This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Accounting Period 2017/1 B Instructions: Cover of the calle system. If the owner is a subsidiary of another corporation, give the full corporate tile of the subsidiary, of the different origonation as the of the subsidiary, on that of the parent corporation If there were different owners atung period.com/ing period.c	Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:			
B Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo List any other name or names under which the owner conducts the business of the cable system. It is a visue addition owner of the owner conducts the business of the cable system. 040887 Is any other name or names under which the owner conducts the business of the cable system. 040887 040887 Is any other name or names under which the owner conducts the business of the cable system. 040887 040887 Is any other name or names under which the owner conducts the business of the cable system. 040887 040887 Is any other name of names inter of this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 040887 Is any other names already above in the system of the owner of the system. 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 <td< th=""><th>•</th><th>2017/1</th><th></th><th></th><th></th><th></th></td<>	•	2017/1				
Racecar Holdings LLC Wide Open West Ohio LLC D4088720171 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 040887 2017/1 0500000000000000000000000000000000000		Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	rent corporation nich the owner conducts the business of the cable syst e accounting period, only the owner on the last day of e payment covering the entire accounting perioo	em the accounting period should	·	040887
Wide Open West Ohio LLC 04088720171 040887 2017/1 040887 2017/1 7887 E. Belleview Ave., Ste. 1000 Englewood, CO 80111-6007 7887 E. Belleview Ave., Ste. 1000 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b With all communities. CITY OR TOWN Served CITY OR TOWN First Columbus OH Delow is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Alda MD Alda 1		LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM			
Odd088720171 040887 2017/1 7887 E. Belleview Ave., Ste. 1000 Englewood, CO 80111-6007 Reglewood, CO 80111-6007 Names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 1 0 1 <t< td=""><td></td><td>Racecar Holdings LLC</td><td></td><td></td><td></td><td></td></t<>		Racecar Holdings LLC				
Odd887 2017/1 7887 E. Belleview Ave., Ste. 1000 Englewood, CO 80111-6007 R NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 2 Instructions: For complete system number) Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area Served First Community Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b With all communities. ITY OR TOWN STATE Community Elow is a sample for reporting communities if you report multiple channel line-ups in Space G. OH Sample Alda 1 Allaince MD A 1		Wide Open West Ohio LLC				
Table of the second state of the se					04088	720171
Englewood, CO 80111-6007 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System Image: already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. Number: street, tural route, apartment, or Sulte number) Mailung AdDress OF CABLE SYSTEM: 2 Number: street, tural route, apartment, or sulte number) (City, town, state, zip code) Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area CITY OR TOWN STATE First Columbus OH Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Sample Alda MD A 1					040887	2017/1
System names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System 1 DENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, nural route, apartment, or suite number) (City, town, state, zip code) Area Served First Columbus Delow is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Alda Aliance Aliance						
System 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, rown, state, 2p code) Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area Served CITY OR TOWN First Columbus OH Sample Aida Aida MD Aliance MD MD B 2 MD	С					
2 (Number: street, rural route, apartment, or suite number) (City, town, state, zip code) (City, town, state, zip code) Area Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area CITY OR TOWN Served CITY OR TOWN First Columbus Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Alda MD Alda MD A Alliance MD B	System					<u> </u>
D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area with all communities. Served CITY OR TOWN First Columbus Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Alda MD A Alliance MD B		MAILING ADDRESS OF CABLE SYSTEM:				
D Instructions: For complete space D instructions, see page 1b. Identify only the frst community served below and relist on page 1b Area with all communities. Served CITY OR TOWN STATE Columbus OH Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE Sample Alda MD A 1 Alda MD B 2		2 (Number, street, rural route, apartment, or suite nur	mber)			
Area Served with all communities. First Community Columbus STATE Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2		(City, town, state, zip code)				
Served CITY OR TOWN STATE First Columbus OH Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CH LINE UP SUB GRP# Sample Alda MD A 1 Alliance MD B 2	D	Instructions: For complete space D ins	tructions, see page 1b. Identify only the frst com	munity served below and re	elist on page	e 1b
First Community Columbus OH Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) Sample Alda MD A Alliance MD B 2		with all communities.				
Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2	Served					
Sample Below is a sample for reporting communities if you report multiple channel line-ups in Space G. CITY OR TOWN (SAMPLE) STATE CH LINE UP SUB GRP# Alda MD A 1 Alliance MD B 2		Columbus	ОН			
SampleAldaMDA1AllianceMDB2	Community			i	1	
Sample Alliance MD B 2					SUB	
	Sample			1		
		Gering				J
	form in order to pro	ocess your statement of account. PII is any personal i	information that can be used to identify or trace an individual,	such as name, address and telep	hone	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone			stablish and maintain a public record, which includes appearin Il requested is that it may delay processing of your statement			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

8/24/2017

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Racecar Holdings LLC			040887				
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon below the identified city or town.	ne parks should b	e reported in pare	ntheses				
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. I	f you report any st	ations				
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-			
Columbus	OH			First			
Bexley	OH			Community			
Blendon TWP	OH			-			
Brice	OH						
Canal Winchester	OH						
Clinton TWP	OH						
Dublin	OH			See instructions for additional information			
				on alphabetization.			
Franklin TWP	OH			on alphabetization.			
Gahanna	OH						
Genoa Township	ОН						
Grandview Heights	OH						
Grove City	OH			Add rows as necessary.			
Hilliard	OH						
Jackson TWP	OH						
Madison TWP	ОН						
Marble Cliff	OH	•					
Mifflin TWP	OH						
Minerva Park	ОН						
Norwich TWP	OH						
Obetz	OH						
Orange TWP	OH						
Perry TWP	OH						
Pickerington	OH						
Prairie TWP	OH						
Reynoldsburg	OH						
Riverlea	OH						
Sharon TWP	OH						
Upper Arlington	OH						
Urbancrest	OH						
Valley View							
	OH						
Violet TWP	OH						
Westerville	OH						
Whitehall	OH						
Worthington	ОН						

