

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:

ZITO IDAHO, LLC

File Number VF106

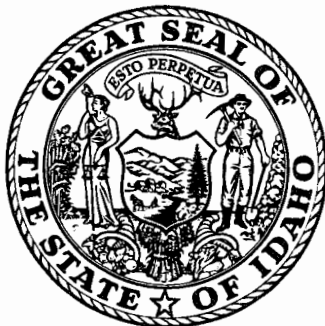
Is hereby granted authority as a system operator to provide cable service or video service in the following service area:

**CITY OF MOUNTAIN HOME, IDAHO
MOUNTAIN HOME AIR FORCE BASE
ELMORE COUNTY**

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: September 14, 2012



Ben Yursa
SECRETARY OF STATE

By *[Signature]*



APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

(Instructions on Back of Application)

2012 SEP 14 PM 2:03
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: Zito Idaho, LLC

2. The address of applicant's principal place of business within Idaho is:
345 East 2nd North, Mountain Home, ID 83647

3. The mailing address of the applicant is:
106 Steerbrook Road, Coudersport, PA 16915

4. Names of the applicant's principal executive officers:	
<i>Name</i>	<i>Title</i>
<u>James Rigas</u>	<u>President</u>
<u>Colin Higgin</u>	<u>Vice President and Secretary</u>
_____	_____
_____	_____

5. The name and title of applicant's primary Idaho representative:	
<i>Name</i>	<i>Title</i>
<u>Pam Burgess</u>	<u>Regional 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: City of Mountain Home, incorporated limits, Mountain Home Air Force Base, Elmore County, adjacent to and between the City of Mountain Home and the Mountain Home Air Force Base

7. The date the applicant intends to begin providing service in the service area described above: 09/24/2012
(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: 08/14/1012

Signature:

Typed Name: Colin Higgin

Capacity: Vice President
(By an officer or general partner of applicant)

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

Secretary of State use only

g:\comptforms\franchise_authority Revised 04/2012

IDAHO SECRETARY OF STATE
09/14/2012 05:00
CK: 21162 CT: 274267 BH: 1339890
1 @1000.00 = 1000.00 FRAN AUTH # 2

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 (C) Wharton/Lyon & Lyon 101 S. Livingston Avenue Livingston, NJ 07039 973 992-5775
CONTACT NAME: M Demikoff
PHONE (A/C, No, Ext): 973 992-5775
FAX (A/C, No): 9739926660
E-MAIL ADDRESS: mdemikoff@whartoninsurance.Com
INSURER(S) AFFORDING COVERAGE: INSURER A: Hartford Fire Insurance Company NAIC # 19682
INSURER B: Hartford Casualty 29424

COVERAGES CERTIFICATE NUMBER: 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

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

Evidence of Coverage

CERTIFICATE HOLDER

CANCELLATION

Evidence of coverage
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: Robert L. Sileno

Application for Certificate of Franchise Authority

List of Names and Mailing Addresses of Governing Bodies within the Service Area

City of Mountain Home, City Hall

Attn.: Tom Rist, Mayor

160 South 3rd East

Mountain Home, ID 83647

Mountain Home Air Force Base

Real Estate Officer

366 CES/CEAO

1030 Liberator Street

Mountain Home AFB, ID 83648-5442

Elmore County Commissioners

150 South 4th East, Suite 3

Mountain Home, ID 83647
