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.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY | | | | | | |
|-------------------------------|----------------------|--|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | | |
| 8/28/2017 | \$ ALLOCATION NUMBER | | | | | |

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

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | | |
|------------|--|---|-----------------------------------|----------------------------|--|--|--|--|--|--|
| Accounting | 2017/1 | | | | | | | | | |
| Period | | | | | | | | | | |
| B Owner | Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable system or on the last day of the counting perion | em the accounting period should s | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | | |
| | SureWest TeleVideo dba Consolidated Communications Enterprise Services | | | | | | | | | |
| | | | | 6198520171 61985 2017/1 | | | | | | |
| | 121 S 17th Street Mattoon, IL 91938-3987 | | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to id | | | | | | | | | |
| O | names already appear in space B. In line 2, give the mailing address of | the system, if diffe | erent from the address give | n in space B. | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Consolidated Communications Enterprise Services | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | | |
| | 211 Lincoln Street 2 (Number, street, rural route, apartment, or suite number) | | | | | | | | | |
| | Roseville, CA 95678 | | | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comm | nunity served below and rel | ist on page 1b | | | | | | |
| Area | with all communities. | | | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | | |
| First | Sacramento | CA | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | nnel line-ups in S | pace G. | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | | |
| Sample | Alda | MD | A | 1 | | | | | | |
| , | Alliance | MD | В | 2 | | | | | | |
| | Gering | MD | В | 3 | | | | | | |

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 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 Offce'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.

| FORIVI SAJE. PAGE 10. | | | | 1 | | | | | |
|--|---|------------|------------|------------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
| SureWest TeleVideo dba Consolidated Communications Enterprise | Services | | 61985 | | | | | | |
| 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 home parks should be reported in parentheses below the identified city or town. | | | | | | | | | |
| If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). | | | | | | | | | |
| When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. | | | | | | | | | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | | | | | | |
| Sacramento | CA | AB | | First | | | | | |
| Antelope | CA | AA | | Community | | | | | |
| Carmichael | CA | AB | | Community | | | | | |
| Citrus Heights | CA | AA | | | | | | | |
| <u> </u> | | | | | | | | | |
| Elk Grove | CA | AB | | | | | | | |
| Fair Oaks | CA | AB | | See instructions for | | | | | |
| Granite Bay | CA | AA | | additional information | | | | | |
| Lincoln | CA | AA | | on alphabetization. | | | | | |
| McClellan | CA | AB | | | | | | | |
| Natomas | CA | AB | | | | | | | |
| Orangevale | CA | AB | | | | | | | |
| Rancho Cordova | CA | AB | | Add rows as necessary. | | | | | |
| Rocklin | | | | | | | | | |
| | CA | AB | | | | | | | |
| Roseville | CA | AB | | | | | | | |
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SureWest TeleVideo dba Consolidated Communications Enterprise Services

61985

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BLO | OCK 1 | | | BLOCK 2 | | | |
|--|-------------|----|-------|---------|---------------------|-------------|------|
| | NO. OF | | | П | | NO. OF | |
| CATEGORY OF SERVICE | SUBSCRIBERS | | RATE | Ц | CATEGORY OF SERVICE | SUBSCRIBERS | RATE |
| Residential: | | | | | | | |
| Service to first set | 22,123 | \$ | 26.74 | | | | |
| Service to additional set(s) | | | | | | | |
| FM radio (if separate rate) | | | | | | | |
| Motel, hotel | | | | ו | | | |
| Commercial | 319 | \$ | 26.74 | ו | | | |
| Converter | | | | ו | | | |
| Residential | 21,595 | | | | | | |
| Non-residential | 831 | | | | | | |
| | | | | 1 | | 1 | † |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

| | BI | _OCK 1 | | | BLOCK 2 | |
|---|--------|---|----|-------|---------------------|----------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | RATE |
| Continuing Services: | | Installation: Non-residential | | | | |
| Pay cable | \$ 26. | • Motel, hotel | | | | |
| Pay cable—add'l channel | \$ 46. | | | | | |
| Fire protection | | Pay cable | | | | |
| Burglar protection | | Pay cable-add'l channel | | | | |
| Installation: Residential | | Fire protection | | | | |
| First set | \$ 49. | • Burglar protection | | | | |
| Additional set(s) | | Other services: | | | | |
| FM radio (if separate rate) | | Reconnect | \$ | 19.99 | | |
| Converter | | Disconnect | \$ | 49.95 | | |
| | | Outlet relocation | | | | |
| | | Move to new address | | | | † |
| | | | | | | 1 |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it 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, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER STATION (If Distant) KSTV-LP 32 I No Sacramento, CA **KCRA** Sacramento, CA 3 n No See instructions for additional information **KQCA** 58 i No Sacramento, CA on alphabetization. **KOVR** 13 No Sacramento, CA n **KVIE** 6.1 е No Sacramento, CA KVIE-2 6.2 No Sacramento, CA е **KTXL** 40 Sacramento, CA i No **KXTV** 10.1 No Sacramento, CA n **KSPX** Sacramento, CA 29 i No **KMAX** 31 i No Sacramento, CA KSCO-LP 33 i No Fresno, CA **KTNC** 42 Concord, CA Yes 0 i

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it 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, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AB 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) KSTV-LP 32 I No Sacramento, CA **KCRA** Sacramento, CA 3 n No **KQCA** 58 i No Sacramento, CA **KOVR** No 13 Sacramento, CA n **KVIE** No 6.1 е Sacramento, CA KVIE-2 6.2 No Sacramento, CA е **KTXL** 40 No Sacramento, CA i **KXTV** 10.1 No Sacramento, CA n **KSPX** 29 i No Sacramento, CA **KMAX** 31 i No Sacramento, CA KSCO-LP 33 i No Fresno, CA **KTNC** 42 No Concord, CA i