								A SA3E. PAGE			
Name	LEGAL NAME OF OWNER OF CABL	E SYSTEM:					5	YSTEM ID			
	Racecar Holdings LLC							04088			
				ATE2							
E	SECONDARY TRANSMISSION In General: The information in s			-	v transmission	service of th	e cable				
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including p	ng pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both										
scribers and Rates	down by categories of secondar each category by counting the n										
Nates	separately for the particular serv						charged				
	Rate: Give the standard rate of	harged for eac	h category of service.	Include bo	th the amount o	of the charg					
	unit in which it is generally billed				rd rate variation	s within a p	articular rate				
	category, but do not include disc				andon (transmis		a that apple				
	Block 1: In the left-hand block systems most commonly provide										
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca				I in the count ur	der "Servic	e to the				
	first set" and would be counted of Block 2: If your cable system				convice that are	different fr	om those				
	printed in block 1 (for example, t	-	•								
	with the number of subscribers a										
	sufficient.		-	•							
	BLO	DCK 1	-			BLOC		I			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		САТ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	SUBSCIUD		CAT		WICL	SUBSCRIBERS				
	Service to first set	5	5,766 40.00-46.75								
	Service to additional set(s)			••••••							
	• FM radio (if separate rate)			••••••							
	Motel, hotel			•••••							
	Commercial		588 40.00-46.75	•••••							
	Converter										
	Residential	6	1,583 2.00-13.00								
	Residential	•	2.00-10.00								
	Non-residential		1,000 2.00-10.00								
			1,000 2.00-10.00								
	Non-residential SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE								
	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra	ONDARY TRA te (not subscrib	NSMISSIONS: RATE	espect to a							
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t	ONDARY TRA te (not subscrib hose services	NSMISSIONS: RATE ber) information with re that are not offered in	espect to a combination	on with any seco	ondary trans	mission				
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra	ONDARY TRA te (not subscrit hose services te two exceptio	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to	espect to a combination give rate	on with any seco information con	ondary trans cerning (1)	smission services				
-	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services amount of the charge and the ur	ONDARY TRA te (not subscrit hose services two exceptio or facilities furr it in which it is	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to nished to nonsubscribe	espect to a combinatio give rate ers. Rate ir	on with any seco information con iformation shou	ondary trans cerning (1) ld include b	smission services oth the				
Services Other Than Secondary	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	ONDARY TRA te (not subscrit hose services te two exceptio or facilities furr hit in which it is rate column.	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to hished to nonsubscribe usually billed. If any ra	espect to a combinatio give rate ers. Rate ir ates are ch	on with any seco information con iformation shou larged on a vari	ondary trans cerning (1) ld include b able per-pro	smission services oth the				
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai	ONDARY TRA te (not subscrit hose services te two exceptio or facilities furr it in which it is rate column. te charged by t	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to hished to nonsubscribe usually billed. If any ra- he cable system for ea	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a	on with any seco information con iformation shou arged on a vari	ondary trans cerning (1) ld include b able per-pro ces listed.	smission services oth the ogram basis,				
Services Other Than Secondary	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	ONDARY TRA te (not subscrit hose services ' e two exceptio or facilities furr it in which it is rate column. te charged by t ; your cable sys	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to hished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer	espect to a combinatio o give rate ers. Rate ir ates are ch ach of the a red during	on with any seco information con oformation shou arged on a vari applicable servi the accounting	ondary trans cerning (1) Id include b able per-pro ces listed. period that	smission services oth the ogram basis, were not				
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	ONDARY TRA te (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. te charged by t i your cable sys separate charg	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer je was made or establ	espect to a combinatio o give rate ers. Rate ir ates are ch ach of the a red during	on with any seco information con oformation shou arged on a vari applicable servi the accounting	ondary trans cerning (1) Id include b able per-pro ces listed. period that	smission services oth the ogram basis, were not				
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	ONDARY TRA te (not subscrit hose services e two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer je was made or establ de the rate for each.	espect to a combinatio o give rate ers. Rate ir ates are ch ach of the a red during	on with any seco information con oformation shou arged on a vari applicable servi the accounting	ondary trans cerning (1) Id include b able per-pro ces listed. period that	smission services oth the ogram basis, were not form of a				
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	ONDARY TRA te (not subscrit hose services te two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLO	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer je was made or establ de the rate for each.	espect to a combination give rate ers. Rate in ates are ch ach of the a red during ished. List	on with any seco information con oformation shou arged on a vari applicable servi the accounting	ondary trans cerning (1) Id include b able per-pro ces listed. period that vices in the	smission services oth the ogram basis, were not	RATE			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descript	ONDARY TRA te (not subscrit hose services te two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLO	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer je was made or establ de the rate for each. CK 1	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro ces listed. period that vices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ONDARY TRA te (not subscrit hose services te two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLO	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer ye was made or establ de the rate for each. CK 1 CATEGORY OF SER	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro ces listed. period that vices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ONDARY TRA te (not subscrit hose services ' e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer ye was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res	espect to a combinatio give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro ces listed. period that vices in the	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE	RATE 60.00-62.4			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Fire protection	ONDARY TRA te (not subscrit hose services ' e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable	espect to a combinatio o give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro ces listed. period that v vices in the CATEGO	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable	ONDARY TRA te (not subscrit hose services ' e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial	espect to a combinatio o give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro- ces listed. beriod that v vices in the CATEGO	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Fire protection	ONDARY TRA te (not subscrit hose services ' e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable	espect to a combinatio o give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro- ces listed. ces listed. ce	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There al furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Pay cable Fire protection Installation: Residential First set	ONDARY TRA te (not subscrit hose services ' e two exceptio or facilities furr nit in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer te was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Fire protection • Burglar protection	espect to a combinatio give rate ors. Rate in ates are ch ach of the a red during ished. List <u>EVICE</u> sidential	on with any seco information con formation shou arged on a vari applicable servi the accounting these other ser	ondary trans cerning (1) Id include b able per-pro- ces listed. ces listed. ce	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There al furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection Installation: Residential First set Additional set(s)	ONDARY TRA te (not subscrit hose services re two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE 10.99-19.00	NSMISSIONS: RATE ber) information with re that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for eac stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	espect to a combinatio give rate ors. Rate in ates are ch ach of the a red during ished. List <u>EVICE</u> sidential	on with any seco information con oformation shou harged on a vari applicable servi- the accounting these other ser	ondary trans cerning (1) Id include b able per-pro- ces listed. ces listed. ce	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection Installation: Residential First set Additional set(s) FM radio (if separate rate)	ONDARY TRA te (not subscrit hose services re two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE 10.99-19.00	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Burglar protection Other services: • Reconnect	espect to a combinatio give rate ors. Rate in ates are ch ach of the a red during ished. List <u>EVICE</u> sidential	on with any seco information con oformation shou harged on a vari applicable servi- the accounting these other ser RATE	ondary trans cerning (1) Id include b able per-pro- ces listed. ces listed. ce	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There al furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection Installation: Residential First set Additional set(s)	ONDARY TRA te (not subscrit hose services re two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE 10.99-19.00	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Burglar protection Other services: • Reconnect • Disconnect	espect to a combinatio give rate ors. Rate in ates are ch ach of the a red during ished. List <u>EVICE</u> sidential	on with any seco information con oformation shou harged on a vari applicable servi- the accounting these other ser RATE RATE \$ 40.00 \$ 50.00	ondary trans cerning (1) Id include b able per-pro- ces listed. ces listed. ce	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			
Services Other Than Secondary Fransmissions:	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection Installation: Residential First set Additional set(s) FM radio (if separate rate)	ONDARY TRA te (not subscrit hose services re two exceptio or facilities furr it in which it is rate column. te charged by t your cable sys separate charg tion and includ BLOO RATE 10.99-19.00	NSMISSIONS: RATE ber) information with re- that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establ de the rate for each. CK 1 CATEGORY OF SER Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Pay cable • Burglar protection Other services: • Reconnect	espect to a combinatio o give rate ers. Rate ir actes are ch ach of the a red during ished. List <u>evice</u> sidential	on with any seco information con oformation shou harged on a vari applicable servi- the accounting these other ser RATE	ondary trans cerning (1) Id include b able per-pro- ces listed. ces listed. ce	smission services oth the ogram basis, were not form of a <u>BLOCK 2</u> RY OF SERVICE d Service	60.00-62.4 24.00-25.0			

