

Time Warner Cable
Application for State Issued Certificate of Franchise
Authority
Department of Financial Institutions
Wisconsin State Statutes Section 66.0420

Regulatory Contact:
Bev Greenberg, VP Public Affairs
Time Warner Cable – Wisconsin
1320 N. Dr. Martin Luther King Jr. Drive
Milwaukee, WI 53212
414-277-4190

Sec. 66.0420,
Wis. Stats.

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS



STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)
APPLICATION
Title Page

Applicant: Time Warner Cable

Authorized Company Representative

Name: John F. Herbert, Jr.	Title: President, Wisconsin Division	
Address: 1320 N. Dr. Martin Luther King Drive		
City: Milwaukee	State: WI	Zip Code: 53212
Telephone: 414-277-4034	Fax: 414-277-8049	Email Address: jack.herbert@twcable.com

Regulatory Contact

Name: Bev Greenberg	Title: VP, Public Affairs	
Address: 1320 N. Dr. Martin Luther King Drive		
City: Milwaukee	State: WI	Zip Code: 53212
Telephone: 414-277-4190	Fax: 414-277-8049	Email Address: bev.greenberg@twcable.com

Emergency Contact

Name: Celeste Flynn	Title: Director, Public Affairs	
Address: 1320 N. Dr. Martin Luther King Drive		
City: Milwaukee	State: WI	Zip Code: 53212
Telephone: 414-277-4193	Fax: 414-277-8049	Email Address: celeste.flynn@twcable.com

NOTICE: Pursuant to Section 66.0420 Wis. Stats., this form may be used to apply for a State-Issued Certificate of Franchise Authority. Information requested may be used for secondary purposes. Hearing-impaired may call 608-266-8818 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)
APPLICATION

Applicant Name Time Warner Cable

1. A. Check applicable category:

- Cable Service Provider
- Video Service Provider
- Cable and Video Service Provider

B. If you are filing an amendment to an existing SICFA, please check one or more of the following amendment categories in this filing:

- Change in type of provider (Cable, Video, or Cable and Video)
- Name change (Additional d/b/a's or New Name)
- Expansion of service area footprint
- Transfer in ownership/control
- Other (provide explanation) _____

2. Provide the following information:

Principal Business Street Address One Time Warner Center, North Tower 17th Floor		
City New York	State NY	Zip Code 10019
Business Telephone Number 212-364-8200		Fax Number
Email Address n/a		
Mailing Street Address, if different from principal business address 290 Harbor Drive, Legal Dept		
City Stamford	State CT	Zip Code 06902

Provide the name and title of Applicant's principal executive officers (add additional page if necessary):

Name see attached	Title
Name	Title
Name	Title
Name	Title

STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)
APPLICATION

Applicant Name Time Warner Cable

3. Enter one principal name and any d/b/a's or affiliates that will operate under this SICFA. *(NOTE: The certificated name can be the Applicant's legal name, a d/b/a, or an assumed name as long as the requested name(s) is properly registered to do business within the State of Wisconsin. The SICFA holder should use only the name(s) and/or d/b/a(s) granted in its SICFA on all bills, advertisements or communications with the public or the Department of Financial Institutions (DFI). Name changes require an amendment to an existing SICFA). Add additional pages if necessary.*

Principal Name	Time Warner Entertainment Company, L.P. d/b/a Time Warner Cable, by itself, and on behalf of its subsidiaries
D/B/A or affiliate	Century Venture Corp. d/b/a Time Warner Cable
D/B/A or affiliate	Time Warner Cable of Southeastern Wisconsin, L.P. d/b/a Time Warner Cable
D/B/A or affiliate	Time Warner Entertainment-Advance/Newhouse Partnership d/b/a Time Warner Cable
D/B/A or affiliate	

4. Provide the date(s) the Applicant intends to begin providing cable/video service in each Service Area Footprint identified. immediately
5. Attach a clear, complete and definitive description of the requested Service Area Footprint (SAF) for any municipality (ies) and/or unincorporated area(s) with the State of Wisconsin. *(SAF descriptions shall include one or more of the following descriptions: state line, county line(s), municipality/city limit(s), subdivision(s), roadway(s), street(s), block(s), street address(s), and boundaries, or a detailed map(s) properly highlighted and labeled.)* Expansions to SAF's shall be made by filing an amendment to an existing SICFA. The amendment shall require a clear, complete and definitive description of the expansion of the SAF. (For SAF amendments, include the existing certificated SAF as well as any requested revisions to that existing SAF.)
6. The Applicant shall agree to provide the DFI with written notification when terminating its SICFA. The Applicant shall also agree to provide DFI with a copy of any order or ruling issued by a court of competent jurisdiction or the Federal Communications Commission (FCC) that either modifies or revokes its SICFA or makes it ineligible to hold a SICFA pursuant to the standards laid out in section 66.0420 Wisconsin Statutes. The Applicant shall make an affirmative statement that it agrees to provide written notification of termination and copies of orders or ruling issued by a court of competent jurisdiction or the FCC concerning its SICFA.

STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)
APPLICATION

Applicant Name Time Warner Cable

- 7. The applicant shall attest that the entity is legally, financially, and technically qualified to provide cable/video service in compliance with Wisconsin Statutes 66.0420 (3) (d) 4.c.
- 8. The applicant shall attest that the entity has complied with Wisconsin Statutes 66.0420 (3) (e) regarding service upon municipalities.

Authorized Signature John F. Herbert Jr. Date 2-21-2008
Printed Name John F. Herbert Jr. Title President, Wisconsin Division