

State of Idaho

Office of the Secretary of State

TRANSFER OF CERTIFICATE OF FRANCHISE AUTHORITY

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

ZITO WEST HOLDING, LLC

File Number VF106

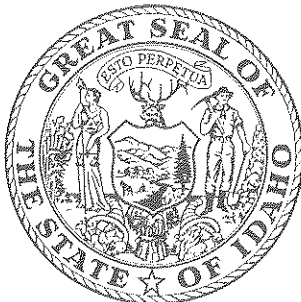
Is hereby granted authority as a system operator to provide cable service or video service in the following service area:

**CITY OF MOUNTAIN HOME, MOUNTAIN HOME AIR FORCE BASE,
AND 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: February 7, 2018



Lawrence Denney
SECRETARY OF STATE

By

[Signature]



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.

2018 FEB -7 PM 1:18

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the applicant is: Z. to West Holding, LLC

2. The address of applicant's principal place of business within Idaho is: 1993 East 8th Street North, Mountain Home, ID 83647

3. The mailing address of the applicant is: 102 South Main Street, Coudersport PA 16915

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

Name	Title
<u>James Rigas</u>	<u>Co-President</u>
<u>Michael Rigas</u>	<u>Co-President</u>
<u>Colin Higgins</u>	<u>Vice President</u>

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

Name	Title
<u>Dustin Hurd</u>	<u>Regional Technical Operations Manager</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 Mountain Home, Mountain Home A.V. Base and Blaine County

7. The date the applicant intends to begin providing service in the service area described above: 03/01/2018
(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: 2/6/18

Signature: [Signature]

Typed Name: Colin Higgins

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

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

Secretary of State use only
IDAHO SECRETARY OF STATE
02/07/2018 05:00

CK:41581 CT:352459 BH:1625700

1@ 1,000.00 = 1,000.00 FRAN TRAN #2

s:\corporate\franchise_authority_transfer
Revised 08/2012



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/06/2018

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 have ADDITIONAL INSURED provisions or 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 Northwest Insurance Services 800 State Street, Suite 500 Erie PA 16501		CONTACT NAME: Melissa Wernicki PHONE (A/C, No, Ext): (814)838-0000 FAX (A/C, No): (814)838-1044 E-MAIL ADDRESS: Melissa.Wernicki@northwest.com		
INSURED Zito West Holding, LLC 102 S. Main Street Coudersport PA 16915		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Phoenix Insurance Company		25623
		INSURER B: Travelers Property Casualty Co Of America		25674
		INSURER C: Travelers Indemnity of America (TIA)		25666
		INSURER D: Travelers Indemnity of America (TIA)		25666
		INSURER E:		
INSURER F:				

COVERAGES

CERTIFICATE NUMBER: Zito West Holding 17-18

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			630-2K99696A	11/01/2017	11/01/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG	\$ 2,000,000
	OTHER:							\$
B	AUTOMOBILE LIABILITY			BA-0K736262	11/01/2017	11/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP158D4785	11/01/2017	11/01/2018	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED		RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			UB-161D8258	11/01/2017	11/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER

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

Melissa Wernicki

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**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**

City of Mountain Home, City Hall

160 South 3rd East

Mountain Home, ID 83647

Mountain Home Air Force Base

1030 Liberator St

Mountain Home AFB, ID 83648-5442

Elmore County Commissioners

150 South 4th East, Suite 3

Mountain Home, ID 83647