	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Racecar Holdin					040887	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S	system during the system during the system during the system of the syst	he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program	G Primary Transmitters: Television
 station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the ts community of licenss on which your cable sys Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the stat planation of local servi Column 5: If you has cable system carried th carried the distant stati 	here in space only on a subs and also in spa formation conc rm. th station's call associated with -2". Simulcast e channel numb e For example ystem carried th e in each case w e entering the le cast), "E" (for no est terms, see p ation is outside ce area, see pp ave entered "Yo he distant static ion on a part-tin ion of a distant	G—but do lis titute basis. ace I, if the sta serning substit sign. Do not r h a station ace streams must ber the FCC h e, WRC is Cha he station. whether the st etter "N" (for n oncommercia page (v) of the the local servage (v) of the ses" in column on during the me basis beca	t it in space I (th ation was carried tute basis station report origination cording to its over be reported in or has assigned to annel 4 in Wash tation is a netwo etwork), "N-M" (I educational), or e general instruct 4, you must cor accounting period ause of lack of a eam that is not s	both on a substins, see page (v) of n program service er-the-air designat column 1 (list eac the television stat ington, D.C. This rk station, an inde for network multion r "E-M" (for nonco ctions located in the instant"), enter "Ye ions located in the nplete column 5, od. Indicate by en ictivated channel	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also aree categories e location of ea	mitter or an a o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the) of the general i or U.S. stations,	senting the prima channel on any o instructions locate list the community	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also nee categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate	senting the prima channel on any o instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	a primary trans simulcasts, also nee categories e location of ea Canadian statio	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	ssociation repre you carried the) of the general i or U.S. stations, e the name of th	senting the prima channel on any o instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
the cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, also nee categories e location of ea Canadian statio ig multiple char	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any o instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
he cable system and a ion "E" (exempt). For s explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN	a primary trans simulcasts, also aree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
the cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN	a primary trans simulcasts, also aree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	- - - See instructions for
the cable system and a ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS WBNS-2	a primary trans simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 10	mitter or an a o enter "E". If , see page (v) ch station. Fo nns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Columbus, OH	additional information
the cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS WBNS-2 WBNS-simulcast	a primary trans simulcasts, also aree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 10 10	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M	ssociation repre you carried the of the general is or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH	
the cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS WBNS-2 WBNS-simulcast WCMH	a primary trans simulcasts, also ree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH	additional information
the cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS-2 WBNS-2 WBNS-simulcast WCMH	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N N N	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH	additional information
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS WBNS-2 WBNS-simulcast WCMH-2 WCMH-simulcast	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N N N N	ssociation repre you carried the of the general i or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH Columbus, OH	additional information
he cable system and a ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Co Note: If you are utilizin 1. CALL SIGN WBNS-2 WBNS-2 WBNS-simulcast WCMH-2 WCMH-simulcast WOSU	a primary trans simulcasts, also ree categories a location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M N N N N N	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH	additional information
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN NBNS- NBNS-2 NBNS-simulcast NCMH-2 NCMH-2 NCMH-2 NOSU NOSU-2	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 4 34	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M N N-M N N E	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH	additional information
he cable system and a ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or Co Note: If you are utilizin 1. CALL SIGN NBNS-2 NBNS-2 NBNS-simulcast NCMH-2 NCMH-2 NCMH-simulcast NOSU-2 NOSU-3	a primary trans simulcasts, also ree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 4 34 34	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M N N N N E E-M	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH	additional information
he cable system and a ion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS- WBNS-2 WBNS-simulcast WCMH-2 WCMH-2 WCMH-simulcast WOSU WOSU-3 WOSU-simulcast	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 34 34 34	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M N N-M N N E E-M E-M	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH	additional informatio
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS- WBNS-simulcast WCMH-2 WCMH-2 WCMH-simulcast WOSU-2 WOSU-2 WOSU-3 WOSU-3 WOSU-simulcast	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 4 34 34 34 34	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M N N-M N N E E-M E-M	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH Columbus, OH	additional informatio
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin 1. CALL SIGN WBNS- WBNS-2 WBNS-simulcast WCMH-2 WCMH-2 WCMH-simulcast WOSU WOSU-3 WOSU-3 WOSU-Simulcast WSFJ WSYX	a primary trans simulcasts, also ree categories a location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 4 34 34 34 34 34 51	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M N N-M N N N E E-M E-M E I	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No No No No No	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF	additional informatio
he cable system and a ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WBNS- WBNS-simulcast WCMH-2 WCMH-2 WCMH-2 WCMH-2 WCMH-simulcast WOSU-2 WOSU-2 WOSU-3 WOSU-3 WOSU-simulcast WSFJ WSYX	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 4 34 34 34 34 34 51 6	mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M N N N N N N E E-M E-M E I N	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH	additional informatio
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WBNS- WBNS-2 WBNS-2 WBNS-3 WBNS-2 WCMH-2 WCMH-2 WCMH-2 WCMH-2 WCMH-2 WCMH-3 WOSU-3 WOS	a primary trans simulcasts, also ree categories e location of ea Canadian statio g multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 4 34 34 34 34 34 34 51 6 6	mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N-M N N N N E E-M E-M E I N N-M	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH	additional information
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WBNS-2 WBNS-2 WBNS-simulcast WCMH-2 WCMH-2 WCMH-2 WCMH-2 WCMH-3 WCMH-2 WCMH-3 WCMH-2 WCMH-3 WCMH-2 W	a primary trans simulcasts, also tree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 34 34 34 34 34 34 51 6 6 6	mitter or an ac o enter "E". If , see page (v) ch station. Fo ins, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M N N-M E E-M E-M E I N N-M N-M	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH	additional information
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	a primary trans simulcasts, also ree categories e location of ea Canadian statio ig multiple char 2. B'CAST CHANNEL NUMBER 10 10 10 4 4 4 34 34 34 34 34 34 34 34 6 6 6 6 6	mitter or an ac o enter "E". If , see page (v) ch station. Fo ins, if any, giv anel line-ups, CHANN 3. TYPE OF STATION N N-M N N-M E E-M E-M E I N N-M N-M	ssociation repre you carried the of the general is or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO NO NO NO NO NO NO NO NO NO NO	senting the prima channel on any o instructions locate list the community re community with space G for each AA 5. BASIS OF CARRIAGE	ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Columbus, OH	additional information