| FORM SA3E. PAGE 3. | | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|--------------------|------------|------|--|
| LEGAL NAME OF OWN | IER OF CABLE S | STEM: | | | | SYSTEM ID# | Name | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter _l | orise Services | 61985 | Name | |
| PRIMARY TRANSMITTE | ERS: TELEVISION | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space —Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here in space —Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by "E-M" (for noncommercial educational multicast). For for networkin, | | | | | | | | |
| | | | | • | | • | | |
| Note: If you are utilizing | ng multiple chai | nnel line-ups, | use a separate | space G for each | channel line-up. | | | |
| | • | CHANN | EL LINE-UP | AC | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | | |
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| FORM SA3E. PAGE 3. | | | | | | | | | |
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| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name | | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter _l | orise Services | 61985 | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here, in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial | | | | | | | | | |
| educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it 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, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. | | | | | | | | | |
| Note: If you are utilizing | | | EL LINE-UP | | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|--------------------|------------|------|--|--|
| LEGAL NAME OF OWN | ER OF CABLE SY | YSTEM: | | | | SYSTEM ID# | Name | | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | orise Services | 61985 | Humo | | |
| PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example wet-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent | | | | | | | | | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | FION | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | | SYSTEM ID# | Name | | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | prise Services | 61985 | Name | | |
| PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
| carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. **Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1:* List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2:* Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3:* Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for independent multicast), "F" (for network), "N-M" (for network multicast), "F" (for noncommercial educational multic | | | | | | | | | |
| Column 6: Give the | e location of ea | ich station. Fo | r U.S. stations, | list the community | to which the station is licens | - | | | |
| Note: If you are utilizing | | | | • | | | | | |
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| PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| PRIMARY TRANSMITTI | ERS: TELEVISION | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried only our cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for in | | | | | | | | |
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| FORM SA3E. PAGE 3. | | | | | | OVOTEM ID# | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | | SYSTEM ID# | Name |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | prise Services | 61985 | Name |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | |
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| (for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you have cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column of the | cast), "E" (for notes terms, see ation is outside ce area, see pawe entered "Yithe distant staticion on a part-tipicion of a distant tentered into on a primary transsimulcasts, also ree categories e location of ea Canadian statio | oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an accenter "E". If , see page (v) ch station. Forns, if any, giv | I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting period accounting period by a congeneral in the second accounting period accounting period accounting period accounting to the second accounting th | or "E-M" (for nonco ctions located in the distant"), enter "Yelions located in the mplete column 5, and. Indicate by en- lictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions located list the community | ommercial educational mane paper SA3 form. ses. If not, enter "No". For a paper SA3 form. stating the basis on which tering "LAC" if your cable capacity. y payment because it is the stem or an association recry transmitter, enter the content of the paper SA3 form. y to which the station is life to which the station is identification. | ulticast). r an ex- h your e system the subject epresenting designa- a further censed by the | |
| Note: If you are utilizing | ng multiple chai | | · | | channel line-up. | | |
| | 1 | CHANN | EL LINE-UP | AM | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STAT | ΓΙΟΝ | |
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| FORM SA3E. PAGE 3. | | | | | | | • | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | | SYSTEM ID# | Name | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | prise Services | 61985 | Name | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind | | | | | | | | |
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| Note: If you are utilizing | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | | |
| | | CHANN | EL LINE-UP | AN | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATIC | N | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | NER OF CABLE S | /STEM: | | | | SYSTEM ID# | Name |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | prise Services | 61985 | Nume |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) | y television standard y television standard y television standard y television standard y television y televi | g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinn was carried the 181 tinn was carried the 181 tinn was carried to 181 tinn was station to 181 tinn was assigned to 181 tinn wa | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service the er-the-air designation of the television statification, D.C. This ark station, an indefor network multion "E-M" (for noncontrolled in the special of the television statification of the television statification, p.C. This ark station, an indefor network multion "E-M" (for noncontrolled in the special of the speci | es". If not, enter "No". Fo e paper SA3 form. stating the basis on whic ering "LAC" if your cable | asis under ections carried on a tute program if the ome other s located etc. Identify t multi- example r-the-air in e channel oncommercial t), "I-M" nulticast). or an ex- ch your e system the subject epresenting designa- r a further in. | Primary Transmitters: Television |
| | | . , | | • | which the station is ide | ntifed. | |
| Note: If you are utilizing | ng multiple chai | • | • | | cnannei iine-up. | | |
| | | CHANN | EL LINE-UP | AO | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | |
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| FORM SA3E. PAGE 3. | | | | | | 0)/07514 ID# | |
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| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter _l | orise Services | 61985 | |
| PRIMARY TRANSMITTI | ERS: TELEVISION | ON | | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases as substitute program bases is under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiple For the meaning of the Column 4: If the st planation of local service Column 5: If you heable system carried the distant state For the retransmiss of a written agreement. | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spation and associated with associated with associated with a channel number of the channel number of t | y television standard programme to the station and sta | g period, except 81, permitting the referring to 76.6 paragraph. It is also a control of the referring to 76.6 paragraph. It is space I (the referring to report origination cording to its own the report origination cording to its own the reported in control of the | (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of the carried column 1 (list each column 1 (list each column 1). This in the carried column 1 (for noncontext of the carried column 1), enter "Ye ions located in the column 1), enter "Ye ions located in the column 1, enter "Ye ions located in the column 2, enter the column 3, enter the co | s". If not, enter "No". For a paper SA3 form. stating the basis on which ering "LAC" if your cable stapacity. payment because it is the stem or an association rep | s under ctions rried on a te program the ne other ocated c. Identify multi-kample the-air in channel commercial "I-M" lticast). | G Primary Transmitters: Television |
| the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the | a primary trans simulcasts, also ree categories e location of ea Canadian static | mitter or an a o enter "E". If , see page (v ch station. Fo ns, if any, giv | ssociation repre you carried the) of the general i or U.S. stations, e the name of th | senting the primar channel on any ot instructions locate list the community ne community with | y transmitter, enter the de her basis, enter "O." For a d in the paper SA3 form. to which the station is lice which the station is ident | esigna- a further ensed by the | |
| | | CHANN | EL LINE-UP | AP | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STAT | ON | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter _l | orise Services | 61985 | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | | |
| In General: In space (carried by your cable set FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Set basis under specific FC to not list the station station was carried to List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate | G, identify even system during the lons in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61 | y television standard by television standard | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: It it in space I (the ation was carried trute basis station report origination coording to its over the reported in contact as assigned to the annel 4 in Wash reation is a netwo | (1) stations carried e carriage of certa 1(e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) on program services er-the-air designation of the television station ington, D.C. This ink station, an indext of the carried end of the station, an indext of the television, an indext of the station, an indext of the carried end of the station, an indext of the station | and low power television of only on a part-time basin network programs [so and (2) certain stations of able system on a substitute that and Program Log)—in the general instructions is such as HBO, ESPN, exion. For example, report in stream separately; for on for broadcasting over may be different from the pendent station, or a no | sis under ections arried on a tute program of the one other is located etc. Identify the example r-the-air in echannel ecommercial | G Primary Transmitters: Television | |
| educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it 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, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | | | | | | | | |
| Note. If you are utilized | ig multiple chai | | • | | спаппетппе-ир. | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter _l | orise Services | 61985 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| In General: In space (carried by your cable set FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Set basis under specific FC to not list the station station was carried to List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate | G, identify even system during the lons in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61 | y television standard by television standard | g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried tute basis station report origination coording to its over the reported in contact as assigned to the annel 4 in Wash thation is a netwo | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designation column 1 (list each the television station, D.C. This lark station, an indext of carriage of the carried column. | and low power television of only on a part-time basin network programs [seand (2) certain stations of able system on a substitute that and Program Log)—if the general instructions is such as HBO, ESPN, earner in stream separately; for only for broadcasting over may be different from the pendent station, or a notast), "I" (for independent | sis under ections ture program tif the eme other is located etc. Identify the example echannel echannel encommercial | G Primary Transmitters: Television |
| (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the | cast), "E" (for noise terms, see lation is outside ce area, see payer entered "Yine distant static ion on a partition of a distant entered into on a primary transsimulcasts, also ree categories e location of ea Canadian statio | oncommercial page (v) of the the local servage (v) of the es" in column on during the emercial servage (v) of the est in column on during the emercial servage en or before Jumitter or an acceptance of the emercial servage (v) ch station. Foons, if any, given | I educational), of general instructivice area, (i.e. "or general instruction 4, you must confuse of lack of a geam that is not some 30, 2009, be association repreyou carried the or of the general in U.S. stations, et the name of the | or "E-M" (for nonco- ctions located in the distant"), enter "Ye- ions located in the mplete column 5, so- od. Indicate by enti- ctivated channel of subject to a royalty steween a cable sys- senting the primar channel on any of instructions locate list the community me community with | mmercial educational manage paper SA3 form. s". If not, enter "No". For paper SA3 form. Itating the basis on whice ering "LAC" if your cable expacity. If you have a payment because it is to the more an association recovery transmitter, enter the content of the paper SA3 form to which the station is lie which the station is identically. | ulticast). r an ex- ch your e system the subject epresenting designa- a further icensed by the | |
| Note. If you are utilize | ig multiple chai | | | · | criaririer iirie-up. | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | orise Services | 61985 | Hume |
| PRIMARY TRANSMITTE | ERS: TELEVISIO |)N | | | | | |
| PRIMARY TRANSMITTE In General: In space (carried by your cable stock rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Stoasis under specific For Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local serving Column 5: If you have cable system carried the carried the distant station of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | G, identify ever system during to ions in effect or ions in effect or ions in effect or ions. With local case, as explained there in space only on a substandard associated with a station's call associated with a section of a case, we entering the least, "E" (for not explain the section is outsided to earea, see part of a distant at entered into on a part-tipicion of a distant at entered into of a primary transsimulcasts, also ree categories e location of ear a station of ear canadian station. | y television state accounting in June 24, 196 (4), or 76.63 (red in the next prespect to any ations, or auth G—but do list stitute basis. ace I, if the state acrining substitute basis berthe FCC in the a station account of the station. Whether the station whether the station account of the local server age (v) of the station account of the local server in column on during the action of the station. Whether the station are streams must be the local server in column on during the action of the station. The station of the station of the station of the station of the station. For the station of the stat | ation (including to period, except 81, permitting the referring to 76.6° paragraph. A distant stations corrised to the sation was carried to the basis station report origination cording to its over the sation of the sation was assigned to the sation is a network of the sation was assigned to the sation is a network of the sation is not sation. The sation is not sation is not sation in the sation is not sation in the sation is not sation. The sation is not sation is not sation in the sation is not sation in the sation is not sation. | translator stations (1) stations carrie e carriage of certa 1(e)(2) and (4))]; as carried by your ce e Special Statemed both on a substitute, see page (v) on a program services er-the-air designate column 1 (list each the television statifington, D.C. This indicate by entitions located in the inplete column 5, sod. Indicate by entitivated channel or unity tween a cable system in the primary channel on any of instructions located in the original channel on any of instructions located in the primary channel on any of instructions located list the community with the carries of t | and low power television of only on a part-time basin network programs [so and (2) certain stations of able system on a substitute that and Program Log)—in the general instructions is such as HBO, ESPN, exion. For example, report in stream separately; for on for broadcasting over may be different from the pendent station, or a notast), "I" (for independent mmercial educational material educational material educational material educational material educational material educational material education is stating the basis on whice ering "LAC" if your cable capacity. The payment because it is to stem or an association respective or an association respective in the paper SA3 form to which the station is lie which the station is identification or station is lied. | in stations) sis under ections ections earried on a tute program if the ome other is located etc. Identify it multi- example er-the-air in e channel encommercial it), "I-M" iulticast). If an ex- etch your e system the subject expresenting designa- er a further icensed by the | G Primary Transmitters: Television |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | • | EL LINE-UP | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | |
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| FORM SA3E. PAGE 3. | | | | | | | |
|--|--|--|---|--|--|--|------------------------------------|
| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | orise Services | 61985 | Hume |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| PRIMARY TRANSMITTE In General: In space (carried by your cable stock rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Stoasis under specific For Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local serving Column 5: If you have cable system carried the carried the distant station of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | ers: TELEVISIO G, identify every system during the consine effect or i.61(e)(2) and (isis, as explaine estations: With a control or a substant and also in spar formation concirm. In station's call associated with a control or example estation in each case where entering the least), "E" (for not each entered "Ying the estation is outside to a primary trans is simulcasts, also a primary trans is election of each candian station in entered into on a particular of each candian station of each candian station in each candian stat | y television state accounting a June 24, 1964, or 76.63 (rad in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitute basis. The state action account of the station account of the station account of the station. The station account of the station account of the station. The station account of the local server age (v) of the the local server in column on during the station of the station account of the station. The station of the station of the station of the station of the station. The station of the station of the station of the station of the station. For one, if any, given a station account of the station of the station of the station of the station. For one, if any, given a station of the | ation (including to period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: to it in space I (the ation was carried to the permitting to the permitted to the permitting to the permitted to the permitting to the permitted to the | translator stations (1) stations carrie e carriage of certa 1(e)(2) and (4))]; as carried by your ce e Special Statemed both on a substitute, see page (v) on a program services er-the-air designate column 1 (list each the television statifington, D.C. This indicate by entitions located in the inplete column 5, sod. Indicate by entitivated channel or unity tween a cable system in the primary channel on any of instructions located in the original channel on any of instructions located in the primary channel on any of instructions located list the community with the carries of t | and low power televisicd only on a part-time basin network programs [s and (2) certain stations of able system on a substituted and Program Log)— ute basis and also on sof the general instructions is such as HBO, ESPN, vicion. For example, report in stream separately; for on for broadcasting overmay be different from the pendent station, or a notast), "I" (for independent mmercial educational material educational material educational material educational material educational material education in the paper SA3 form. Stating the basis on whice ering "LAC" if your cable capacity. The paper SA3 form association recommended in the paper SA3 form to the paper SA3 form the paper SA3 form to which the station is I which the station is ide | asis under ections carried on a tute program if the come other is located etc. Identify the multi-example example example example oncommercial the channel concommercial the subject epresenting designar a further in the concommercial | G Primary Transmitters: Television |
| , | - | | EL LINE-UP | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | |
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| FORM SA3E. PAGE 3. | | | | | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|--------------------|------------|------|--|--|--|--|
| LEGAL NAME OF OWN | | | | | | SYSTEM ID# | Name | | | | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | orise Services | 61985 | Hume | | | | |
| PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | | | |
| Remary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by concommercial educational by "F-W" (for network)" in "F-W" (for network multicast). "For for independent), "I-M" (for independent mult | | | | | | | | | | | |
| , | | CHANN | EL LINE-UP | All | · | | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STA | TION | | | | | |
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| SVSTEM IDF SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 PRIMARY TRANSMITTERS: TELEVISION In General: in space 0, identify every television station (including translator stations and low power television stations) acriated by your calles yested muting the accounting period. except (1) stations carried only on a part time basis under PCC rules and regulations in reflect on June 24. 1981, permitting the carriage of certain instruction programs (accident on a part of the basis of the part of the station is part of the most programs). 70. (16)(2) and (2) certain stations carried on a stations carried on a station stations). Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: - 1-0 not list the station here in space 0—but do list in space (1 the Special Statement and Program Log)—If the station was carried both on a substitute basis and also on some other station was carried both on a substitute basis and also on some other interpretation of the page SAS form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as WETA-2". Simulcant streams must be reported in column 1 (list each streams page rate), and the page SAS form. Column 2: divide extended the station is an etwork station, on independent station, or a noncommercial educational similar by which your calcide system carried the distant station during the accounting period. Indicate by entering the left with 15 for homeon and instructions located in the page SAS form. Column 3: Indicate in each case whether the station is an etwork station, on independent station, or a noncommercial educational similar instructions located in the page SAS form. Column 4: If you have entered "Yes" in recipitation and the page SAS form. Column 5: If you have entered "Yes" in recipitation in the page SAS form. Column 5: If you have | FORM SA3E. PAGE 3. | | | | | | | | |
|--|--|----------------|---------------|-------------|-------------------------|------------------------|-------|------|--|
| PRIMARY TRANSMITTERS: TELEVISION In General: In space G, Identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75,59(0)(2) and (4), 76.51(e)(2) and | | | | | | | | Name | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(q)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only on a substitute basis station search only on a substitute basis. It is station search only on a substitute basis station search only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is an etwork station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "H" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational) or "E-M" (for no | SureWest Tele | Video dba C | onsolidate | d Communi | cations Enter | orise Services | 61985 | | |
| Carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules an effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4)), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams as "WETA-2". Simulcast in seams with the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 2: Inicidate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of l | PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | |
| Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 0, 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for ind | | | | | | | | |
| 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE | | | | | • | | iea. | | |
| SIGN CHANNEL OF (Yes or No) CARRIAGE | | | CHANN | EL LINE-UP | AV | | | | |
| | | CHANNEL | 3. TYPE OF | 4. DISTANT? | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | NC | | |
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| FORM SA3E. PAGE 3. | | | | | | | | | | |
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| LEGAL NAME OF OWN | | | | | SYSTEM | Namo | | | | |
| SureWest Tele | Video dba C | onsolidate | ed Communi | cations Enter | prise Services 619 | 85 | | | | |
| PRIMARY TRANSMITTERS: TELEVISION In General: In space C. identify every television station (including translator stations and law power television stations) | | | | | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde | | | | | | | | | | |
| Note: If you are utilizing | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | | | | | |
| | | CHANN | EL LINE-UP | AW | | | | | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | | | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | | | | | |
| | NUMBER | STATION | | (If Distant) | | | | | | |
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ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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 with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2017/1 | | | | |
|---|---|--------------------------------|--|---------------------------------|------------------------------|---------------------|----------------|--|--|--|--|
| LEGAL NAME OF OWNER OF SureWest TeleVideo d | | | nmunications Enterpri | se Services | S | SYSTEM ID# 61985 | Name | | | | |
| 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 substitute 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. | | | | | | | | | | | |
| 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | | | |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo | | | | | | | | | | | |
| - | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | | | |
| log in block 2. 2. LOG OF SUBSTITUTE | PROGRA | MS | | | | | | | | | |
| In General: List each substiclear. If you need more spa | | | | wherever pos | sible, if their mear | ning is | | | | | |
| Column 1: Give the title | of every no | nnetwork telev | ision program (substitute p | | | | | | | | |
| period, was broadcast by a under certain FCC rules, re | | | | | | | | | | | |
| SA3 form for futher informatitles, for example, "I Love I | | | | "basketball". | List specific prog | jram | | | | | |
| Column 2: If the program | n was broad | dcast live, ente | r "Yes." Otherwise enter "N | | | | | | | | |
| Column 4: Give the broa | adcast statio | on's location (th | asting the substitute programe community to which the | station is lice | | or, in | | | | | |
| the case of Mexican or Car | nadian station | ons, if any, the when your sys | community with which the stem carried the substitute p | station is iden program. Use | tified). numerals with th | e month | | | | | |
| first. Example: for May 7 given | ve "5/7." | | | _ | | | | | | | |
| to the nearest five minutes. | | | gram was carried by your or ed by a system from 6:01:1 | | | | | | | | |
| stated as "6:00–6:30 p.m." Column 7: Enter the left | er "R" if the | listed program | was substituted for progra | mming that ve | our system was re | equired | | | | | |
| to delete under FCC rules a | and regulation | ons in effect du | iring the accounting period | enter the let | ter "P" if the listed | pro | | | | | |
| gram was substituted for preffect on October 19, 1976. | | that your syste | em was permitted to delete | under FCC r | uies and regulatio | ons in | | | | | |
| | | | | WHE | N SUBSTITUTE | : | | | | | |
| | UBSTITUT | E PROGRAM | | CARR | AGE OCCURRE | 7 REASON | | | | | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — | TO DELETION | | | | | |
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ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." 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.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

