

# State of Idaho

Office of the Secretary of State

**AMENDED  
CERTIFICATE OF FRANCHISE AUTHORITY**

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

**CABLE ONE, INC.  
File Number VF105**

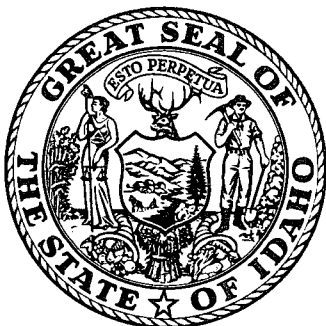
Is hereby granted authority as a system operator to provide cable service or video service in the following service area:

**CITY OF LEWISTON**

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: October 11, 2013



*Ben Yursa*

SECRETARY OF STATE

By *[Signature]*



# CERTIFICATE OF FRANCHISE AUTHORITY NOTICE OF MODIFICATION TO EXISTING SERVICE AREA

2013 OCT 11 AM 9:41

SECRETARY OF STATE  
STATE OF IDAHO

Pursuant to Title 50, Chapter 30, Idaho Code, the undersigned hereby files notice of modification of service area boundaries as indicated below.

1. The name of the applicant is: CABLE ONE, INC.
2. The filing number on record with the Secretary of State is: VF105
3. The modified description of the political subdivision(s) constituting the service area wherein the applicant intends to provide cable or video service:

Please see attached descriptions and contact information  
for communities to be added to existing service area.

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The modification becomes effective upon the date of acceptance of this filing by the Secretary of State.

Dated: 10/4/13

Signature: *[Handwritten Signature]*

Typed Name: John D. Gosch

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

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

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Secretary of State use only

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10/11/2013 05:00  
CK: 11061100 CT: 273732 RH: 1393623  
1 @ 500.00 = 500.00 FRAN MOD # 2

g:\comptforms\franchise\_authority\_transfer Revised 08/2012

VF105

**Franchise Area Descriptions:**

**City of Lewiston:** “Service Area” means the present municipal boundaries of the Franchising Authority, and all include any additions thereto by annexation or other legal means.

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**Municipalities Contact Information****City of Lewiston**

PO Box 617

Lewiston, ID 83501

(208) 746-3671