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Racecar Holdir	ngs LLC				040887	Name
RIMARY TRANSMITTI	ERS: TELEVISIO	DN				
arried by your cable s CC rules and regulat	system during the ions in effect or	he accounting 1 June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
6.59(d)(2) and (4), 76 ubstitute program bas			•	1(e)(2) and (4))];	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your o	able system on a substitute program	Television
asis under specifc FC				e Special Statem	ant and Program Log) if the	
station was carried	only on a subs	titute basis.			ent and Program Log)—if the rute basis and also on some other	
basis. For further in in the paper SA3 fo		erning substit	tute basis statio	ns, see page (v) c	f the general instructions located	
Column 1: List eac	h station's call	•			s such as HBO, ESPN, etc. Identify	
ast stream as "WETA			•	•	tion. For example, report multi- n stream separately; for example	
VETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	has assigned to	the television stat	on for broadcasting over-the-air in	
s community of licens	se. For example	e, WRC is Ch			may be different from the channel	
	in each case v	vhether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
or the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in t	ne paper SA3 form.	
					es". If not, enter "No". For an ex-	
lanation of local servi Column 5: If you h					e paper SA3 form. stating the basis on which your	
able system carried t	he distant statio	on during the	accounting perio	od. Indicate by en	tering "LAC" if your cable system	
arried the distant stat	ion on o nort tim	ne hasis hera	ause of lack of a	activated channel	ranacity	
	•				. ,	
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
For the retransmiss of a written agreement	ion of a distant entered into o	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	subject to a royalty tween a cable sy	. ,	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For	tion of a distant tentered into of a primary trans simulcasts, also	multicast stre n or before Ju mitter or an a o enter "E". If	eam that is not s ine 30, 2009, be ssociation repre you carried the	subject to a royalty etween a cable sy esenting the prima channel on any o	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th	ion of a distant entered into or a primary trans simulcasts, also nree categories	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v)	eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	tion of a distant t entered into or a primary trans simulcasts, also nree categories e location of ea Canadian statio	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general or U.S. stations, e the name of th	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	tion of a distant t entered into or a primary trans simulcasts, also nree categories e location of ea Canadian statio	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups,	eam that is not s une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, the the name of the use a separate	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	tion of a distant t entered into or a primary trans simulcasts, also rree categories e location of ea Canadian statio ng multiple char	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate	subject to a royalty etween a cable sy senting the prima channel on any o instructions locate list the community with space G for each AA	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL	tion of a distant t entered into or a primary trans simulcasts, also rree categories e location of ea Canadian statio ng multiple char	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE	eam that is not s une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, the the name of th use a separate EL LINE-UP 4. DISTANT?	subject to a royalty etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the which the station is identifed.	
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or C Note: If you are utilizin	tion of a distant t entered into or a primary trans simulcasts, also ree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v, ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general io or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the CCC. For Mexican or Co lote: If you are utilizin 1. CALL SIGN	tion of a distant t entered into or a primary trans simulcasts, also rree categories e location of ea Canadian statio ng multiple char	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general io or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No)	subject to a royalty etween a cable sy senting the prima channel on any o instructions locate list the community e community with space G for each AA 5. BASIS OF	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizing 1. CALL SIGN	ion of a distant t entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v, ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 	See instructions for
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL SIGN WTTE-simulcast WWHO	ion of a distant t entered into of a primary trans simulcasts, also ree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v, ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF	eam that is not s une 30, 2009, be ssociation repreyou carried the of the general is or U.S. stations, the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Columbus, OH	See instructions for additional informatio
For the retransmiss of a written agreement the cable system and on "E" (exempt). For explanation of these th Column 6: Give the CC. For Mexican or O Jote: If you are utilizin 1. CALL SIGN NTTE-simulcast WHO WWHO-2	ion of a distant t entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ns, if any, giv anel line-ups, CHANN 3. TYPE OF STATION I	eam that is not s une 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Columbus, OH Chillicothe, OH 	
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WTTE-simulcast WWHO WWHO-2 WWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Columbus, OH Chillicothe, OH	additional informatio
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WTTE-simulcast WWHO WWHO-2 WWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN NTTE-simulcast NWHO NWHO-2 NWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement the cable system and on "E" (exempt). For explanation of these th Column 6: Give the Column 6: Give the Colu	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN NTTE-simulcast NWHO NWHO-2 NWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN NTTE-simulcast NWHO NWHO-2 NWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN NTTE-simulcast NWHO NWHO-2 NWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WTTE-simulcast WWHO WWHO-2 WWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WTTE-simulcast WWHO WWHO-2 WWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or (Note: If you are utilizin 1. CALL	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH 	additional informatio
For the retransmiss of a written agreement he cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN WTTE-simulcast WWHO WWHO-2 WWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH	additional informatio
For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or O Note: If you are utilizin 1. CALL SIGN NTTE-simulcast NWHO NWHO-2 NWHO-3	ion of a distant t entered into or a primary trans simulcasts, also rece categories e location of ea Canadian statio ng multiple char 2. B'CAST CHANNEL NUMBER 28 53 53 53	multicast stre n or before Ju mitter or an a p enter "E". If , see page (v) ch station. Fo ns, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION I I I-M	eam that is not s ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) NO NO NO	subject to a royalty etween a cable sy esenting the prima channel on any o instructions locate list the community ne community with space G for each AA 5. BASIS OF CARRIAGE	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Columbus, OH Chillicothe, OH Chillicothe, OH Chillicothe, OH	additional informatio

