Certification of Officer
to Authorize an Agent to File Data on Behalf of Reporting Carrier

I certify that (Name of Agent) John Staurulakis, Inc. (JSI) is authorized to submit information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data provided to the Authorized Agent; and, to the best of my knowledge, the actual data provided to the Authorized Agent are accurate.

Name of Authorized Agent	John Staurulakis, Inc. (JSI)	
Name of Reporting Carrier	**Knology of the Valley, Inc.**	
Signature of Authorized Officer		Date 06-09-2025
Printed name of Authorized Officer	Yoly Coffman	
Title or position of Authorized Officer	Manager, Regulatory Compliance	
Telephone number or Authorized Officer.	(706) 645-8116	

Study Area Code of Reporting Carrier	**220371**		Filing Due Date for this form (mm/dd/yyyy)	06/16/2025	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.