**State of North Carolina**

**Department of the Secretary of State**

***Notice of Withdrawal of Statewide Cable Franchise***

Pursuant to Section 66-352(d) of the General Statutes of North Carolina, the undersigned does hereby submit this Notice of Withdrawal for the purpose of withdrawing cable service over a cable system in a specific area.

1. Legal Name of current Franchise Holder:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. The street address of the principal place of business is:

Number and Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. The mailing address ***if different from the street address*** of the principal place of business is:

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

5. The principal place of business telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. The E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name of Person to Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Effective date of withdrawal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 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. No filing fee. This document and three exact or conformed copies of this Notice must be filed with the Secretary of State.
2. Mail to: Corporations Division, Department of the Secretary of State, PO Box 29622, Raleigh, NC

 27626-0622.

*Instructions for Filing*

**Notice of Withdrawal of Statewide Cable Franchise**

*(Form C-03)*

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.

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 Secretary of State. |
| 3. | Enter the complete street address of the principal place of business. |
| 4. | **If** mail is not delivered to the street address stated in (4), enter the complete mailing address of the principal place of business. |
| 5. | Enter the telephone number, including area code, for the principal place of business. |
| 6. | Enter the e-mail address for the principal place of business. |
| 7. | Enter the name of the person whom the Department should contact if there are questions about your submission. Also enter the title of the person, the phone numbers and email address at which the person may be reached. |
| 8. | Indicate the date the withdrawal is effective. According to statute, the notice of withdrawal must be filed at least 90 days before the service is withdrawn. |
| 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)(6) |
| Additional Note: | Within five days after a person files a document with the Secretary of State, the person must send a copy of the document to any county or city included in the service area described in the document and to the registered agent of any cable service provider that is providing cable service under an existing agreement in the service area described in the document. (NCGS 66-354)(a) |