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM	M:				SYSTEM ID
Name	Racecar Ho	Idings LLC						04088
		-						
н		t every radio s	tation ca	rried on a separate and discre nerally receivable" by your cal				
Primary	Special Instruc	ctions Concer	ning All	-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally
Transmitters:				tem whenever it is received at				
Radio				ved at the headend, with the s Copyright Office regulations o				
	located in the p			Copyright Onice regulations o	n this point, see	page (vi) or the	e genera	
	Column 1: lo Column 2: S	dentify the call State whether t	sign of e he statio	each station carried. n is AM or FM. nal was electronically processe	d by the cable s	ustem as a sei	narate a	nd discrete
	signal, indicate Column 4: G	this by placing Give the station	a check i's locatio	a mark in the "S/D" column. Son (the community to which the	e station is licens	ed by the FCC		
	Mexican or Car	iadian stations	, if any, t	the community with which the	station is identifie	ea).		
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
					·			
			·		·			
					·			
					·			
					·			
								†

cardedrings LLC 040887 SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG in General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further specific present and former FCC rules, regulations, or authorizations. For a further arroadcast by a distant station? Substitute I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Substitute basis any nonnetwork television program proadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program go in block 2. Yes No Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the month and day when your system carried the substitute program. Column 4: Give the month and day when your system carried by a system form 6:01:15 p.m. to 6:28:30 p.m. should	LEGAL NAME OF OWNER OF		EM:				S	YSTEM ID#	News
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further targenanion of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station? I. COG SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is idear. If you need more space, please attach additional pages. Column 1: Give the tite of every nonnetwork television program (substitute program) that, during the accounting reriod, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for further information. Do not use general categories like "movies", or "basketball". List specific program Ites, for example, "Love Lucy" or "NBA Basketball". Toers vs. Bulls." Column 3: Give the teal sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month rist. Example: a program carried by a system fore 61:15 p.m. to 6:28:30 p.m. should be tated as "60.0-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to detee under FCC rules and regulations in effect during the accounting period, enter the letter "P". The letter PR if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on Octobe	Racecar Holdings LLC							040887	Name
ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. Substitute 0.5 PECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Substitute basis, any nonnetwork television program proadcast by a distant station? Special 0.60 cr 100 cr 200 cr 2	SUBSTITUTE CARRIAGE	: SPECIA		IT AND PROGRAM LOG					
Description SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Carriage: During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program involution of the system station? Image: Signal Statement and Statem	substitute basis during the ac	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or author	rizations. F	or a further	Substitute
During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? Special Statement all Program (Program Context) Otde: if your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program on a separate line. Use abbreviations wherever possible, if their meaning is idear. If you need more space, please attach additional pages. Special Statement all Program Low of the program on a separate line. Use abbreviations wherever possible, if their meaning is idear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program teles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month itst. Example: for May 7 give "57." Column 5: Give the month and day when your system carried by your cable system. List the times accurately on the nearest five minutes. Example: a program was substituted for programming that your system was required or delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro ram was substituted for programming that your system was permitted to delete under FCC rules and reg					general mot				Carriage:
Image: Statement at the state statement at the statement athe statement at th		-			s, any nonne	twork televisior	n program		•
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program ag in block 2. 2. LOG OF SUBSTITUTE PROGRAMS n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is slear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program tites, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month its: Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately o the nearest five minutes. Example: a program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted t								XNo	
LOG OF SUBSTITUTE PROGRAMS n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is idear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program distingtions on the station broadcast in the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations are carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be trated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was premitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program may substitute for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P	•	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mı	ust complete the	e program		r rogram 20g
n General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is lear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station inder certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program its, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station is located in the station is licensed by the FCC or, in he case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, is any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by the FCC or, in he case of Mexican or Canadian stations, any, the community with which the station is licensed by any the month iter. Ex	<u> </u>	PROGRA	MS						
SUBSTITUTE PROGRAM WHEN SUBSTITUTE 7. REASON 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informat titles, for example, "I Love L Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for pro-	of every noi distant stat gulations, o tion. Do no ucy" or "NE n was broad sign of the s dcast static adian static adian static adian static adian static swhen the Example: a er "R" if the nd regulatic ogramming	nnetwork televi ion and that yo r authorizations t use general of A Basketball: dcast live, enter station broadca on's location (th ons, if any, the when your syst substitute pro- program carrie listed program ons in effect du	ision program (substitute pr ur cable system substituted s. See page (vi) of the gene ategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N sting the substitute program the community to which the community with which the s tem carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for program ring the accounting period;	I for the prog eral instructio "basketball". o." n. station is lice station is ider rogram. Use able system. 5 p.m. to 6:2 mming that y enter the let	ramming of and ons located in the List specific pro- numerals, with List the times 8:30 p.m. shou our system was ter "P" if the list	other statione paper rogram CC or, in In the mont accurately Id be Is required ted pro	h	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION									
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION	S								
Image: section of the section of th				4. STATION'S LOCATION		FROM —	ТО		
Image: second									
Image: second									
						_			
						_			
Image: Section of the section of th									
Image: second									
Image: second secon									
Image: second									
Image: series of the series									
Image: second secon						_			
Image: second secon									
						_			
						_			

