

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:

TIME WARNER CABLE PACIFIC WEST LLC

File Number VF108

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

**CITY OF HAYDEN, CITY OF HUETTER
CITY OF RATHDRUM**

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: April 28, 2014



Ben Yursa

SECRETARY OF STATE

By

[Signature]



APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

(Instructions on Back of Application)

2014 APR 28 AM 11:09

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

SECRET

1. The name of the applicant is: Time Warner Cable Pacific West LLC

2. The address of applicant's principal place of business within Idaho is:
2305 West Kathleen Avenue, Coeur d'Alene, ID 83814

3. The mailing address of the applicant is:
Same

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

<i>Name</i>	<i>Title</i>
<u>Please see attachment A.</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

5. The name and title of applicant's primary Idaho representative:

<i>Name</i>	<i>Title</i>
<u>Correen Stauffer</u>	<u>Area General Manager</u>

6. Specific identification of the political subdivision(s) constituting the service area wherein the applicant intends to provide cable or video service: The City of Hayden, City of Huetter and the City of Rathdrum

7. The date the applicant intends to begin providing service in the service area described above: Currently providing service
(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: April 15, 2014

Signature:

Typed Name: Amos Smith

Capacity: Regional Chief Financial Officer, West Region
(By an officer or general partner of applicant)

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

IDAHO SECRETARY OF STATE
Secretary of State use only
04/28/2014 05:00

CK: 4069278 CT: 203743 BH: 1422109
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APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

Time Warner Cable Pacific West LLC

Attachment A - Officers

OFFICERS

William R. Goetz, Jr.	President
Amos Smith	Regional Chief Financial Officer, West Region
John Keib	President, Residential Services, West Region
Craig Collins	President, Commercial Services, West Region
Matthew Stanek	President, Network Operations & Engineering, West Region
David Montierth	Regional Vice President, Commercial Services
Debi Picciolo	Regional Vice President, Operations
Deane Leavenworth	Regional Vice President, Government Relations
Satish Adige	Senior Vice President, Investments
David A. Christman	Senior Vice President & Secretary
Gary Matz	Senior Vice President, State Government Relations
William F. Osbourn	Senior Vice President & Controller
Mark Schichtel	Senior Vice President, Tax
Matthew Siegel	Senior Vice President & Treasurer
Jeffrey Zimmerman	Senior Vice President
Susan A. Waxenberg	Assistant Secretary
Ellen Alderdice	Assistant Treasurer
Meredith Garwood	Assistant Treasurer

APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

Time Warner Cable Pacific West LLC

Attachment B – Insurance Certificate

Attached.

ACORD TM CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2013 4:29:16 PM

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. 1166 Avenue of the Americas New York NY 10036	Contact Name:		
		Phone No:	Fax No: 704-731-1209	
		Producer Email:		
		Producer Customer No:		
INSURED	TIME WARNER CABLE PACIFIC WEST LLC DBA TIME WARNER CABLE 60 COLUMBUS CIRCLE NEW YORK NY 10023	INSURERS AFFORDING COVERAGE		NAIC #
		INSURER A:	New Hampshire Ins. Co.	23841
		INSURER B:	Insurance Co. of the State PA	19429
		INSURER C:	ACE American Insurance Company	22667
		INSURER D:	Navigators Insurance Company	42307
		INSURER E:	National Union Fire Ins Co of Pittsburgh	19445
		INSURER F:	Commerce & Industry Insurance Company	19410

COVERAGES CERTIFICATE NUMBER: 91435 1087

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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
F	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			GL 6819552	1/1/2014	1/1/2015	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 3,000,000
							GENERAL AGGREGATE	\$ 20,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
E	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO			CA 2248202 (AOS) CA 2248203 (MA) CA 2248204 (VA)	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			XOO G27056696	1/1/2014	1/1/2015	EACH OCCURRENCE	\$ 25,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 25,000,000
	<input type="checkbox"/> DEDUCTION							\$
	<input type="checkbox"/> RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A Mandatory in NH? If yes describe under SPECIAL PROVISIONS below			049101780 (AOS), 049101784 (CA), 049101785 (FL), 049101786 (ME), 049101788 (MN), 049101790 (ND,WA,WI,WY), 049101781 (IL,KY,NC,NH,UT), 049101782 (NJ,PA), 049101783 (AZ,GA,VA), 049101789 (OR-Ins. B), 049101787 (MA-Ins. B)	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	\$ 2,000,000
B							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
E	OTHER Excess WC OH (\$1M Retention)			WC 6636265	1/1/2014	1/1/2015	Workers Comp - Statutory	\$ 1,000,000
E	Excess WC OH (\$1M Retention)			WC 6636265	1/1/2014	1/1/2015	Employers Liability	\$ 1,000,000
D	Excess Auto Only			NY14EXC702201V	1/1/2014	1/1/2015	Each Occurrence	\$ 2,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
EVIDENCE OF INSURANCE COVERAGE

CERTIFICATE HOLDER

IDAHO OFFICE OF THE SECRETARY OF STATE
450 N. 4TH STREET
BOISE ID 83720-0080

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

Sylvia Kucharska