the U.S. who, from December 31, 2010, up to and including August 17, 2017, were not party to a contract with Uber and/or who did not provide his or her cellular phone number to Uber, and who used or subscribed to a wireless or cellular service to which Uber sent one or more non-emergency text messages.

By submitting a claim, you are attesting that you received one or more text messages from Uber but did not consent to receive such text messages or had otherwise revoked any consent previously given.

| | | |
|----------------------|----------------------|----------------------|
| First Name | MI | Last Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Street Address

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| City | State | ZIP | ZIP4 (optional) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Email Address

| | |
|--|--|
| Cell Phone Number at which you received text messages from Uber | Contact Phone Number |
| <input type="text"/> - <input type="text"/> - <input type="text"/> | <input type="text"/> - <input type="text"/> - <input type="text"/> |

Class Member ID from email or postcard notice (if you did not receive such a notice, leave this blank)

You further agree that you will not object to a request by the Settlement Administrator or the parties to this action to contact you if necessary to verify your claim. You should not submit more than one Claim Form. Submitting more than one Claim Form will not increase your compensation under the Settlement Agreement.

I declare that I am a member of the Settlement Classes, and I have accurately filled out this form.

Signature

Date: - -
MM DD YYYY