FORM SA3E. PAGE 5.

ACCOUNTING PERIOD: 2017/1

FORM SA3E. PAGE 6.

Nama	LEGAL NAME OF (OWNER OF CABLE	SYSTEM:						SYSTE	M ID#
Name	Racecar Hol	dings LLC							04	0887
U Dort Time	In General: Thi time carriage du hours your syst Column 1 (C column 5 of spa Column 2 (D curred during th • Give the mont "4/10." • State the start television statio "app." Example	State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the elevision station's broadcast day, you may give an approximate ending hour, followed by the abbreviation upp." Example: "12:30 a.m.– 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–2:00 p.m."								
			DATE	S AND HOURS (JF F	PART-TIME CAF	RIAGE			
	CALL SIGN	WHEN	CARRIAGE OCC			CALL SIGN	WHEN	I CARRIAGE O		
	0, 12 0.011	DATE	HOU FROM	IRS TO		0/122 01011	DATE	H FROM	IOURS T	0
		BATE	-				Ditte		_	
				-					_	
									_	
			-	-					_	
				-					_	
			_						_	
									_	
				-					_	
				-					_	
									_	
				-					_	
				-					_	
				-					_	
				-					_	
				-					_	
				-					_	
				-						
				-						
				•						
				-						
				-						
				-					_	
				-					_	
				-						
				-						
				-						
									—	

FORM	SA3E. PAGE 7.		
LEGA	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Rac	cecar Holdings LLC	040887	Name
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seed dentifed in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission service	K Gross Receipts
Instru • Com • Com • If yo fee f • If yo acco	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the are from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable propriation pompanying this form and attach the schedule to your statement of account. art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	arts of the DSE Schedule	L Copyright Royalty Fee
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be alow.		
-	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uid be entered on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		
	This is your minimum fee.	\$ 110,955.81	
2 Block	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. International Mathematical Karata (Karata) (Karata	nn 4, you must check od?	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ -	
Block 4	 Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	<u>\$ 110,955.81</u> 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE	\$ 725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here Description	\$ 111,680.81	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (I) of the	

ACCOUNTING PERIOD:	2017/1
--------------------	--------

ACCOUNTING PERI	-										SA3E. PAGE 8
Name		OF OWNER C		SYSTEM:						:	8YSTEM ID# 040887
	CHANNE	-									
М			ust give	(1) the number of	of channels on v	vhich the cable	system c	arried televisio	on broadcas	t stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels	1 Enter th	ne total nur	nber of	channels on whic	the cable]		
				roadcast stations						23	
	2. Enter the total number of activated channels										
						ions]	222	
	on which the cable system carried television broadcast stations 332										
N				ACTED IF FURTH atement of accou		TION IS NEED	ED: (Ident	tify an individu	ial		
Individual to Be Contacted											
for Further	Name	Jim Wa	echte	r					Telephone	720-479-3527	
Information											
	Address	7887 E. (Number, str	Belle reet, rural	view Ave., S route, apartment, or s	uite 1000 suite number)						
		Englew	ood, (CO 80111							
		(City, town, s									
	Email		Jim.V	Vaechter@wo	owinc.com		F	ax (optional)			
	CERTIFICA	ATION (Thi	s staten	nent of account m	ust be certifed a	and signed in a	ccordance	e with Copyrig	ht Office reo	gulations.	
0											
Certifcation	• I, the und	ersigned, h	ereby ce	rtify that (Check o	ine, but only one	, of the boxes.)					
	Owner (Owner	r other thar	ı corpoi	ation or partners	ship) I am the ow	vner of the cable	e system a	is identifed in li	ne 1 of space	e B; or	
				that the owner is				ent of the owne	er of the cabi	e system as identified	
		e r or partne ine 1 of spa	-	an officer (if a corp	ooration) or a par	tner (if a partne	rship) of th	ne legal entity io	dentifed as o	wner of the cable syst	tem
	• I have ex	amined the	stateme	nt of account and	hereby declare ι	under penalty o	law that a	all statements o	of fact contair	ned herein	
		omplete, an , Section 10		t to the best of my	/ knowledge, info	ormation, and be	elief, and a	re made in goo	od faith.		
	1	,		-/1							
	_										
			Х	/s/ Rich Fish							
	-				1						
			(e.g., /s		fore entering the f	first forward slas	h of the /s/	signature, plac	e your curso	r in the box and press t is compatibility settings	
			Typed	or printed name	Rich Fish						
			11.2.2	- F							
			Title:	Chief Finan	ncial Officer						
				(Title of official pos	sition held in corpor	ation or partnersh	p)				
			Date:	August 24, 201	7						
			Dute.	, lugust 27, 201							
Privacy Act Notice	: Section 111	of title 17 c	of the Un	ted States Code a	uthorizes the Cop	oyright Offce to a	collect the p	personally ident	ifying informa	ation (PII) requested or	i th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in th completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law