| | SA3E. PAGE 7. IL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
|--|--|--------------------------------|--------------|------------|--|--|--|--|--|--|
| Su | eWest TeleVideo dba Consolidated Communications Enterprise Service | es | | 61985 | Name | | | | | |
| Ins all a (as pag | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. Saya45,973.70 IMPORTANT: You must complete a statement in space P concerning gross receipts. | | | | | | | | | |
| COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying 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. | e entered | d on line 1 | of | | | | | | |
| - | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow. | entered o | on line 2 in | block | | | | | | |
| | ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be er | ntered on I | ine | | | | | | |
| Block 1 | 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 fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K | e is 1.064 | 4 percent o | | | | | | | |
| | Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | • | · · | | | | | | |
| | This is your minimum fee. | \$ | | 34,537.16 | | | | | | |
| Block 2 | 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. No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | nn 4, you od? omplete li | u must che | eck | | | | | | |
| 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 | _ <u>`</u> | • | 0.00 | | | | | | |
| | Schedule. If Hone, enter zero | | | | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | | 12,837.37 | | | | | | |
| 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 | _\$ | \$ | 34,537.16 | Cable systems | | | | | |
| | 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) | | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing | | | | | |
| | Line 4. FILING FEE | | | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | | 35,262.16 | appropriate form for submitting the additional fees. | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.) | | | | | | | | | |

