

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:

COXCOM, LLC

File Number VF103

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

SUN VALLEY, ID

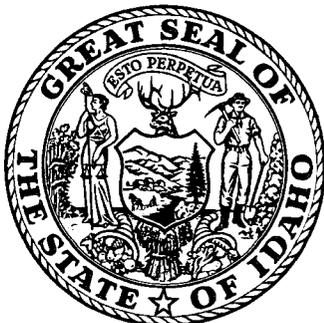
KETCHUM, ID

BELLEVUE, ID

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: August 24, 2012



Ben Yursa
SECRETARY OF STATE

By _____

[Signature]



APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

(Instructions on Back of Application)

2012 AUG 24 PM 12:40

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: CoxCom, LLC

2. The address of applicant's principal place of business within Idaho is:
105 Lewis Street, Ketchum, ID 83340

3. The mailing address of the applicant is:
105 Lewis Street, Ketchum, ID 83340

4. Names of the applicant's principal executive officers:	
<i>Name</i>	<i>Title</i>
<u>Pat Esser</u>	<u>President</u>
<u>Mark Bowser</u>	<u>EVP & Chief Financial Officer</u>
<u>Jill Campbell</u>	<u>EVP & Chief Operations Officer</u>
<u>Marilyn Burrows</u>	<u>SVP & General Manager</u>

5. The name and title of applicant's primary Idaho representative:	
<i>Name</i>	<i>Title</i>
<u>Guy Cherp</u>	<u>Vice President - Operations</u>

6. Specific identification of the political subdivision(s) constituting the service area wherein the applicant intends to provide cable or video service: Sun Valley, ID Ketchum, ID Bellevue, ID

7. The date the applicant intends to begin providing service in the service area described above: July 5, 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: 8-17-12

Signature: *Jay Allbaugh*

Typed Name: Jay Allbaugh

Capacity: Field V.P. - Gov & Public Affairs
(By an officer or general partner of applicant)

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

Secretary of State use only

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Revised 04/2012

IDAHO SECRETARY OF STATE
08/24/2012 05:00
 CK: 1110331 CT: 172099 BH: 1337294
 1 @ 500.00 = 500.00 FRAN AMEN # 2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/22/2012

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 Arthur J. Gallagher Risk Management Services, Inc. 1040 Crown Pointe Parkway Suite 700 Atlanta, GA 30338 Linda Smith	1-678-393-5200	CONTACT NAME: Linda Smith PHONE (A/C, No, Ext): 678-393-5228 FAX (A/C, No): 678-393-5240 E-MAIL ADDRESS: linda_smith@ajg.com
INSURED Cox Communications, Inc. Cox Communications Omaha PO Box 105357 Atlanta, GA 30348	INSURER(S) AFFORDING COVERAGE	
	INSURER A: NATIONAL UNION FIRE INS CO OF PITTS	NAIC # 19445
	INSURER B: NEW HAMPSHIRE INS CO	23841
	INSURER C: Illinois Natl Ins Co	23817
	INSURER D: New Hampshire Ins Co	23841
	INSURER E: ILLINOIS NATL INS CO	23817
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 28777754

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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS OF \$500,000 <input checked="" type="checkbox"/> SELF INSURED RETENTION GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL2705017	01/01/12	01/01/13	EACH OCCURRENCE	\$ 1,500,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,500,000
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 1,500,000
							GENERAL AGGREGATE	\$ 30,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
A	AUTOMOBILE LIABILITY			CA4309699 (AOS)	01/01/12	01/01/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO			CA4309700 (MA)	01/01/12	01/01/13	BODILY INJURY (Per person)	\$
A	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS			CA4309701 (VA)	01/01/12	01/01/13	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC015884410 (FL)	01/01/12	01/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTHER
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			WC015884408 (AOS)	01/01/12	01/01/13	E.I. EACH ACCIDENT	\$ 1,000,000
A	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC015884409 (CA)	01/01/12	01/01/13	E.I. DISEASE - EA EMPLOYEE	\$ 1,000,000
A	DESCRIPTION OF OPERATIONS below			WC015884411 (OR)	01/01/12	01/01/13	E.I. DISEASE - POLICY LIMIT	\$ 1,000,000
E	WORK COMP/EMPLOYERS LIAB			WC061967593 (MA/ND/WA/WI/WY)	01/01/12	01/01/13	SEE ABOVE AMT	OF INSURANCE

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

Idaho - Video Franchise Agreement - CoxCom, LLC

CERTIFICATE HOLDER**CANCELLATION**

Office of Secretary of State

Attn: Kim Hunter
450 North 4th Street
P.O. Box 83720
Boise, ID 83720-0080

USA

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

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ACORD 25 (2010/05)

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