OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
313 West Tower
2 Martin Luther King Jr. Dr.
Atlanta, GA 30334
(404) 656-2817
sos.georgia.gov/corporations

Brian P. Kemp
Secretary of State

NOTICE OF TERMINATION OF STATE FRANCHISE

Personally appeared before me the undersigned being duly sworn according to law, and swears to the facts contained in this notice. Pursuant to O.C.G.A. § 36-76-5(e), as amended, the undersigned hereby provides notice of termination of a state franchise to provide cable service and/or video service in the State of Georgia.

1. The name of the certificate holder is:_____

2. License number of the certificate holder is: _____

3. The following service area(s) are affected by this termination: *(Attach additional sheet if necessary.)*

   _____

   _____

   _____

4. The effective date for this termination of service, which shall not be more than 60 days from the date of filing the notice of termination, is _____ .

5. The certificate holder certifies that a copy of this notice of termination has been provided to each affected municipal or county governing authority.

Submitted this _____ day of _____, 20____.

_____
Signature of Officer/General Partner

_____
Print Name

_____
Title

_____
Address

_____
Telephone Number

_____
Email Address

State of _____ County of _____

Sworn to and subscribed before me this_____ day of _____, 20____.

_____
Notary Public Signature

My Commission expires: _____