



# TRANSFER OF APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

(Instructions on Back of Application)

Pursuant to Title 50, Chapter 30, Idaho Code, the undersigned hereby applies for a transfer of certificate of franchise authority to provide video service in the State of Idaho.

1. The name of the applicant is: \_\_\_\_\_

2. The address of applicant's principal place of business within Idaho is: \_\_\_\_\_

3. The mailing address of the applicant is: \_\_\_\_\_

4. Names of the applicant's principal executive officers:  
*Name* *Title*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. The name and title of applicant's primary Idaho representative:  
*Name* *Title*  
\_\_\_\_\_

6. Specific identification of the political subdivision(s) constituting the service area wherein the applicant intends to provide cable or video service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The date the applicant intends to begin providing service in the service area described above: \_\_\_\_\_  
*(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: \_\_\_\_\_

Signature: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Capacity: \_\_\_\_\_  
*(By an officer or general partner of applicant)*

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

Secretary of State use only

g:\corp\forms\franchise authority\_transfer Revised 08/2012

### Additional Information

Optional: If the document is incorrect where can you be reached for corrections? \_\_\_\_\_

Item # 6 : A map or other graphic representation may be included as an attachment, but a written description of the municipalities and/or unincorporated areas of the counties to be served in whole or in part must be written out in the space provided.

Item # 8 : Read and check each item required. Be sure that you have attached all the required items to your application.

#### Proof of Insurance Coverage

Idaho Code Section 50-3003(3)(e) requires that the applicant has procured and will maintain "comprehensive general liability insurance coverage and automobile liability insurance coverage underwritten by one (1) or more companies licensed to do business in the state of Idaho requiring that the insurance carrier pay on behalf of the applicant, to a limit of not less than five hundred thousand dollars (\$500,000) for bodily or personal injury, death, or property damage or loss as a result of any one (1) occurrence or accident, regardless of the number of persons injured or the number of claimants, arising out of the negligent or otherwise wrongful act or omission of the applicant or applicant's employees or agents".

The filing fee for this transfer application is \$1,000.00.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a filing from our database if payment for the filing is not completed.

Mail or deliver to:  
Office of the Secretary of State  
450 N 4th Street  
PO Box 83720  
Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's Office at (208) 334-2301.