

COCHISE COUNTY, ARIZONA
APPLICATION FOR FRANCHISE

Applicant's Name: VALLEY TELEPHONE COOPERATIVE, INC.

Address: P.O. BOX 970 City: WILLCOX State: AZ Zip: 85644

Telephone: (520)384-2231 Emergency Telephone: _____

Who will own and operate the system, if other than applicant:

Name: NA _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Emergency Telephone: _____

Indicate the type of franchise you are applying for:

Cable TV Electricity Gas Sewer Water

Telecommunications Fiber Optic

A portion of the telecommunications services are provided via fiber optic lines.

Note: If you are claiming an exemption from obtaining a franchise please specify reason:

Does the applicant have an existing or proposed agreement with anyone proposing to have an ownership interest in the franchise? Yes No

If the answer is yes, please attach a statement from Corporate Council setting forth the name(s) and address(es) of the person(s) with such ownership interest, and a copy of the agreement.

What is the applicant's experience in providing service for the utility for which applicant is applying for a franchise? Applicant has provided telecommunications services in Cochise County since 1962 and held a franchise for telecommunications services in Cochise County since August 3, 1964.

How many people do you anticipate serving with this utility? 2,000.00

THIS APPLICATION MUST BE ACCOMPANIED BY A \$500 NONREFUNDABLE FRANCHISE APPLICATION FEE AND A LEGAL DESCRIPTION OF THE BOUNDARY OF THE AREA TO BE SERVED BY THE FRANCHISE.