

ANNUAL DOCUMENT FEE

In accordance with *West Virginia Code §24D-1-20*, each cable operator shall pay a twenty-five dollar (\$25.00) document fee for each franchise it holds. The document fee is due in years in which the filing of initial, renewal or transfer franchise documents and associated fifty dollar (\$50.00) fee are not required to be filed and paid at the Public Service Commission of West Virginia. Complete the appropriate section, either A, B or C, of this form. Remit a check to the Public Service Commission of West Virginia for the appropriate amount by September 1, 2011.

A. Description of franchised area	Were (Initial, Renewal or Transfer) Fees paid in current year?		
	Yes	or	No
1) _____	<input type="checkbox"/>	or	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	or	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	or	<input type="checkbox"/>
4) _____	<input type="checkbox"/>	or	<input type="checkbox"/>
5) _____	<input type="checkbox"/>	or	<input type="checkbox"/>

Total "No" Response _____ X \$25 = \$ _____

B I certify that on _____ of _____, _____ initial, renewal or transfer fees were paid to the PSC and _____ company is exempt from \$25.00 document fee.

C. I certify that _____ company serves only unfranchised areas and therefore is exempt from \$25.00 document fee.

Name of Cable Company

Authorized Signature

Address

Address

Telephone Number

Fax Number

Email Address

*Add pages as needed

ANNUAL SUBSCRIBER FEE

In accordance with *West Virginia Code §24D-1-25*, each cable operator shall pay to the Commission an annual fee in an amount of twelve cents (\$.12) per subscriber, whether the subscriber is located in a franchised or unfranchised service area. Remit a check to the Public Service Commission of West Virginia for the appropriate amount by September 1, 2011.

Description of franchised area or unfranchised service area	Number of Cable Subscribers (as of June 30, 2011)	Amount due PSC
1) _____	_____	x \$.12 _____
2) _____	_____	x \$.12 _____
3) _____	_____	x \$.12 _____
4) _____	_____	x \$.12 _____
5) _____	_____	x \$.12 _____
		Total _____

Authorized Signature Date

Name of Cable Company

Address

Telephone Number Fax Number

Email Address

*Add pages as needed