

KANSAS CORPORATION COMMISSION
TELECOMMUNICATIONS SECTION

202507211103432588
Filed Date: 07/21/2025
Form VSA IB
State Corporation Commission
of Kansas
July 2006
Form must be Typed
Form must be Signed

**KANSAS VIDEO SERVICE AUTHORIZATION
AMENDED, TERMINATION OR TRANSFER APPLICATION**

Date: _____ Type of Application (Check one): ☐ Amended ☐ Termination ☐ Transfer

Applicant's Name: _____ d/b/a: _____

Address 1: _____ Phone: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

Authorizing Docket: _____ Date: _____

For Amended Application:

If applicable as an attachment, identify the municipalities and provide a legal description of the service area footprint(s) to be served using the Community Unit Identification Code (CUID), Section, Township and Range references. Include the attached description on a computer disc in ESRI compatible format (.E00, or .shp) with a defined projection file. Each footprint should clearly state the date by which the provider will pass 100% of the encompassed households. Multiple service areas may be included. Community Unit Identification Number(s) (CUID): **KS0955** _____

For Termination Application:

Effective date of Termination: _____

For Transfer Application:

(A transfer application will require a companion Initial or Amended application from the receiving entity, as appropriate.)

Name: _____ d/b/a: _____

Contact Name: _____ Phone: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

Successor's Authorizing VSA docket: _____, Date: _____

Successor's serving area footprint changes? ☐ Yes ☐ No

If yes, the successor's VSA authorization must be amended detailing the changed footprint.

Effective date of Transfer: _____

For All Applications:

By submitting this application, the applicant agrees that it may not deny access to service to any group of potential residential subscribers because of the income of the residents in the local area in which such group resides. Initial indicating concurrence: LCP

Verification

I, Len Pitcock, of lawful age, and being first duly sworn, now state: As an officer of the Applicant, I am authorized to do and hereby make the above commitments. I further affirm that all statements made above are true and correct to the best of my knowledge and belief.



Signature

Field Vice President, Government Affairs

Title

Map and legal description follow of the service area footprint to be serviced under this application.

Cox Communications Kansas will provide video programming throughout its footprint within five (5) years of the date of this application is approved.

Ozawkie, KS – Please find below the date of filing FCC cable community registration Form 322, CUID number and the STR listing.

CUID: KS0955 7/14/2025

S25-T9S-R17E

S30-T9S-R18E

S36-T9S-R17E



Cox Communications
Ozawkie, Kansas
Service Area

CUID: KS0955

S25-T9S-R17E

S30-T9S-R18E

S31-T9S-R18E

S36-T9S-R17E