| NI | LEGAL NAME OF | OWNER OF C | ABLE S | YSTEM: | 9 | SYSTEM ID# | | | | | |
|---------------|--|---------------------------------|---------------|---|--------------------------|-------------|--|--|--|--|--|
| Name | SureWest 1 | TeleVideo | dba | Consolidated Communications Enterprise Services | | 61985 | | | | | |
| | CHANNELS | } | | | | | | | | | |
| M | | | aive | (1) the number of channels on which the cable system carried television broadcas | st stations | | | | | | |
| 141 | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | | | |
| Channels | 10 113 340361 | ibers and (2 | ., | cable systems total number of activated charmers, during the accounting period. | | | | | | | |
| | Enter the total number of channels on which the cable system carried television broadcast stations | | | | | | | | | | |
| | system carried television broadcast stations | | | | | | | | | | |
| | 0 5 1 - 11 - | tatal a salaa | | of and discounts | | | | | | | |
| | | | | ctivated channels carried television broadcast stations | | | | | | | |
| | | - | | anieu television broadcast stations | 307 | | | | | | |
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| NI NI | INDIVIDITAL | TO BE CO | NTA | CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual | | | | | | | |
| N | | | | tement of account.) | | | | | | | |
| Individual to | | | | , | | | | | | | |
| Be Contacted | | | | | | | | | | | |
| for Further | Name J | ulie Poo | n | Telephone | 916-786-1034 | | | | | | |
| Information | | | | | | | | | | | |
| | Address 2 | 11 Linco | In S | treet | | | | | | | |
| | | | | oute, apartment, or suite number) | | | | | | | |
| | | Roseville, City, town, state | | 95678 | | | | | | | |
| | (0 | nty, town, state | s, 2ip) | | | | | | | | |
| | Email | ju | ilie.p | oon@consolidated.com Fax (optional) | | | | | | | |
| | | | | | | | | | | | |
| | CERTIFICAT | ION (This st | tatem | ent of account must be certifed and signed in accordance with Copyright Office re | gulations | | | | | | |
| 0 | OLKIII IOAT | ioit (Tillo St | atem | ent of account must be certified and signed in accordance with copyright office re | guiations. | | | | | | |
| Certifcation | • I the under | signed herel | hy ce | tify that (Check one, but only one, of the boxes.) | | | | | | | |
| Continuation | i, the under | oigilea, nerei | <i>b</i> , 00 | ing that (check one, but only one, of the boxes.) | | | | | | | |
| | (Owner o | ther than co | orpor | ation or partnership) I am the owner of the cable system as identifed in line 1 of space | e B; or | | | | | | |
| | | | | | | | | | | | |
| | | | | n corporation or partnership) I am the duly authorized agent of the owner of the cab | le system as identified | | | | | | |
| | in line | 1 of space I | B and | that the owner is not a corporation or partnership; or | | | | | | | |
| | X (Officer | or partner) l | am a | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o | owner of the cable syste | em | | | | | |
| | in line | 1 of space I | B. | | | | | | | | |
| | I have exam | nined the sta | teme | nt of account and hereby declare under penalty of law that all statements of fact contain | ned herein | | | | | | |
| | are true, com | nplete, and c | orrect | to the best of my knowledge, information, and belief, and are made in good faith. | | | | | | | |
| | [18 U.S.C., S | Section 1001 | (1986 |)] | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | V | /a/Michael Chulty | | | | | | | |
| | | | X | /s/Michael Shultz | | | | | | | |
| | | En | nter ar | electronic signature on the line above using an "/s/" signature to certify this statement. | | | | | | | |
| | | (e. | .g., /s/ | John Smith). Before entering the first forward slash of the /s/ signature, place your curso | | | | | | | |
| | "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. | | | | | | | | | | |
| | Typed or printed name: Michael Shultz | | | | | | | | | | |
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| | | Tit | tle: | VP Regulatory & Public Policy (Title of official position held in corporation or partnership) | | | | | | | |
| | | | | (| | | | | | | |
| | | D | ate: | August 22, 2017 | | | | | | | |
| | | Da | aic. | 110guot 22, 2011 | | | | | | | |

