FCC FORM 1275 CERTIFICATION FOR OPEN VIDEO SYSTEMS

A. Company Information			
Company Name:			
Contact Person:			·
Mailing Address:			
City:	State:	Zip Code:	
Phone Number:	Fax Number:		
B. Attach a statement of ownership, incli	iding all affiliated entities		
1. If you are a cable operator applying for concentration of the concentration of the concentration of the concentration of the anticomposition of the anticomposition of the anticomposition of the anticomposition. 2. Do you agree to comply and to remain in regulations in 47 C.F.R. §§ 76.1503, 76.1503. Do you agree to comply with the Commission unaffiliated video programming providers 4. If applicable, do you agree to file change 60 days before the commencement of service D. System Information 1. Provide a general description of the anticomposition of the anticompos	ertification within your cable franchise area, nder 47 C.F.R. § 76.1501? compliance with each of the Commission's 4, 76.1506(m), 76.1508, 76.1509, and 76.15 sion's notice and enrollment requirements st? sto your cost allocation manual at least ce?	pon completion of	N/A
Anticipated Digital Capacity:	3. Anticipated Analog Capad		
If Switched Digital, Anticipated Number of Channel Input Ports:			
E. Verification Statement WILLFUL FALSE STATEMENTS MADE ON (U.S. CODE TITLE 18, SECTION 1001), AN To the best of my knowledge and belief, the Name: Title:	ID/OR FORFEITURE (U.S. CODE, TITLE 47	7, SECTION 503)	rmation avail

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