**State of North Carolina**

**Department of the Secretary of State**

***Notice of Commencement of Service***

Pursuant to Section 66-352(b) of the General Statutes of North Carolina, the undersigned submits this Notice of Commencement of Service.

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. Has the person to contact changed since the filing of the associated Notice of Franchise?

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

 If yes, please complete the following:

 Name of Person toContact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

6. The date on which cable service began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Descriptionof the area to be served: (Map attached in paper form)

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

8.On behalf of the holder of this State Franchise, I confirm that cable service has begun in the service area (one or more households have been passed).

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

9. Are any attachments included as part of this Notice of Commencement of Service?

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

10. I have submitted the following to the North Carolina Secretary of State’s Office as part of this Notice of Commencement of Service Filing:

 \_\_\_\_An original and three copies of the Notice of Commencement of Service Form, including any attachments

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

 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\_\_\_.

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

 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. This document and three exact or conformed copies of thisNotice, three paper maps and one electronic copy must be filed with the Secretary of State.

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

*Instructions for Filing*

**Notice of Commencement of Service**

*(Form C-02)*

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.

|  |  |
| --- | --- |
| 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. | Indicate whether the person to contact has changed since the filing of the Notice of Franchise. If so, complete the information for the new contact person. |
| 5. | 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.” |
| 6. | Provide the date cable service passed one or more household in the described service area. |
| 7. | Enter a description of the service area. The service area described should be as reflected on the map submitted. |
| 8. | Check either Yes or No, to confirm cable service has begun in the service area by passing one or more households have been passed. |
| 9. | If the filing includes any attachments, indicate yes or no. |
| 10. | Check each box for those items being submitted as part of the Notice of Commencement of Service. |
| 11. | Check, Yes, No, or NA to confirm that one or more households in the franchise area of the existing local cable franchise agreement are passed by both the cable service provider under the existing local cable franchise agreement and the holder of a State-issued franchise. |
| 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 type or printthe 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.