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

U.S. Copyright Office

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | | | | | | |
|--|------------------------|--|--|--|--|--|
| SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | 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 adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? | | | | | | |
| X NO YES. Enter the total here and list the satellite carrier(s) below | | | | | | |
| Name Mailing Address Mailing Address | | | | | | |
| INTEREST ASSESSMENTS | | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | 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 | | | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | | | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | | | | | | |
| ** 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 Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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 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 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 Offce'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 sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2017/1

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 LISTED 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 DCEs | |

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 C 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 or hours the station broadcast over 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 and 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, ir 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 systems 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, non-commercial 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.

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

Determine whether any of the stations you carried were partially distant—that 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 DSE 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.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



| | Distant Stations Carried | | Identification o | of Subscriber Groups | |
|----|--------------------------|-------|------------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| in | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| 6 | B (independent) | 1.0 | Santa Rosa | Stations A, B, C, D ,E | \$310,000.00 |
| - | C (part-time) | 0.083 | Rapid City | Stations A and C | 100,000.00 |
| | D (part-time) | 0.139 | Bodega Bay | Stations A and C | 70,000.00 |
| | E (network) | 0.25 | Fairvale | Stations B, D, and E | 120,000.00 |
| | TOTAL DSFs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

| | | 40,0000 | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| 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 |

