

State of Idaho

Office of the Secretary of State

CERTIFICATE OF FRANCHISE AUTHORITY

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify under the seal of my office that:

COXCOMM, INC

File Number VF103

Is hereby granted authority as a system operator to provide cable service or video service in the following service area:

SUN VALLEY, ID

KETCHUM, ID

BELLEVUE, ID

I FURTHER CERTIFY That the authority is granted to install, construct and maintain facilities within the public rights-of-way, over which the local unit of government has jurisdiction, to enable the provision of video services to subscribers to such services, subject to the applicable federal and state laws and regulations, including highway district, municipal and county ordinances and regulations.

I FURTHER CERTIFY That the required fees have been paid. Franchise Authority of the above named entity is effective upon issuance of this certificate and shall expire ten (10) years from the date of issuance.

Dated: July 5, 2012



Ben Yursa

SECRETARY OF STATE

By _____

[Signature]



APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

(Instructions on Back of Application)

2012 JUL -5 AM 10:16

SECRETARY OF STATE
STATE OF IDAHO

Pursuant to Title 50, Chapter 30, Idaho Code, the undersigned applies for authorization to provide video service in the State of Idaho.

1. The name of the applicant is: CoxComm, Inc

2. The address of applicant's principal place of business within Idaho is:
105 Lewis Street, Ketchum, ID 83340

3. The mailing address of the applicant is:
105 Lewis Street, Ketchum, ID 83340

4. Names of the applicant's principal executive officers:

Name	Title
<u>Pat Esser</u>	<u>President</u>
<u>Mark Bowser</u>	<u>EVP & Chief Financial Officer</u>
<u>Jill Campbell</u>	<u>EVP & Chief Operations Officer</u>
<u>Marilyn Burrows</u>	<u>SVP & General Manager</u>

5. The name and title of applicant's primary Idaho representative:
Guy Cherp Vice President - Operations

6. Specific identification of the political subdivision(s) constituting the service area wherein the applicant intends to provide cable or video service: Sun Valley, ID Ketchum, ID Bellevue, ID

7. The date the applicant intends to begin providing service in the service area described above: July 5, 2012
(mm/dd/yyyy)

8. I verify by signing this application that:

- All forms have been filed with the federal communications commission as required by that agency.
- Applicant is legally, financially and technically qualified to provide video service.
- Verification is attached to this application that comprehensive general liability insurance coverage and automobile liability insurance coverage underwritten by one or more companies licensed to do business in the state of Idaho has been procured by the applicant and will be maintained continuously as required by Idaho Code Section 50-3003(3)(e).
- Applicant has attached a list of names and mailing addresses of the governing body of each political subdivision and each local unit of government located within the service area designated in the application. The entities listed will be notified by the Secretary of State upon issuance of the certificate of franchise authority.

Dated: 3 July 2012

Signature: Jay Allbaugh

Typed Name: Jay Allbaugh

Capacity: Field V.P. Gov & Public Affairs
(By an officer or general partner of applicant)

Customer Acct # :
(if using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE
07/06/2012 05:00
CK: 525 CT: 272138 BH: 1331060
1 @1000.00 = 1000.00 FRAN AUTH # 2

g:\corp\forms\franchise_authority
Revised 04/2012

VF103



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/02/2012

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 1-678-393-5200 Arthur J. Gallagher Risk Management Services, Inc. 1117 Perimeter Center West Suite W201 Atlanta, GA 30338 Linda Smith	CONTACT NAME: Linda Smith PHONE (A/C, No, Ext): 678-393-5228 E-MAIL ADDRESS: linda_smith@ajg.com FAX (A/C, No): 678-393-5240														
	INSURED Cox Communications, Inc. Cox Communications Omaha PO Box 105357 Atlanta, GA 30348	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: NATIONAL UNION FIRE INS CO OF PITTS</td> <td>19445</td> </tr> <tr> <td>INSURER B: NEW HAMPSHIRE INS CO</td> <td>23841</td> </tr> <tr> <td>INSURER C: Illinois Natl Ins Co</td> <td>23817</td> </tr> <tr> <td>INSURER D: New Hampshire Ins Co</td> <td>23841</td> </tr> <tr> <td>INSURER E: ILLINOIS NATL INS CO</td> <td>23817</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: NATIONAL UNION FIRE INS CO OF PITTS	19445	INSURER B: NEW HAMPSHIRE INS CO	23841	INSURER C: Illinois Natl Ins Co	23817	INSURER D: New Hampshire Ins Co	23841	INSURER E: ILLINOIS NATL INS CO	23817	INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** 28111502 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			GL2705017	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,500,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,500,000 GENERAL AGGREGATE \$ 30,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
X	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
X	EXCESS OF \$500,000						
X	SELF INSURED RETENTION						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
X	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>						
A	AUTOMOBILE LIABILITY			CA4309699 (AOS)	01/01/12	01/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
B	X ANY AUTO			CA4309700 (MA)	01/01/12	01/01/13	BODILY INJURY (Per person) \$
A	ALL OWNED AUTOS			CA4309701 (VA)	01/01/12	01/01/13	BODILY INJURY (Per accident) \$
X	HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC015884410 (FL)	01/01/12	01/01/13	X WC STATUTORY LIMITS OTH-ER
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A	WC015884408 (AOS)	01/01/12	01/01/13	E.L. EACH ACCIDENT \$ 1,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below			WC015884409 (CA)	01/01/12	01/01/13	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A				WC015884411 (OR)	01/01/12	01/01/13	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	WORK COMP/EMPLOYERS LIAB			WC061967593 (MA/ND/WA/WI/WY)	01/01/12	01/01/13	SEE ABOVE AMT OF INSURANCE

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

Idaho - Video Franchise Agreement

CERTIFICATE HOLDER

Office of Secretary of State

Attn: Kim Hunter
450 North 4th Street
P.O. Box 83720
Boise, ID 83720-0080

USA

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

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ACORD 25 (2010/05)

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2012 JUL -5 AM 10:18

SECRETARY OF STATE
STATE OF IDAHO

July 2, 2012

Office of Secretary of State
Attn: Kim Hunter
450 North 4th Street
PO Box 83720
Boise, ID 83720-0080

Dear Ms. Hunter,

Enclosed is an Application for Certificate of Franchise Authority for Cox Communications for the Cities of Sun Valley, ID, Bellevue, ID, and Ketchum, ID. In addition, please find the \$1,000 filing fee and a copy of our comprehensive general liability insurance coverage and automobile liability insurance coverage.

City of Sun Valley
Attn: Kelly Ek
PO Box 416
Sun Valley, ID 83353

City of Bellevue
Attn: Dee Barton
115 Poplar Street
Bellevue, NE 83313

City of Ketchum
Attn: Sandra Cady
PO Box 2315
Ketchum, ID 83340

If you have any questions, please contact me at 402-934-0367.

Sincerely,

A handwritten signature in black ink, appearing to read "John Barrett".

John Barrett
Government Affairs Manager
Cox Communications