



April 29, 2024

**Via First Class Mail**

Andrew J. French, Chairperson  
Kansas Corporation Commission  
1500 SW Arrowhead Road  
Topeka, KS 66604-4027

***Re: Kansas Video Service Authorization Termination Application of Google Fiber Kansas, LLC***

Dear Mr. French:

Pursuant to Kan. Stat. Ann. § 12-2023(d), Google Fiber Kansas, LLC submits the attached termination application to relinquish its certificate of video service authorization. Google Fiber Kansas, LLC no longer offers video service in the state of Kansas. It provided written notice to its customers 60 days prior to terminating video service.

Please acknowledge receipt of this filing by returning, file-stamped, the extra copy of this letter in the self-addressed stamped envelope provided for that purpose.

Questions regarding this letter may be directed to Fleur Knowsley at [googlefibernotices@google.com](mailto:googlefibernotices@google.com), with a copy to [legal-notices@google.com](mailto:legal-notices@google.com).

Respectfully,

A handwritten signature in blue ink that reads 'Fleur Knowsley'.

Fleur Knowsley  
Manager  
Google Fiber Kansas, LLC

KANSAS CORPORATION COMMISSION  
TELECOMMUNICATIONS SECTION

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

Date: April 29, 2024 Type of Application (Check one):  Amended  Termination  Transfer  
Applicant's Name: GOOGLE FIBER KANSAS, LLC d/b/a: \_\_\_\_\_  
Address 1: 1600 Amphitheatre Pkwy Phone: 1 (866) 777-7550  
Address 2: \_\_\_\_\_  
City: Mountain View State: CA Zip: 94043  
Federal Employer Identification Number (FEIN): 45-2757575  
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: April 29, 2024

**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: \_\_\_\_\_

**Verification**

I, Fleur Knowsley, \_\_\_\_\_ 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.

Fleur Knowsley  
Signature

Manager

Title