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2017/1

| DSE SCHEDULE. PAG | LEGAL NAME OF OWNER OF CAL | BLE SYSTEM: | | | 91 | STEM ID# | | | | | | | |
|----------------------|--|-----------------------|----------------------------------|-------------------|---------------------------|---|--|--|--|--|--|--|--|
| 1 | SureWest TeleVideo d | | ed Communications F | nterprise S | | 61985 | | | | | | | |
| | SUM OF DSEs OF CATEGORY "O" STATIONS: | | | | | | | | | | | | |
| | • Add the DSEs of each stati | | 10. | | | | | | | | | | |
| | Enter the sum here and in lir | | s schedule. | | 1.00 | | | | | | | | |
| | | · | | | | | | | | | | | |
| 2 | Instructions: | I Siem?'s list the se | Il aigne of all distant stations | identified by | he letter "O" in column F | | | | | | | | |
| _ | In the column headed "Cal of space G (page 3). | i Sign": list the ca | ii signs of all distant stations | s identified by t | ne letter O in column 5 | | | | | | | | |
| Computation | In the column headed "DS | E": for each indep | endent station, give the DSI | as "1.0"; for | each network or noncom- | | | | | | | | |
| of DSEs for | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." | | | | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | IS: DSEs | | | | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | | | | |
| | KTNC | 1.000 | | | | | | | | | | | |
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| Name | SureWest TeleV | | idated Com | nmunications Ente | rprise Service | es | S | YSTEM ID# 61985 |
|---|--|---|--|--|---|--|---|--------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2: Fo figure should corre Column 3: Fo Column 4: Div be carried out at le Column 5: Fo give the type-value Column 6: Mu | e call sign of all distar r each station, give the espond with the informant r each station, give the vide the figure in colu- east to the third decing r each independent see as ".25." | ne number of mation given in total numb mn 2 by the final point. This station, give the dumn 4 by the | in space J. Calculate of er of hours that the statigure in column 3, and is the "basis of carriane "type-value" as "1.0 figure in column 5, and | em carried the standy one DSE for attion broadcast o give the result in ge value" for the ." For each network give the result. | ation during the accounting each station. ver the air during the acco n decimals in column 4. Th | ounting period. nis figure must cational station, | |
| Capacity | | С | ATEGORY | LAC STATIONS: | COMPUTAT | ION OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEM | R IRS D BY | 3. NUMBER OF HOURS STATION ON AIR | 4. BASIS O CARRIAG VALUE | F 5. TYPE | 6. DS | E |
| | | | ÷ | | = | <u>x</u> | <u>=</u> | |
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| | | | ÷ | | = | x | = | |
| | Add the DSEs of ea | | | chedule, | | 0.00 |] | |
| Computation of DSEs for Substitute-Basis Stations | Was carried by y tions in effect or Broadcast one or space I). Column 2: For eat your option. This Column 3: Ente Column 4: Divide | your system in substin October 19, 1976 (in price of the | tution for a prass shown by took programs of number of living pond with the in the calend n 2 by the fig | ogram that your system the letter "P" in column during that optional care, nonnetwork programe information in space lar year: 365, except in ure in column 3, and gormation on rounding, | m was permitted in 7 of space I); ar riage (as shown both in scarried in subtle. In a leap year, ive the result in case page (viii) of | y the word "Yes" in column a stitution for programs that column 4. Round to no less the general instructions in | 2 of were deleted s than the third | m). |
| | | | | -BASIS STATION | | | 1 | |
| | SIGN | NUMBER OF PROGRAMS | 3. NUMB OF DA' IN YEA | YS | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | ÷ | | = = | | ÷ | | = = |
| | | ÷ | | = | | ÷ | , | = |
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| | Add the DSEs of ea | | | :: :hedule, | ▶ | 0.00 | | |
| 5 Total Number of DSEs | | olicable to your system Es from part 2 ● Es from part 3 ● | | boxes in parts 2, 3, an | d 4 of this schedu | le and add them to provide Let be a le | 1.00 0.00 0.00 | |
| | TOTAL NUMBER OF | F DSEs | | | | | | 1.00 |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/1

| | OWNER OF CABLE eVideo dba Co | | d Communi | cations Enterp | orise Servi | ces | S' | YSTEM ID# 61985 | Name |
|--|---|--|---|---|---|--|---|--------------------|--|
| In block A: • If your answer if schedule. | ck A must be com "Yes," leave the re | emainder of p | · | 7 of the DSE sche | edule blank aı | nd complete pa | art 8, (page 16) of | the | 6 |
| n your unower n | 140, Complete Bit | | | ELEVISION M | ARKETS | | | | Computation of |
| effect on June 24, | m located wholly o , 1981? nplete part 8 of the olete blocks B and | schedule—E C below. | OO NOT COM | | AINDER OF F | PART 6 AND 7 | | gulations in | 3.75 Fee |
| Column 1: | list the call signs | | | | | | to meoo me omesitte | d to com. | |
| Column 1: CALL SIGN | under FCC rules instructions for th Satellite Television | and regulation ne DSE Sche on Extension | ons prior to Judule. (Note: Ti and Localism | , | urther explana refers to an ex | ation of permitt cempt multicas | ed stations, see the | he | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC rd A Stations carring 76.61(b)(c)] B Specialty static C Noncomeric D Grandfathered instructions for E Carried pursus *F A station pre | ules and regued pursuant to on as defined all educations of station (76.0) or DSE sched ant to individuationally carries JHF station w | lations cited boothe FCC mand in 76.5(kk) (7 al station [76.565) (see paragule). Lal waiver of Fed on a part-ting grade-Boothe fitting | 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(| ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (e) | n June 24, 198 i), 76.61(b)(c), ii) referring to 7 g to 76.61(d) irandfathered s | 76.63(a) referring 76.61(e)(1 stations in the | | |
| Column 3: | | e stations ide | ntified by the I | n parts 2, 3, and 4 etter "F" in column | | | vorksheet on page | e 14 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
| KTNC | G | 1.00 | 0.0.1 | 27.10.0 | | 0.0 | 27.10.10 | | |
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| | | | | | | | | 1.00 | |
| | | | | AADUTATION O | F 0 75 FFF | | | | |
| | | В | LOCK C: CO | MPUTATION OF | F 3.75 FEE | | | | |
| | e total number of | | | | | | <u>, </u> | | |
| Line 2: Enter the | e sum of permitte | ed DSEs from | m block B ab | ove | | | | | |
| | line 2 from line 1 leave lines 4–7 b | | | • | | rate. | <u>.</u> | | |
| Line 4: Enter gro | oss receipts from | space K (p | 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 | | | | <u>. </u> | | permited/ partially nonpermitted |
| Line 6: Enter tot | al number of DS | Es from line | 3 | | | | <u>, </u> | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | line 6 by line 5 ar | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | |

