

State of Idaho

Office of the Secretary of State

CERTIFICATE OF FRANCHISE AUTHORITY

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify under the seal of my office that:

TING FIBER, INC.

File number VF111

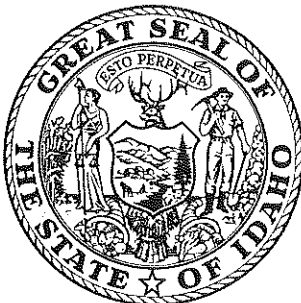
Is hereby granted authority as a system operator to provide cable service or video service in the following service area:

CITY OF SANDPOINT

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 9, 2017



Lawrence Denney
SECRETARY OF STATE

By *[Signature]*



APPLICATION FOR CERTIFICATE OF FRANCHISE AUTHORITY

(Instructions on Back of Application)

2017 AUG -9 AM 9: 52

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: Ting Fiber, Inc.
2. The address of applicant's principal place of business within Idaho is:
PO Box 15, Sandpoint, ID 83864
3. The mailing address of the applicant is:
PO Box 15, Sandpoint, ID, 83864
4. Names of the applicant's principal executive officers:

Name	Title
<u>Elliot Noss</u>	<u>President</u>
<u>Davinder Singh</u>	<u>CFO & Treasurer</u>
<u>Justin Thornton</u>	<u>Vice President, Operations</u>
5. The name and title of applicant's primary Idaho representative:

Name	Title
<u>Jason Mocca</u>	<u>National Director, Field Operations</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 Sandpoint, Idaho (map attached)
7. The date the applicant intends to begin providing service in the service area described above: April 2018
(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: July 26, 2017Signature: Typed Name: Davinder SinghCapacity: CFO & Treasurer
(By an officer or general partner of applicant)Customer Acct # :
(If using pre-paid account)

Secretary of State use only

IDAHO SECRETARY OF STATE

08/09/2017 05:00

CK:3208 CT:343911 BH:1597565

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VF111

CERTIFICATE OF INSURANCE

DATE: July 26, 2017

The Insurer(s) hereby states that it has issued to the insured named herein a policy or policies of insurance providing the type of insurance and limits of liability set forth herein. This certificate of insurance neither affirmatively nor negatively amends, extends or alters the coverage, limits, terms or conditions of the policy it certifies.

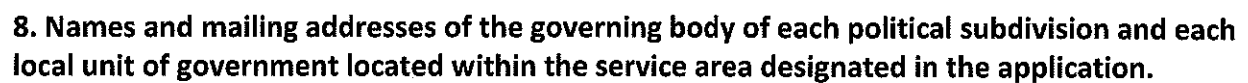
Certificate Holder: State of Idaho			Named Insured: Tucows Inc., and Ting Fiber Inc., 96 Mowat Avenue, Toronto, ON M6K 3M1 U.S. Address: 421-1 Martin Luther King Jr. Dr. W., Starkville, MS 39759		
COVERAGE PROVIDED ONLY FOR THE FOLLOWING SECTIONS: A, B, E, H, O, P, Q					
	TYPE OF POLICY	INSURER & POLICY NO.	POLICY PERIOD	LIMITS OF LIABILITY	
			M/D/Y		
SECTION A	Commercial General Liability	National Fire Insurance of Hartford 6046406241	May 1, 2017 to May 1, 2018	Each Occurrence	\$1,000,000
SECTION B	Products and Completed Operations			Products - Comp/Op Aggregate	\$2,000,000
SECTION C	Owners and Contractors protective			General Aggregate	\$2,000,000
SECTION D	Blanket Contractual Liability				
SECTION E	Occurrence Bodily Injury & Property Damage				
SECTION F	Employers Liability				
SECTION G	Cross Liability - Severability of Interests Clause				
SECTION H	Personal Injury				
SECTION I	Property			Property of Every Description or	
SECTION J	Certificate Holder Loss Payee			Building	
SECTION K	- All Risks, subject to policy exclusions			Equipment	
SECTION L	- Replacement Cost			Stock	
SECTION M	- Stated Amount of Co-insurance			Property of Others	
SECTION N	- Other			Tenants Improvement	
				Business Interruption	
SECTION O	Commercial Automobile	National Fire Insurance of Hartford 6046406238	May 1, 2017 to May 1, 2018	Third Party Liability	\$1,000,000
SECTION P	Umbrella Liability	Continental Casualty Company MPR2346286	May 1, 2017 to May 1, 2018	Limits	\$8,000,000
SECTION Q	All limits shown are in US Funds. Evidence of coverage only.				

The Insurer(s) agrees to endeavor to provide **0** days notice to the holder of this certificate if any material change adverse to the certificate holder or cancellation of these policies.



Authorized Representative
THOMAS I. HULL INSURANCE LIMITED

6. Map of service area: City of Sandpoint, ID



City of Sandpoint, ID
City Hall
1123 Lake St, Sandpoint, ID 83864