

KANSAS CORPORATION COMMISSION
TELECOMMUNICATIONS SECTION

Form VSA IB
July 2008
Form must be Typed
Form must be Signed

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

Date: 09-09-16 Type of Application (Check one): Amended Termination Transfer
Applicant's Name: WTC Communications Inc. d/b/a: _____
Address 1: 1009 Lincoln Avenue, PO Box 25 Phone: 785-456-1000
Address 2: _____
City: Warrego State: KS Zip: 66547-0025
Federal Employer Identification Number (FEIN): 48-1221390
Authorizing Docket: 08-WCMC-963-VSA 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 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. **** The description of the area within the City of Manhattan subject to this amendment is shown in the accompanying digital file.**

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: JW

Verification

I, Jeff Wick, 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.

Jeff Wick Signature _____ President/General Manager Title _____