Nancy Landry SECRETARY OF STATE

STATE OF LOUISIANA SECRETARY OF STATE



Commercial Division (225) 925-4704

<u>Fax Numbers</u> (225) 932-5314 Corporations (225) 932-5317 Legal Services (225) 932-5318 UCC

TRANSMITTAL INFORMATION For All Business Filings

| Please indicate below t | he level of service reques | ted, payment and contact information | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------|------|
| Routine Expedite | | | |
| Check or Money Order Enclo | sed | | |
| Do not put credit card information or | ı this form. You may save payment | information in your geauxBIZ profile under master acco | unt. |
| Business Name (List exactly as it appr | ears in documents) | | |
| Name of person filing document (evide | nce of filing will be mailed to this person, | at address below) | |
| Address | | _ | |
| | | | |
| City | State | Zip Code | |
| | | | |
| Daytime phone number | Fax number | Email address | |
| | | | |
| NOTE: Louisiana Law require bar roll number on the | | nt or type their name and notary or | |
| | | | |
| • | dress: P. O. Box 94125, Bato ocation: 8585 Archives Ave., E Web Site Address: www | Baton Rouge, LA * 70809 | |

SS984 Rev. 01/24

Nancy Landry Secretary of State



APPLICATION FOR A STATE CABLE & VIDEO FRANCHISE

(La. R.S. 45:1361)

Enclose \$60 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division P.O. Box 94125

Baton Rouge, LA 70804-9125

(225) 925-4704 www.sos.la.gov

| | Compar | ny/Applicant Name | |
|---------------------|------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| organized under t | the laws of the state of | , county/parish | of |
| hereby agrees to | maintain insurance in an amount n | ot less than \$1 million either thr | rough a policy of public |
| liability insurance | or through self-insurance. The app | licant agrees to comply with all | applicable federal and |
| state laws and reg | gulations. | | |
| Street address of | principal place of business: | | |
| Names of the prin | cipal executive officers: | | |
| • | es and/or parishes to be served: | | |
| • | es and/or parishes to be served: e attached for additional municipalities/paris | shes.) | |
| (An addendum may be | e attached for additional municipalities/paris | shes.) | Title and Date |
| (An addendum may be | • | shes.) | Title and Date |
| (An addendum may be | e attached for additional municipalities/paris | | |