

KANSAS CORPORATION COMMISSION  
TELECOMMUNICATIONS SECTION

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

20170410141340  
Filed Date: 04/10/2017  
State Corporation Commission  
of Kansas  
Form VSA IB  
July 2006  
Form must be Typed  
Form must be Signed

Date: 10 April 2017 Type of Application (Check one): ☒ Amended ☐ Termination ☐ Transfer

Applicant's Name: Cox Communications Kansas, LLC d/b/a: Cox Communications

Address 1: 901 S. George Washington Blvd Phone: 316-260-7442

Address 2: \_\_\_\_\_

City: Wichita State: KS Zip: 67211

Federal Employer Identification Number (FEIN): 58-2520461

Authorizing Docket: 07-CXKC621-VSA Date: 01/08/2007

**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.

**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: CS

**Verification**

I, CURT STAMP, 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.

Curt Stamp

Signature

Field Vice President, Government Affairs

Title

## **Garden Plain**

T27S - R03W - S30, S31, S32

COX COMMUNICATIONS

SERVICE AREA  
GARDEN PLAIN, KS



Attachment 1

Date of Filing FCC Cable Community Registration Form 322 and CUID number.

Garden Plain

KS

KS0721

08/05/2002

KANSAS CORPORATION COMMISSION  
TELECOMMUNICATIONS SECTION

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

20170410141340\_820  
Filed Date: 04/10/2017  
State Corporation Commission  
of Kansas  
Form VSA IB  
July 2006  
Form must be Typed  
Form must be Signed

Date: 10 April 2017 Type of Application (Check one): ☒ Amended ☐ Termination ☐ Transfer

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Address 2: \_\_\_\_\_

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Effective date of Termination: \_\_\_\_\_

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

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Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Successor's Authorizing VSA docket: \_\_\_\_\_, Date: \_\_\_\_\_

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Curt Stamp  
Signature

Field Vice President, Government Affairs

Title

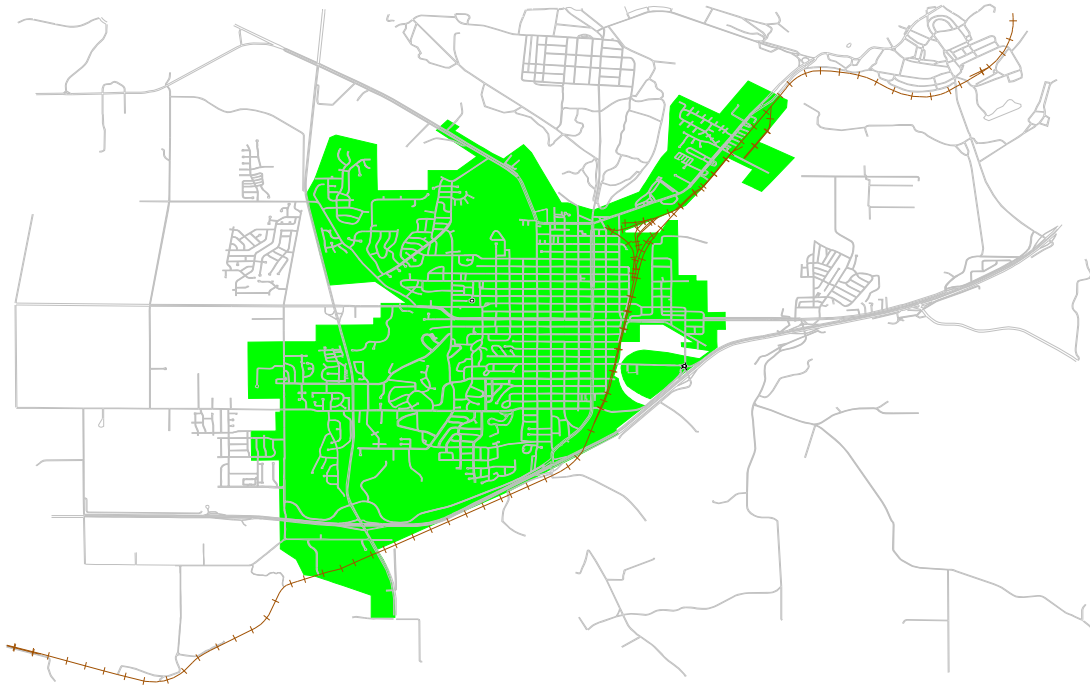
**Junction City, Ks**

T12S R05E S01, S02, S03, S10, S11, S12, S13, S14, S15, S16, S22

SE1

COX COMMUNICATIONS

SERVICE AREA  
JUNCTION CITY, KS



Attachment 1

Date of Filing FCC Cable Community Registration Form 322 and CUID number.

Junction City

KS

KS0413

11/20/1984