FORM	SA3E	PAGE9
	JAJL.	I AULS

LEGAL NAME OF OWNER OF CABLE SYSTEM: Racecar Holdings LLC	SYSTEM ID# 040887	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secti	e basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(Interest * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	it charge) ance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Of please list below the owner, address, first community served, accounting period, and ID number as given in filing.		
Owner Address		
First community served Accounting period ID number		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying infor	mation (PII) requested or	ı th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTEE IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
• Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station sover the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, in whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable sys-

tems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which *a* quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located ir a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

DSE SCHEDULE. PAGE 11.

COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distantthat is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

· If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE

0.330% of gross receipts PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

If any of the stations were partially distant:

1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.

2. Identify the communities/areas represented by each subscriber group. 3. For each subscriber group, calculate the total number of DSEs of

that group's complement of stations. If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

TOTAL DSEs

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE: COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

CITY

Santa Rosa

Bodega Bay

Rapid City

Fairvale

DSE

1.0

1.0

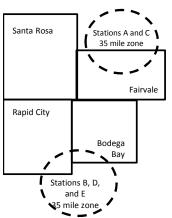
0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local E (network) service areas of stations B, D, and E.



Minimum Fee Total Gross F	Receipts	\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
1	Racecar Holdings LLC					040887						
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. 0.00											
	Instructions:			1								
Computation of DSEs for	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION CALL SIGN	DSES	CALL SIGN	DSE						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Add rows as necessary. Remember to copy												
all formula into new												
rows.												

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Racecar Holdings LLC

3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should o Column 3 Column 4 be carried out Column 5 give the type-v Column 6	st the call sign of all distan : For each station, give th correspond with the inform : For each station, give th : Divide the figure in colur at least to the third decim : For each independent st	e number of hou nation given in sp e total number of nn 2 by the figure al point. This is t ation, give the "t umn 4 by the figu	rs your cable system pace J. Calculate of f hours that the state in column 3, and he "basis of carrian ype-value" as "1.0 re in column 5, an	ern carried the stat only one DSE for e tition broadcast over give the result in ge value" for the s " For each networ d give the result ir	ion during the accounting ach station. er the air during the acco decimals in column 4. Th tation. k or noncommercial educ n column 6. Round to no	unting period. is figure must cational station, less than the			
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBEF OF HOU CARRIEI SYSTEM	RS D BY	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	βE		
			÷		<u> </u>	<u>x</u>				
					=	x x	=			
			÷		=	x	=			
			÷		=	x	=			
			÷			<u>x</u>				
			÷		=	x x	=			
			ATIONS			<u> </u>	1			
	Add the DSEs of	OF CATEGORY LAC ST of each station. m here and in line 2 of pa		ule,		0.00				
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each stat by your system in substit ct on October 19, 1976 (a ne or more live, nonnetwo For each station give the r This figure should corresp Enter the number of days Divide the figure in columr This is the station's DSE (f	ution for a progra s shown by the li k programs durin number of live, no oond with the info in the calendar y a 2 by the figure i	Im that your system etter "P" in column g that optional car onnetwork program ormation in space ear: 365, except ir n column 3, and g	m was permitted to 7 of space I); and riage (as shown by ns carried in subst I. n a leap year. ive the result in co	o delete under FCC rules the word "Yes" in column 2 itution for programs that Jumn 4. Round to no less	2 of were deleted s than the third	m).		
		SUB	STITUTE-BA	SIS STATION	IS: COMPUTA	TION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=		÷		=		
		÷ +				+		-		
		· +		=		÷		=		
		÷		=		÷		=		
		÷		=		÷		=		
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		ule,		0.00				
5		R OF DSEs: Give the amo sapplicable to your system.		es in parts 2, 3, an	d 4 of this schedule	and add them to provide	the tota			
Total Number	1. Number of	f DSEs from part 2 •			I	·	0.00			
of DSEs	2. Number of	f DSEs from part 3●			!	•	0.00			
	3. Number of	f DSEs from part 4●)	·	0.00			
	TOTAL NUMBE	R OF DSEs				>		0.00		

SYSTEM ID#

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID#	Name
Racecar Holdi	ings LLC							040887	Name
Instructions: Blo In block A:		•	ort 6 and part	7 of the DSE ash		ad complete p	rt 9 (nogo 16) of	the	6
schedule.			·	7 of the DSE sche	equie diarik ai	na complete pa	an 8, (page 16) or	line	U
 If your answer if 	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system effect on June 24,				aller markets as de		ection 76.5 of	FCC rules and rec	gulations in	3.75 Fee
			O NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7	,		
X No-Com	plete blocks B and	C below.							
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations of the second se	ons prior to Ju dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permit	ed stations, see the	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursu. *F A station pre	ules and regul ed pursuant t on as defined al educationa d station (76.6 or DSE sched ant to individu viously carrie JHF station w	lations cited b o the FCC ma d in 76.5(kk) (7 al station [76.5 55) (see parag ule). al waiver of F d on a part-tin ithin grade-B	ne or substitute ba contour, [76.59(d)(e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198), 76.61(b)(c), a) referring to 7 g to 76.61(d) rrandfathered s une 25, 198	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:	List the DSE for	each distant s e stations ide determine the	station listed ir ntified by the l	parts 2, 3, and 4 etter "F" in column 2. PERMITTED			vorksheet on page	e 14 of 3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
		T			[]				
								0.00	
		В	LOCK C: CO	MPUTATION OF	= 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
Line 2: Enter the								-	
				r of DSEs subjec 7 of this schedu		i rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter su	ım here						permited/ partially
Line 6: Enter tot	al number of DS	Es from line	3				X	-	nonpermitted carriage? If yes, see part
									9 instructions.
Line 7: Multiply I	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)		<u> </u>	0.00	

DSE SCHEDULE. PAGE 13.

