# 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:

**WINDJAMMER COMMUNICATIONS LLC**

**File Number VF102**

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: July 2, 2012

GREAT SEAL OF THE STATE OF IDAHO ESTO PERPETUA

Ben Ysursa

SECRETARY OF STATE

By _____

# APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

**(Instructions on Back of Application)**

2012 JUL -5 AM 9:32

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: Windjammer Communications LLC

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

3. The mailing address of the applicant is:
8500 W 110th Street, Ste 600, Overland Park, KS 66210

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

| *Name* | *Title* |
|---|---|
| (Windjammer Communications LLC is a Member Managed LLC, with Managers, not Officers) | |
| Christopher Madison | Manager |
| Peter A. Reed | Manager |
| John S. Ehlinger | Manager |

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

| *Name* | *Title* |
|---|---|
| Pam Burgess | Regional General Manager |

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 above areas

7. The date the applicant intends to begin providing service in the service area described above: August 1, 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.

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

Secretary of State use only

Dated: June 29, 2012

Signature: [signature]

Typed Name: Rod M. Siemers

Capacity: Chief Financial Officer
(By an officer or general partner of applicant)

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

IDAHO SECRETARY OF STATE
07/06/2012 05:00
CK: 39524 CT: 272139 BH: 1331061
1 @1000.00 = 1000.00 FRAN AUTH # 2

VF102

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/12/2012

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 | CONTACT NAME: Partners Service Group |
|---|---|
| Equity Risk Partners, Inc.<br>License No. 0D21146<br>456 Montgomery St, Suite 1600<br>San Francisco CA 94104 | PHONE (A/C, No, Ext): (415) 874-7168 FAX (A/C, No): (415) 874-7170<br>E-MAIL ADDRESS: psg@equityrisk.com |
| **INSURED** | **INSURER(S) AFFORDING COVERAGE** / **NAIC #** |
| Windjammer Communications, LLC, DBA:<br>8500 West 110th Street, Suite 600<br>Overland Park KS 66210 | INSURER A: Travelers Indemnity Co of CT 25682<br>INSURER B:<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES** **CERTIFICATE NUMBER:** CL11112910348 **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<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC | | | TE01202546 | 12/1/2011 | 12/1/2012 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS [ ] NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ |
| | [ ] UMBRELLA LIAB [ ] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | [ ] WC STATU-TORY LIMITS [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |

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

**CERTIFICATE HOLDER**

Evidence of Insurance

**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

Anthony Marcon/QUINL


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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/12/2012

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**PRODUCER**

Equity Risk Partners, Inc.
License No. 0D21146
456 Montgomery St, Suite 1600
San Francisco CA 94104

CONTACT NAME: Partners Service Group
PHONE (A/C, No, Ext): (415) 874-7168 FAX (A/C, No): (415) 874-7170
E-MAIL ADDRESS: psg@equityrisk.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: Travelers Indemnity Co of Amer | 25666 |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

**INSURED**

Windjammer Communications, LLC, DBA:
8500 West 110th Street, Suite 600
Overland Park KS 66210

**COVERAGES** CERTIFICATE NUMBER: CL11112910347 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 | |
|---|---|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | CLAIMS-MADE OCCUR | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | POLICY PRO-JECT LOC | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | BA0B021293 | 12/1/2011 | 12/1/2012 | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | Comp/Coll Deductible | $ 1,000 |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | WC STATU-TORY LIMITS OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| A | | | | BA0B021293 | 12/1/201 | 12/1/2012 | Comprehensive | $1,000 |
| | | | | BA0B021293 | 12/1/201 | 12/1/2012 | Collision | $1,000 |

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

**CERTIFICATE HOLDER**

Evidence of Insurance

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AUTHORIZED REPRESENTATIVE

Anthony Marcon/QUINL


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**Windjammer Communications LLC**

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