| Sure | eWest Te | leVideo dba Co | nsolidate | d Communi | ications Enterp | orise Servi | ces | | 61985 | Name |
|---------------|-----------------|-----------------------|-----------|-----------------|--------------------|-------------|-----------------|-----------------------|--------|---------------|
| | | 1 | BLOCK | A: TELEVIS | SION MARKETS | S (CONTIN | UED) | T | | |
| | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | | Computation 6 |
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| Name | SureWest Tele | | | Communicat | io | ns Enterprise Ser | vices | | S | 48TEM ID# 61985 | |
|---|---|---|--|---|---|--|---|--|--|--------------------|---|
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Comparion block | or to June 25, call sign for ear the DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). Carriage under all instructions the station's Ite the DSE figure B, column 3 (e) information you | 1981, under forme ach distant station his station for a sin g period and year arriage on which the regulations cited b mming: Carriage, c)(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 DSE for the curren ures listed in column of part 6 for this state un give in columns | er FCC rules govidentifed by the gle accounting in which the car ne station was collow pertain to a part-time bearing to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and attion. 2, 3, and 4 musting the gle and 5 | ver let perria arritho asi asi (1) (1) aurio lis | entifed by the letter "F" ring part-time and subter "F" in column 2 of priod, occurring between tige and DSE occurred ried by listing one of the ose in effect on June 24 is, of specialty program (b). 76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two one accurate and is subject to the subspecial of the smaller of the subspecial of the subs | estitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde), or 76.63 (er explanation 2, 3, and 4 o figures he | age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure | ene 30, 19 ections vi) of the should be | e entered | |
| | | PERMITT | ED DSE FOR STA | TIONS CARRI | ΕD | ON A PART-TIME AN | ID SUBSTI | TUTE BASIS | | | _ |
| | 1. CALL SIGN | 2. PRIO | | COUNTING ERIOD | | 4. BASIS OF CARRIAGE | | RESENT DSE | 6. P | ERMITTED DSE | |
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| 7 Computation of the | 1 | "Yes," comple | ete blocks B and C locks B and C blan | k and complete | • | art 8 of the DSE sched | | | | | |
| Syndicated Exclusivity | | | BLOC | K A: MAJOR | 11 | ELEVISION MARK | El | | | | |
| Surcharge | Is any portion of the or | cable system v | vithin a top 100 maj | or television mar | ke | t as defned by section 7 | 6.5 of FCC | rules in effect J | une 24, | 1981? | |
| | X Yes—Complete | blocks B and | IC. | | | No—Proceed to | part 8 | | | | |
| | BLOCK B: Ca | arriage of VHI | F/Grade B Contou | Stations | | BLOCK | C: Compu | tation of Exem | pt DSEs | 3 | |
| | Is any station listed in commercial VHF stati or in part, over the ca | on that places | | | | Was any station listed nity served by the cab to former FCC rule 76 | le system p | | | | |
| | Yes—List each s | | th its appropriate per part 8. | mitted DSE | | Yes—List each st X No—Enter zero a | | | ate permi | tted DSE | |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIG | iN | DSE | |
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| | | | TOTAL BOS | 0.00 | | | | TOTAL 5.3 | | 0.00 | |
| | | | TOTAL DSEs | 0.00 | | | | TOTAL DS | ⊫S | 0.00 | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services | SYSTEM ID# 61985 | Name |
|---------------|---|---------------------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 3,245,973.70 | 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 |
| | 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 | Exclusivity Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X 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? X 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 3b blank. NOTE: If the DS | N E | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. |) | |
| | 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) Syndicated Exclusivity Surcharge | | |
| 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 | | |
| Section 4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X 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 DS 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 | | |

| | LEGAL NAM | IE OF OWNER OF CABLE SYSTEM: | YSTEM ID# |
|---|---|--|-----------|
| Name | ; | SureWest TeleVideo dba Consolidated Communications Enterprise Services | 61985 |
| Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). 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. | |
| 8 Computation of Base Rate Fee | You m 6 was In blo If you If you blank What i | ctions: ust 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. ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated 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. | |
| | • Did y | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS our cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. **IX** No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section 1 Section 2 | Enter the amount of gross receipts from space K (page 7). 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.). 1.00 | _ |
| | 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). | _ |

| EGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
|--|-------------------|--|
| SureWest TeleVideo dba Consolidated Communications Enterprise Services | 61985 | Name |
| Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. | | |
| 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 Base Rate Fe |
| C. Multiply line B by 3.000 and enter here | | |
| 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 > | | |
| 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 | |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed Space G. | | 9 |
| In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take a exclusion, you must: | | Computation of Base Rate Fe |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | the number of | and Syndicated Exclusivity Surcharge for |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b if your cable system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant statement of the community. | ation you | for Partially Permitted Stations |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were lead to utside the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the subscriber.) | | |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the system will have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sysgroups. In each section: | stem's subscriber | |
| Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a | ll of the | |
| subscribers in the group. • If: | 2 | |

- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 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 B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Form SA3E Long Form (Rev. 05-17)

ACCOUNTING PERIOD: 2017/1 DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services 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 SureWest TeleVid | | | nmunicat | ions Enterprise Ser | vices | S | 61985 | Name |
|--|-----------|-------------------|-------------|--------------------------|--------------|-----------------|-------------|------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| | FIRST | SUBSCRIBER GROU | JP | | SECOND | SUBSCRIBER GROU | IP | • |
| COMMUNITY/ AREA | | County & Citrus I | leights | COMMUNITY/ AREA | | ento County | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| KTNC | 1.00 | | | | | | | Base Rate F |
| | | | | | | | | and |
| | | | | | | | | Syndicate |
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| | | | | | | | | Partially |
| | | | | | | | | Distant |
| | | | | | <u>.</u> | | <u></u> | Stations |
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| Total DSEs | <u> </u> | | 1.00 | Total DSEs | 1 | Į Į | 0.00 | |
| | | | | | | | | |
| Gross Receipts First G | roup | \$ 1,206 | ,519.28 | Gross Receipts Secon | d Group | \$ 2,03 | 39,454.42 | |
| 3ase Rate Fee First G | roup | \$ 12 | ,837.37 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GROU | IP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Γotal DSEs | 1 | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third C | Froun | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | oup | <u>*</u> | 3.00 | Just Mate 1 66 F Out III | . J.Jup | <u> </u> | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes a | bove. | s 1 | 12,837.37 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | |
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| | | | TE FEES FOR EAC | | | | |
| FIFTH COMMUNITY/ AREA | SUBSCRIBER GRO | JP 0 | COMMUNITY/ ARE | | 1 SUBSCRIBER GROU | JP 0 | |
| | | | COMMONT IT AIRE | | | | |
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| otal DSEs | - | 0.00 | Total DSEs | | | 0.00 | |
| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVENTH | SUBSCRIBER GRO | JP | | EIGHTH | SUBSCRIBER GROU | JP | |
| OMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| otal DSEs | _ | 0.00 | Total DSEs | | | 0.00 | |
| olai DoLs | | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Gross Receipts Third Group | \$ | 0.00 | 11 | | | | |
| | \$ | 0.00 | | | | | |