	•						[SE SCHEDULE. PAGE 14.			
Nomo	LEGAL NAME OF OWN		EM:					SYSTEM ID#			
Name	Racecar Holdin	ngs LLC						040887			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	DescriptionColumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE scheduleDSE dule for mittedColumn 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following lettersTime and stituteStituteColumn 4: Indicate the period and regulations cited below pertain to those in effect on June 24, 1981.A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, section:										
					D ON A PART-TIME						
	1. CALL	2. PRIOR		COUNTING	4. BASIS OF		RESENT	6. PERMITTED			
	SIGN	2. FRIOR DSE		ERIOD	CARRIAGE		DSE	DSE			
				-			-				
7 Computation of the Syndicated Exclusivity	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET										
Surcharge	 Is any portion of the 	cable system within a	top 100 majo	or television mark	ket as defned by secti	on 76.5 of FCC	rules in effect J	une 24, 1981?			
	X Yes—Complete	blocks B and C .			No-Procee	d to part 8					
					т <u>т</u>						
	BLOCK B: C	arriage of VHF/Grade	B Contour	Stations	BL	OCK C: Compu	itation of Exem	pt DSEs			
	BLOCK B: Carriage of VHF/Grade B Contour Stations BLOCK C: Computation of Exempt DSEs Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole or in part, over the cable system? Was any station listed in block B of part 7 carried in any comminity served by the cable system prior to March 31, 1972? (ref to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE										
	X No—Enter zero a	and proceed to part 8.			X No—Enter ze	ero and proceed t	o part 8.				
	CALL SIGN	DSE C/	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIG	N DSE			
							-				
						·····					
						·····					
		<u>↓ </u>									
		то	TAL DSEs	0.00			TOTAL DS	Es 0.00			

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Racecar Holdings LLC	SYSTEM ID# 040887	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	10,428,177.37	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? X Yes—Complete section 3 below. No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Date is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1)		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
1			

1	1	DSE SCHEDULE. PA								
Name		ME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM: Of CABLE SYSTEM: SYS	M ID#							
		Racecar Holdings LLC 04	10007							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here▶ \$								
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)								
		Syndicated Exclusivity Surcharge	<u></u> .							
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What i were lo	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.								
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS								
	• Did v	your cable system retransmit the signals of any partially distant television stations during the accounting period?								
		Yes—Complete part 9 of this schedule.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7)								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts								
		(the amount in section 1)								
		B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ 73,101.52								
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here								
		D. Multiply line B by line C and enter here								
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)								
		Base Rate Fee	<u></u> l.							

DSE SCHEDULE. PAGE 17.

		STEM ID#	Name
Race	car Holdings LLC	040887	
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ►		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)► \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
l	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals on a system-wide basis. Carriage of television broadcast signals be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line	gnals shall	9
In Gen receipts exclusion First: E station	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to e s from subscribers located within the station's local service area, from your system's total gross receipts. To take advant on, you must: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the n and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each	tage of this same number of	Computation of Base Rate Fee and Syndicated Exclusivity
Finally NOTE: also co	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7 mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. cable system is wholly located outside all major television markets, complete block A only.	', you must	Surcharge for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station y to that community.	ou	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (ne token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a c will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's	subscriber	
 Identi Give t subscri 	section: fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of th bers in the group.	ie	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in part of this schedule; or,	ts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block 6 of this schedule.	В,	
Add the	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instru- paper SA3 form.	ctions	
page. DSEs f	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the prece In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to s calculations on the form.	the total	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Racecar Holdings LLC	040887
	Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals	
	Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and	
	partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these	
	subscriber groups may be partially distant.	
	Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant	
	signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by	
	.0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported	
	for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant	
	signals from step 1 that is subject to this surcharge.	
	Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from	
	a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate	;
	and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.	
	You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement	
	entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary	
	transmitter or an association representing the primary transmitter.	

LEGAL NAME OF OWNE Racecar Holdings		E SYSTEM:				SY	STEM ID# 040887	Name
BL		TE FEES FOR EACH	FEES FOR EACH SUBSCRIBER GROUP					
FIRST SUBSCRIBER GROUP				COMMUNITY/ AREA	SECOND	SUBSCRIBER GROUF	, 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
	••••••							Distant
								Stations
Total DSEs 0.00			0.00	Total DSEs 0.00				
Gross Receipts First Group \$		0.00	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Ρ	FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						=		
						-		
Total DSEs		0.00	Total DSEs			0.00		
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00		
Base Rate Fee Third Group		\$	0.00	Base Rate Fee Fourth Group		\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$								

FORM SA3E. PAGE 19

LEGAL NAME OF OWNE Racecar Holdings		LE SYSTEM:				S	VSTEM ID# 040887	Name
B	LOCK A: (BASE RA	ATE FEES FOR EAC		IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA	۹		0	9
					Dee			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
	•• ••••••			•		++		and
	··			•		•		Syndicated
	•••••••••••••••••••••••••••••••••••••••			•		++		Exclusivity
	•••			•		+		Surcharge
						•		for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Second Group		\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
_	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
	<mark>.</mark>			-				
	<mark></mark>			•				
				•		++		
	•••			-		++		
	<mark>.</mark>			•		•		
	•••••••••••••••••••••••••••••••••••••••			•		•		
				•		•		
						Ι		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Group \$ 0.0		0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th			criber group	as shown in the boxes	s above.	_		
Enter here and in block 3, line 1, space L (page 7)						\$	0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Racecar Holdings LLC	FORM SA3E. PAGE 20. SYSTEM ID#					
	_						
9	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:						
Computation of	First 50 major television market	Second 50 major television market					
Base Rate Fee and Syndicated Exclusivity Surcharge	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercithis schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter 	r the VHF Grade B contour stations that were classified as					
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Ender the Exempt bolds : Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)						