**State of North Carolina**

**Department of the Secretary of State**

***State Franchise for Cable Television Service***

***Annual Service Report***

Pursuant to Section 66-353 of the General Statutes of North Carolina, the undersigned submits this Annual Service Report.

1. Legal Name of Filer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Franchise Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Has the mailing address of the Filer changed since the filing of the associated Notice of Franchise?

 Yes \_\_\_\_\_ No \_\_\_\_\_

 If yes, please provide the correct mailing address for the Filer:

 Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_

4. The effective date of the Notice of Franchise for this service area is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Descriptionof the area to be served: (Map attached in paper and electronic form)

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(If more space is needed, please attach a separate sheet)

6. The approximate number of households in the service area is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

7. Description of the households passed in the service area as of July 1 of the current year is as follows: (Map attached in paper and electronic form)

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(If additional space is needed, please include on a separate sheet.)

8. The percentage of households passed in the service area as of July 1 of the current year is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. The percentage of households passed in the service area as of July 1 of the immediately preceding yearwas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10. The extent to which the franchise holder has met the customer service requirements under N.C.G.S. 66-356(b) is as follows:

 (a) 47 C.F.R. 76.309 Customer Service Obligations;

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 (b) 47 C.F.R. 76.1602 Customer Service - General Information;

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 (c) 47 C.F.R. 76.1603 Customer Service Rate and Service Changes; and

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 (d) 47 C.F.R. 76.1604 Charges for Customer Service Changes.

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11. Does this annual service report include additional information regarding compliance with customer service requirements in Part 76 of Title 47 of the Code of Federal Regulations?

 Yes \_\_\_\_\_ No \_\_\_\_\_\_

12. As of July 1 of the year in which this annual service report is filed, does the schedule for providing service differ from the one included in the Notice of Franchise?

 Yes \_\_\_\_\_ No \_\_\_\_\_\_

13. As of July 1 of the year in which this annual service report is filed, does the schedule for providing service differ from one included in a prior annual service report?

 Yes \_\_\_\_\_ No \_\_\_\_\_\_

14. To the extent that the schedule differs from that included in the Notice of Franchise or in a prior annual service report, the revised schedule for provision of service is:

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15. The explanation of the reason for the revised schedule is as follows:

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16. I have submitted the following to the North Carolina Secretary of State’s Office as part of this Annual Service Report.

 \_\_\_\_ An original and three copies of the Annual Service Report Form, including any attachments.

 \_\_\_\_ An original paper service area map and three copies

 \_\_\_\_ An original paper map of the households passed in the service area as of July 1 of the current year and three copies.

 \_\_\_\_ Electronic version(s) of the service area map and map of the households passed per 18 NCAC 13 .0419.

 PDF \_\_\_\_\_ GIS “shapefile” \_\_\_\_\_\_\_

 Signing this form knowing that it is false in any material respect with intent that the document be delivered to the Secretary of State for filing is a Class 1 misdemeanor.

Signed, this the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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 Legal Name of Entity

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of officer or general partner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type or Print Name of signing officer/general partner

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type or Print Title of signing officer/general partner

NOTES:

1. Fee $200.00

2. Mail or deliver to the addresses on the instruction page.

*Instructions for Filing*

**Annual Service Report**

*(Form C-04)*

All information requested on a form shall be completed by the filer whether requested by means of a block to be marked or a line to be completed. If a question or item is not applicable to the filer, the filer shall not leave the question or item blank, but shall enter “not applicable” or check the “not applicable” box.

A form is not complete unless it complies with all other applicable filing requirements in Article 42 of Chapter 66 and Article 2 of Chapter 55D of the North Carolina General Statutes.

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| --- | --- |
| 1. | Enter the legal name of the entity filing a Notice of Franchise.  |
| 2. | Enter the Franchise Number assigned by the Department of the Secretary of State. |
| 3. | Indicate whether the mailing address of the filer changed, if so, complete the information for the new address of the filer. |
| 4. | Provide the effective date of the Notice of Franchise. If you are unsure, you may review the filings on the Department of the Secretary of State website at [www.sosnc.com](http://www.sosnc.com) and click the link to “State Franchise for Cable Television Service.” |
| 5. | Enter a description of the service area. The service area described should be as reflected on the map submitted. |
| 6. | Indicate the appropriate number of households located within the service area. |
| 7. | Enter a description of the households passed in the service area as of July 1 of the current year. |
| 8. | Enter the percentage of households passed in the service area as of July 1, of the current year. |
| 9. | Enter the percentage of households passed in the service area as of July 1 of the immediately preceding year. |
| 10. | Provide a report for each of the four areas of customer service as required by 18 NCAC 13 .0804. |
| 11. | Indicate whether additional information regarding customer service is included with this Annual Service Report. |
| 12. | Indicate whether the schedule for providing service differs from the Notice of Franchise. |
| 13. | Indicate whether the schedule for providing service differs from any previously filed Annual Service Report. |
| 14. | Provide a schedule indicating when service is expected to be offered in the service area, to the extent the schedule differs from either the Notice of Franchise or a prior Annual Service Report. |
| 15. | Provide an explanation of the reason for the new schedule. |
| 16. | Please check the appropriate documents submitted. |
| Signature Block | A document filed under Chapter 66, Article 42 must be signed by an officer or general partner of the filing entity. State the legal name of the filing entity. The person executing the document must sign and state the person’s name, the capacity in which the person signs beneath the person’s signature. Any signature on the document may be a facsimile or an electronic signature in a form acceptable to the Secretary of State. The document may, but need not, contain a seal, attestation, acknowledgement, verification, or proof. (NCGS 55D-10)(8) |
| Effective Date | A filing is submitted on the day it is received in paper form by the Department before 5:00 p.m. of that day. When the Department accepts and files a filing pursuant to G.S. 55D-15, the document shall be deemed filed on the date on which it was received by the Department in its final form. |

**Notes:**

1. Delivery Addresses:

**Mailing Address: Address for Courier or Hand Delivery\*\***

Corporations Division \*\*Note: the US Postal Service will **NOT** deliver

Department of the Secretary of State mail to this address.

PO BOX 29622 Corporations Division

RALEIGH, NC 27626-0622 Department of the Secretary of State

 2 SOUTH SALISBURY STREET

 RALEIGH, NC 27601-2903

1. The Department will deliver a copy of the filed document to the filer via U.S. Postal Service. However a filing may request that the return copy be delivered by a private delivery service. If you request a return copy delivered by a private delivery service, you must: 1) inform the Department of your arrangements with the private delivery service for the delivery service to visit the Department and pick up the copy; and 2) include with your submitted filing a completed delivery envelope and inform the Department of your arrangements with the private delivery service for payment of costs associated with the pickup and delivery of the copy.
2. A form and attachments submitted to the Department are not considered to be “filed” until the Department accepts and files the document. The Department may reject a filing if it is incomplete or for any of the reasons set out in the temporary rules.