**State of North Carolina**

**Department of the Secretary of State**

***Notice of Cable Franchise***

Pursuant to Section 66-352(a) of the General Statutes of North Carolina, the undersigned does hereby submit this Notice of Franchise for the purpose of providing cable service over a cable system in a specific area.

1. Legal Name of Filer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. The street address of the principal place of business is:

Number and Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. The mailing address ***if different from the street address*** of the principal place of business is:

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. The principal place of business telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Name of Person to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Service Area Designation:

 Entire State of North Carolina (if you selected the entire state, continue to Question 9)

 Specific area(s) within the State of North Carolina

8. List each county and city in which the described service area is located, in whole or in part. See instructions for an example.

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(If additional space is needed, please attach a separate sheet.)

9. Description of the area to be served: (Map attached in paper and electronic form)

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(If more space is needed, please attach a separate sheet.)

10. I am submitting the following to the North Carolina Secretary of State’s Office as part of this Notice of Franchise Filing:

 \_\_\_\_\_ An original and three copies of the Notice of Franchise Form, including any

 attachments

 \_\_\_\_\_ An original paper service area map and three copies

 \_\_\_\_\_ An electronic version of the map. Specify map format allowed pursuant to the temporary rules:

 PDF \_\_\_ GIS “shapefile” \_\_\_

 \_\_\_\_\_ Filing fee of $125.00

 \_\_\_\_\_ The enclosed maps comply with 18 NCAC 13.0404, 18 NCAC 13.0405 and 18 NCAC 13.0406

11. Schedule of Service: Please indicate when service is expected to be offered in the service area.

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12. Are any attachments included as part of this Notice of Franchise?

 Yes \_\_\_\_ No \_\_\_\_

Signing this form knowing that it is false in any material respect with intent that the document be delivered to the Secretary of State for filing is a Class 1 misdemeanor.

Signed, this the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_­­­­­­­\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legal Name of Entity

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of officer or general partner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type or Print Name of signing officer/general partner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type or Print Title of signing officer/general partner

NOTES:

1. Filing fee is $125.00 US. Checks should be made payable to “NC Secretary of State.” This document and three exact or conformed copies of this Notice, three paper maps and one electronic copy must be filed with the Secretary of State.

**Mailing Address: Address for Courier or Hand Delivery\*\***

Corporations Division \*\*Note: the US Postal Service will **NOT** deliver

Department of the Secretary of State mail to this address.

PO BOX 29622 Corporations Division

RALEIGH, NC 27626-0622 Department of the Secretary of State

 2 SOUTH SALISBURY STREET

 RALEIGH, NC 27601-2903

1. The Department will deliver a copy of the filed document to the filer via U.S. Postal Service. However a filer may request that the return copy be delivered by a private delivery service. If you request a return copy delivered by a private delivery service, you must: 1) inform the Department of your arrangements with the private delivery service for the delivery service to visit the Department and pick up the copy; and 2) include with your submitted filing a completed delivery envelope and inform the Department of your arrangements with the private delivery service for payment of costs associated with the pickup and delivery of the copy.
2. A form and attachments submitted to the Department are not considered to be “filed” until the Department accepts and files the document. The Department may reject a filing if it is incomplete or for any of the reasons set out in the temporary rules.

*Instructions for Filing*

**Notice of Cable Franchise**

*(Form C-01)*

All information requested on a form shall be completed by the filer whether requested by means of a block to be marked or a line to be completed. If a question or item is not applicable to the filer, the filer shall not leave the question or item blank, but shall enter “not applicable” or check the “not applicable” box.

A form is not complete unless it complies with all other applicable filing requirements in Article 42 of Chapter 66 and Article 2 of Chapter 55D of the North Carolina General Statutes.

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| --- | --- |
| 1. | Enter the legal name of the entity filing a Notice of Franchise.  |
| 2. | Enter the complete street address of the principal place of business. |
| 3. | If mail is not delivered to the street address stated in (2), enter the complete mailing address of the principal place of business. |
| 4. | Enter the telephone number, including area code, for the principal place of business. |
| 5. | Enter the e-mail address for the principal place of business. |
| 6. | Enter the name of the person whom the Department should contact if there are questions about your submission. Also enter the title of the person, the phone numbers and e-mail address at which the person may be reached. |
| 7. | Check one of the boxes. The franchise area is either the entire state or a portion of the state. If it is the entire state, please skip Item 8 and continue to Item 9. |
| 8. | If the service area is a portion of the state, please list each county and city in which the described service area is located, in whole or in part. Example:

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| --- | --- | --- | --- |
| County | City | County | City |
| Mecklenburg | Charlotte | Gaston | Dallas |
|  | Davidson |  | Gastonia |
|  | Huntersville |  |  |
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| 9. | Enter a description of the service area. The service area described should be as reflected on the map submitted. |
| 10. | Check each box for those items being submitted as part of the Notice of Franchise. The maps of service area boundaries submitted to the Department shall delineate the service area as one or more polygons. The polygonal service area and sub-areas shall be closed on all sides. NOTE: maps must contain legends which contain information necessary to read the map accurately. For example, if a map contains polygons filled with stripes delineating the service area and no fill indicating areas of a county or city not included in the service area, the legends could include: Service area Not Service Area.Both a paper and electronic copy of a map of service area boundaries shall be sufficiently detailed so that one can determine whether a specific area is located within the service area. Both the paper and electronic copy of a map shall identify each county or city included in the service area in whole or in part.A map may contain additional geo-referenced information such as waterways.  |
| 11. | A schedule shall set forth the proposed sequence and timing of the provision of service to the service area. If a franchise service area contains noncontiguous geographic areas, then the schedule in the Notice of Franchise shall specifically address each area.Note: If the service area is identical to a service area in which the provider has been providing service under a local franchise agreement, the schedule shall state that service has already been and continues to be provided in the service area. If the service area includes locations not previously covered by the provider’s local franchise agreement, provide a schedule which specifies the following: 1) service has already been and continues to be provided in (specify area) and; 2) set forth a schedule for provision of service to the additional parts of the service area. |
| 12. | If the filing includes any attachments, indicate yes or no. |
| Signature Block | A document filed under Chapter 66, Article 42 must be signed by an officer or general partner of the filing entity. State the legal name of the filing entity. The person executing the document must sign and state the person’s name, the capacity in which the person signs beneath the person’s signature. Any signature on the document may be a facsimile or an electronic signature in a form acceptable to the Secretary of State. The document may, but need not, contain a seal, attestation, acknowledgement, verification, or proof. (NCGS 55D-10)(8) |
| Effective Date | A filing is submitted on the day it is received in paper form by the Department before 5:00 p.m. of that day. When the Department accepts and files a filing pursuant to G.S. 55D-15, the document shall be deemed filed on the date on which it was received by the Department in its final form. |