

STATE OF SOUTH CAROLINA
SECRETARY OF STATE



NOTICE OF TRANSFER OF STATE-ISSUED
CERTIFICATE OF FRANCHISE AUTHORITY

TYPE OR PRINT CLEARLY WITH BLACK INK

Pursuant to S.C. Code Section 58 -12-310(F), the undersigned hereby provides notice of the transfer of the certificate of franchise authority.

1. The name of the entity holding the certificate of franchise authority is _____

2. Date certificate of franchise authority issued _____

3. The name of the successor in interest to whom the certificate of franchise authority is being transferred _____

4. The street address of the successor in interest is _____
Street Address

City County State Zip Code

The mailing address of the successor in interest is _____

5. This notice is accompanied by an affidavit signed by an officer or general partner of the successor in interest as required by S.C. Code Section 58-12-310(B) & (F).

Date _____

Officer/General Partner's Signature

Type or Print Name

Address

Telephone Number

AFFIDAVIT REGARDING TRANSFER OF
STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY

PERSONALLY appeared before me the undersigned who being duly sworn according to law,
deposes and says on oath:

My name is _____ and my title/position is _____ of _____. This affidavit is based upon my personal knowledge of the facts contained in this affidavit. My company is the successor in interest to _____ who holds a Certificate of Franchise Authority. I certify and affirm that all such facts are true and correct. I affirm that my company agrees to comply with all applicable federal and state laws and regulations.

My company is successor in interest to _____ who currently holds a Certificate of Franchise Authority to provide cable or video services in the following areas:

(Written description of the municipalities and unincorporated areas of the counties to be served in whole or in part.
A map or other graphic representation may supplement, but not substitute for the written description.)

The principal place of business for my company is located at _____

The principal executive officers of the applicant are:

Name & Title	Address	Telephone No.
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Dated this _____ day of _____, _____.

SWORN to and subscribed before me this

_____ day of _____, _____

Notary Public for _____
My Commission Expires: _____

Officer/General Partner's Signature

Type or Print Name

Address

Telephone Number

FILING INSTRUCTIONS

1. Two copies of this form, the original and either a duplicate original or conformed copy, must be filed with the Secretary of State and the affected municipalities or counties within ten (10) days of the completion of the transfer.
2. If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form.
3. Return to: South Carolina Secretary of State
 Attn: Cable Franchise Division
 1205 Pendleton Street, Suite 525
 Columbia, SC 29201

SPECIAL NOTE

PURSUANT TO STATE LAW, A PERSON OR ENTITY SEEKING TO PROVIDE CABLE OR VIDEO SERVICE MUST HAVE A CERTIFICATE OF FRANCHISE AUTHORITY, EITHER AN EXISTING CERTIFICATE ISSUED BY A LOCAL GOVERNMENT UNDER PRIOR LAW, OR UPON EXPIRATION OF THAT CERTIFICATE ISSUED BY A LOCAL GOVERNMENT, A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY ISSUED BY THE SECRETARY OF STATE UNDER S.C. CODE OF LAWS §58-12-310(B).

PURSUANT TO S.C. CODE OF LAWS §58-12-310(F), THE CERTIFICATE OF FRANCHISE AUTHORITY ISSUED BY THE SECRETARY OF STATE IS FULLY TRANSFERABLE TO A SUCCESSOR IN INTEREST TO THE APPLICANT TO WHICH IT IS INITIALLY GRANTED, PROVIDED THAT THE SUCCESSOR IN INTEREST FILES WITH THE SECRETARY OF STATE AN AFFIDAVIT THAT COMPLIES WITH THE REQUIREMENTS OF §58-12-310(B). A NOTICE OF TRANSFER MUST BE FILED WITH THE SECRETARY OF STATE AND THE AFFECTED MUNICIPALITIES OR COUNTIES WITHIN TEN DAYS OF THE COMPLETION OF THE TRANSFER.