



Mississippi Secretary of State

Michael Watson

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MODIFICATION OF BOUNDARIES OF VIDEO SERVICE PROVIDER

1. Video Service Provider: _____

2. Date Certificate of Franchise Authority Was Issued by Secretary of State: _____

3. Please identify below, political subdivisions and/or parts of political subdivisions which have been added or removed from the service area in which the franchise holder provides video service. If the service area includes an entire county, please list all political subdivisions within the county.

Added Counties: (please indicate if the video service area is the entire county or a portion of the county. If the service area includes only a portion of the county, please describe the area.)

Removed Counties: (please indicate if the video service area is the entire county or a portion of the county. If the service area includes only a portion of the county, please describe the area.)

Added Cities/Towns: (please identify all cities/towns within the service area. If the service area includes only a portion of a city or town, please describe the area)

Removed Cities/Towns: (please identify all cities/towns within the service area. If the service area includes only a portion of a city or town, please describe the area)

4. Date Franchise Holder intends to begin providing video service for modified areas listed above: _____

DECLARATION

I, the undersigned, state that I am an officer, general partner, or managing member of the Video Service Provider listed above, that I have read the above form and know its contents and the facts stated therein are true and correct. I understand that I am signing the above information and the information contained in any attachment or supplement under the penalty of perjury.

By checking this box, I am attesting that this is my signature and I have the authority to submit this form and any supplemental information on behalf of the applicant.

Signature

Title

Printed Name

Date