

GRANT OF LICENSE

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Charter Communications

Attn: Jessica Martinez

Address: 1433 Fulton St., Suite A
Grand Haven, MI 49417



20150311000074780 1/4 \$23.50
Shelby Cnty Judge of Probate, AL
03/11/2015 10:28:25 AM FILED/CERT

Shelby County, AL 03/11/2015
State of Alabama
Deed Tax: \$.50

The Value of this Easement is \$500.00 ^{above} for recorders use only

THIS GRANT OF LICENSE is made effective as of November 14th, 2014 by and between Greystone Legacy Home Owners Association, Inc. ("Owner") and Marcus Cable of Alabama, LLC ("Operator"). The parties agree as follows:

1. Owner's property, including the improvements thereon (the "Licensed Area"), is located at the street address of 4100 Greystone Drive, Birmingham, AL 35242 with a legal description as set forth on Attachment 1 to this Exhibit.

2. **GRANT OF LICENSE.** For valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Owner grants and conveys to Operator a non-exclusive license across, under, over, within and through the Licensed Area (and the improvements now or hereafter located thereon), as necessary or desirable, for the routing, installation, maintenance, improvement, service, operation and removal of wiring and equipment used in the provision of multi-channel video television programming and other communication services that Operator may lawfully provide to the Premises, and the provision of such services, subject to and as provided in that separate Agreement between the parties of the date stated above. Such license shall be for the nonexclusive use and benefit of Operator's designees, agents, successors and assigns.

3. **BINDING EFFECT.** The benefits and burdens of this GRANT OF LICENSE shall run with the land and shall bind and inure to the benefit of the parties and their respective successors and assigns.

4. **SUPPLEMENT.** This Grant of License shall serve to supplement the terms and conditions of that certain Nonexclusive Installation and Service Agreement between the parties with an Effective Date of November 14 , 2014 and a Termination Date of November 13, 2021("Agreement"). This Grant of License shall be coterminous with the term of the Agreement.

OPERATOR:

Marcus Cable of Alabama, LLC

:

By: Charter Communications, Inc., its
Manager

By: _____

(Signature)

Printed Name: R. Adam Ray

Title: Vice President, Direct Sales

Date: _____

12/11/14

OWNER: Greystone Legacy Home Owners Association, Inc.

By: _____

(Signature)

Printed Name: _____


MARY E. WOLKOW

Title: Board Chairman and President

Date: _____

11/14/14

Drafted By: Sue E. Weiske
Charter Communications – Legal Department
6399 Fiddlers Green Circle Fl 6
Greenwood, CO 80111


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Attachment 1

Owner Name: GREYSTONE LEGACY HOMEOWNERS ASSOCIATION
Mailing Address: 4100 GREYSTONE DR, BIRMINGHAM AL 35242-6409 R067

Vesting Codes: //

Location Information

Legal Description:

County: SHELBY, AL APN: 03-5-22-3-002-036-000

Census Tract / Block: 302.17 / 3 Alternate APN:

Township-Range-Sect: 18-1W-22 Subdivision:

Legal Book/Page: 26-79 Map Reference: /

Legal Lot: 136 Tract #:

Legal Block: School District: 2

Market Area: School District Name: SHELBY COUNTY SCHOOL
DISTRICT

Neighbor Code: BJ2 Munic/Township: HOOVER



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STATE OF ALABAMA)

COUNTY OF SHELBY)

Use black ink

On Nov. 14, 2014 before me, Debra B. Christopher, personally appeared MARY E. Wolkow, personally known to me (or proved to me the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Debra B. Christopher My Commission Expires: 10/29/2016
Printed: Debra B. Christopher

STATE OF CT)

COUNTY OF Fairfield)

Use black ink

On 12/11/14 before me, Stacey Salgado, personally appeared R. Adam Ray, personally known to me (or proved to me the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

State of CT, County of Fairfield
Signed before me on this 11 day
of Dec 2014 by Stacey Salgado
Notary Public 165339

Signature: Stacey Salgado My Commission Expires: 10/31/18
Printed: Stacey Salgado