



# Arkansas Secretary of State

## John Thurston

1401 W. Capitol, Suite 250, Little Rock, AR 72201

501-682-3409 • www.sos.arkansas.gov

### TERMINATION OF CERTIFICATE OF FRANCHISE AUTHORITY FOR VIDEO SERVICE PROVIDER

1. Video Service Provider: \_\_\_\_\_

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

3. Date of Termination: \_\_\_\_\_

4. Please identify below, the political subdivisions and/or parts of political subdivisions to whom the Video Service provider has given written notice of termination.

**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.)

**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.)

#### AFFIDAVIT

I, the undersigned, being first duly sworn, state that I am an officer, general partner, or managing member of the Video Service Provider listed above, that I have read the above document and know its contents and that the facts stated therein are true and correct:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

State of Arkansas  
County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned notary,

personally appeared \_\_\_\_\_ known to me (satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

[Notary Seal]

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_