

32 OLD SLIP  
NEW YORK, N.Y. 10005  
(212) 701-3000  
FAX: (212) 269-5420

**CAHILL GORDON & REINDEL LLP**  
SUITE 950  
1990 K STREET, N.W.  
WASHINGTON, D.C. 20006-1181

20 FENCHURCH STREET  
11TH FLOOR  
LONDON EC3M 3BY  
(011) 44.20.7920.9800

ANGELA F. COLLINS | 202-862-8930 | acollins@cahill.com

August 17, 2022

**Via Electronic Filing**

Lynn M. Retz  
Executive Director  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, KS 66604

**Re: Docket No. 13-VNLT-556-VSA  
Termination of Video Service Authorization**

Dear Ms. Retz:

Valu-Net, LLC respectfully submits the enclosed form to terminate its Video Service Authorization previously granted in the above-referenced docket.

If you have any questions regarding this matter, please contact the undersigned.

Respectfully submitted,

*/s/ Angela F. Collins*

Angela F. Collins

Enclosure

KANSAS CORPORATION COMMISSION  
TELECOMMUNICATIONS SECTION

## 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): \_\_\_\_\_

### 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: PNW

### Verification

I, Peter N. Witty, 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.

/s/ Peter N. Witty

Signature

Title