

STATE OF SOUTH CAROLINA
SECRETARY OF STATE



COVER LETTER FOR AN APPLICATION FOR A STATE-ISSUED CERTIFICATE OF
FRANCHISE AUTHORITY

Pursuant to South Carolina Code of Laws §58-12-310, the Cable Provider is submitting an application to the South Carolina Secretary of State's Office for a State-Issued Certificate of Franchise Authority. Although this application is being submitted prior to the expiration of the local government issued franchise, the Cable Provider understands that the submission to the Secretary of State's Office in no way subjects or avails the Cable Provider to the state-issued certificate of franchise authority provisions of South Carolina Code of Laws §58-12-300 et seq. Additionally, the Cable Provider understands that the Secretary of State will not issue a state-issued certificate of franchise authority until the day following the expiration of the local government issued certificate of franchise authority.

By submitting this cover letter with the Application for State-Issued Certificate of Franchise Authority, the Cable Provider is affirming the following information:

- (1) This application is not being submitted more than 80 days prior to the expiration of the local government issued certificate of franchise authority.
- (2) The application is for the following municipalities, and the expiration date of the franchise authority issued by those municipalities is:

| Name of Municipality | Expiration Date |
|----------------------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- (3) The Cable Provider understands that the submission of this application prior to the expiration date of the local government issued certificate of franchise authority in no way subjects or avails the Cable Provider to the provisions of S.C. Code of Laws §58-12-10 et seq.
- (4) The Cable Provider understands that the Secretary of State will not issue a state-issued certificate of franchise authority until the day following the expiration of the local government issued certificate of franchise authority.

Date _____

Name of Cable Provider

Officer/General Partner's Signature

Type or Print Name

Address

Telephone Number