

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): CUID: KS0945

**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: ICP

**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.



Field Vice President, Government Affairs

Signature

Title

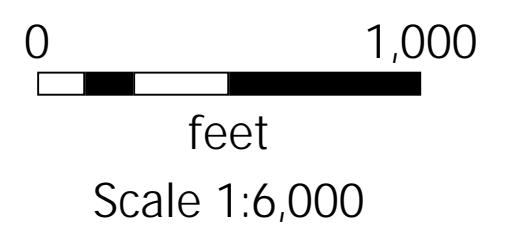
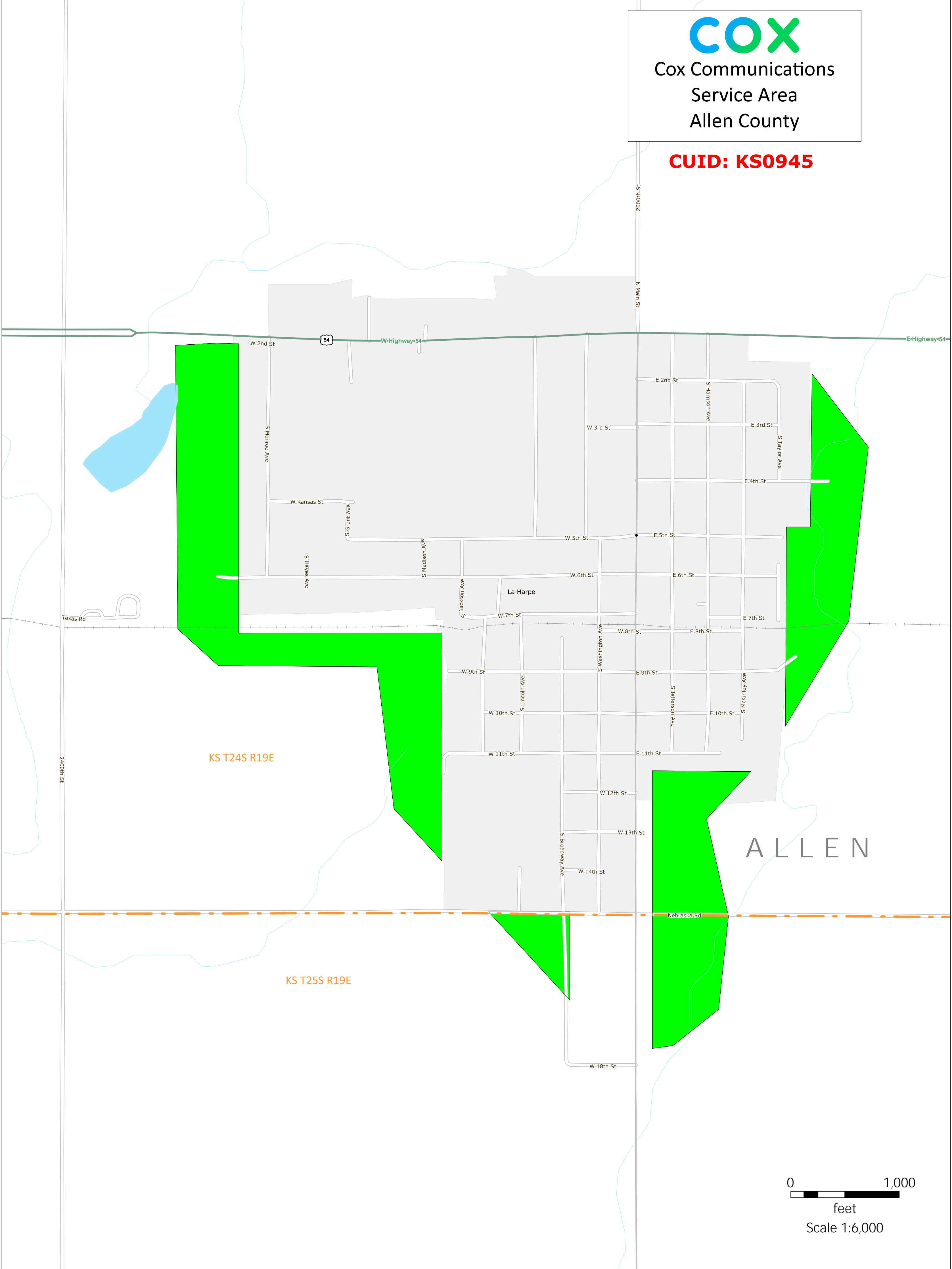
Map and legal description follow of the service area footprint to be serviced under this application.

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



Cox Communications  
Service Area  
Allen County

**CUID: KS0945**



Allen County, KS: Please find below the Date of Filing FCC Cable Community Registration Form 322 and CUID number and the STR listing.

**Allen County:**

**CUID: KS0945            12/12/23**

**STR: KS T24S R19E / KS T25S R19E**