NON-REVENUE USER AFFIDAVIT & AGREEMENT

| STATE OF | § |
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| COUNTY OF | § |

As a user of a Non-Revenue Account, identified through license plate recognition permitted to this entity by the Central Texas Regional Mobility Authority ("CTRMA"), I have read the applicable portion of Section 370.177 (a-1), Texas Transportation Code, Section 301.004, CTRMA Toll Policy and Section 503(b) of the Master Indenture authorizing the Authority's outstanding revenue bonds, both of which cover free passage of CTRMA toll roads by authorized vehicles.

Section 370.177 (a-1), Texas Transportation Code, authorizes the board to waive payment of a toll or may authorize payment of a reduced toll for any vehicle or class of vehicles. Section 301.004 of the CTRMA Toll Policy, outlines vehicle exemptions that utilize CTRMA toll facilities.

The CTRMA has a provision in their Master Indenture which allows for free passage for Authorized Vehicles applicable under Section 370.177 (a-1), Texas Transportation Code.

By providing applicable license plate numbers, of vehicles for non-revenue consideration, you and all employees using the CTRMA system agree to abide by the terms and conditions set forth in this Agreement.

The license plates permitted for non-revenue status **are not for personal or private use** and may not be transferred, loaned or otherwise used by anyone other than the authorized users.

To the extent of any conflict or inconsistency between your internal policy and this agreement, this agreement shall control.

You will provide updates to the license plate list whenever a new vehicle is put into service and/or vehicle license plates are removed or taken out of service.

The CTRMA, at its sole discretion, shall audit compliance with the terms of this Agreement at any given time. Additionally, on a yearly basis, the CTRMA will audit use of License plate imaging and this entity will assist the CTRMA when audit is conducted.

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This entity agrees to abide by the Terms of this Agreement while utilizing CTRMA toll facilities.

| Bv: | |
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| By: Please Print Name | Signature |
| Title | Entity Name |
| BEFORE ME, the undersigned authorit and by oath so | ty, this day personally appeared tated that the facts herein stated are true and correct. |
| | FORE ME this day of, |
| (SEAL) | Notary Public |
| My commission expires: | |
| ACCOU | UNT INFORMATION |
| Organization Name: | |
| Desired Account Title (if different than of | organization name): |
| Mailing Address: | |
| City/State/Zip: | |
| Contact Name: | |
| Phone: _() | |