| | | mmunica | tions Enterprise | Services | | YSTEM ID# 61985 |
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| | A: COMPUTATION C | | TE FEES FOR EA | | | |
| NINT COMMUNITY/ AREA | H SUBSCRIBER GRO | OUP 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | JP 0 |
| | | | COMMONT 17 ARE | | | |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 |
| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 |
| ELEVEN? | H SUBSCRIBER GRO | OUP | | TWELVTH | SUBSCRIBER GROU | JP |
| OMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| fotal DSEs | | 0.00 | Total DSEs | | | 0.00 |
| Total DSEs | \$ | 0.00 | | urth Group | | 0.00 |
| Total DSEs Gross Receipts Third Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | urth Group | \$ | 0.00 |

| LEGAL NAME OF OWN SureWest TeleVi | | | mmunicat | ions Enterprise S | Services | S | YSTEM ID# 61985 | Name |
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| | | | | TE FEES FOR EAG | | | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | :A | | 0 | _ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| ONLE CICIT | DOL | O/ LE GIGIT | DOL | O'NEE O'O'N | DOL | OALL GIGIT | DOL | Base Rate Fe |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | :A | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
| Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add Enter here and in blo | Group the base ra | \$ te fees for each sub- | 0.00 | Gross Receipts Fou | ırth Group | \$ \$ | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | |
|---|----------------|----------------|--------------------|-----------|-------------------|----------------|--|--|
| | | | TE FEES FOR EAC | | | | | |
| SEVENTEENTH COMMUNITY/ AREA | SUBSCRIBER GRO | JP 0 | COMMUNITY/ ARE | | 1 SUBSCRIBER GROU | JP 0 | | |
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| otal DSEs | l l | 0.00 | Total DSEs | <u> </u> | | 0.00 | | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
| | | | | | | | | |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | |
| NINTEENTH | SUBSCRIBER GRO | JP | | TWENTIETH | SUBSCRIBER GROU | JP | | |
| OMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 | | |
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| otal DSEs | | | II | rth Group | \$ | 0.00 | | |
| | \$ | 0.00 | Gross Receipts Fou | | | | | |
| Fotal DSEs Gross Receipts Third Group | \$ | 0.00 | Gross Receipts Fou | | | | | |
| | \$ | 0.00 | Base Rate Fee Fou | · | \$ | 0.00 | | |

| LEGAL NAME OF OWNER OF CAE SureWest TeleVideo dba | | mmunica | tions Enterprise \$ | Services | s | YSTEM ID# 61985 |
|--|---|---------------|---------------------|-------------|-----------------|--------------------|
| | | | TE FEES FOR EAC | | | |
| TWENTY-FIRST | SUBSCRIBER GRO | 0 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | <u>JP</u> 0 |
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| etal DCFe | Ц | 0.00 | Tatal DCFa | | | 0.00 |
| otal DSEs | | 0.00 | Total DSEs | | | |
| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 |
| TWENTY-THIRD | SUBSCRIBER GRO | UP | TWEN | ITY-FOURTH | SUBSCRIBER GROU | JP |
| OMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 |
| ross Receipts Third Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 |
| | | | | | | |
| | | | II | mth Charles | \$ | 0.00 |
| Base Rate Fee Third Group | \$ | 0.00 | Base Rate Fee Fou | rtn Group | 130 | 0.00 |

| DSE of Base Rate F and Syndicated Exclusivity Surcharge | | IBER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | BASE DA | | 00144 | |
|--|------|-------------------------------|-------------|----------------------|----------|-----------------|-----------|------------------------|
| Computation DSE of Base Rate From and Syndicated Exclusivity Surcharge for | | SUBSCRIBER GROU | | | DAGE IVA | JOMPOTATION OF | LOCK A: (| Bl |
| Computation DSE of Base Rate From and Syndicated Exclusivity Surcharge for | 0 | | NTY-SIXTH | | JP | SUBSCRIBER GROU | TY-FIFTH | |
| DSE of Base Rate F and Syndicated Exclusivity Surcharge for | | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| and Syndicated Exclusivity Surcharge | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Syndicated Exclusivity Surcharge for | | | | | | | | |
| Exclusivity Surcharge | | | | | | | | |
| Surcharge for | | | | | | | | |
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| 0.00 | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| 0.00 | 0.00 | \$ | nd Group | Gross Receipts Seco | 0.00 | \$ | roup | Gross Receipts First G |
| 0.00 | 0.00 | \$ | nd Group | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First G |
| | ROUP | SUBSCRIBER GRO | ΓΥ-EIGHTH | TWEN | JP | SUBSCRIBER GROU | SEVENTH | TWENTY-S |
| 0 | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| 0.00 | 0.00 | \$ | n Group | Base Rate Fee Fourt | 0.00 | \$ | Froup | Base Rate Fee Third G |

| LEGAL NAME OF OWN SureWest TeleVio | | | mmunicat | ions Enterprise S | Services | S | YSTEM ID# 61985 | Name |
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| | ITY-NINTH | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Gross Receipts First (| эгоир | \$ | 0.00 | Gross Receipts Sec | ona Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| THIF | RTY-FIRST | SUBSCRIBER GRO | DUP | THIR | TY-SECOND | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | scriber group | as shown in the boxe | es above. | \$ | | |

| | | | VICES | ons Enterprise Se | nmunicat | consolidated Con | eo dba C | SureWest TeleVid |
|-------------------------|---------|-----------------|-----------|-----------------------|----------|------------------|----------|------------------------|
| | | BER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: (| Bl |
| 9 | | SUBSCRIBER GROU | /-FOURTH | | | SUBSCRIBER GROU | Y-THIRD | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate F | | | | | | | | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | roup | Gross Receipts First G |
| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | Base Rate Fee First G |
| - | JP | SUBSCRIBER GROU | RTY-SIXTH | THII | JP | SUBSCRIBER GROU | TY-FIFTH | THIR |
| | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs |
| | 0.00 | \$ | Group | Gross Receipts Fourth | 0.00 | \$ | iroup | Gross Receipts Third G |
| | 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | iroup | Base Rate Fee Third G |

| | | mmunica | tions Enterprise : | Services | | YSTEM ID# 61985 |
|---------------------------------------|------------------|-------------|-------------------------------|------------|-------------------|--------------------|
| | COMPUTATION O | | | | | |
| THIRTY-SEVENTI COMMUNITY/ AREA | H SUBSCRIBER GRO | 0 0 | COMMUNITY/ ARE | | I SUBSCRIBER GROU | JP 0 |
| | | | COMMONT 17 ARE | | | |
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| otal DSEs | -11 | 0.00 | Total DSEs | | 1 | 0.00 |
| | • | | | and Craun | • | |
| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | cona Group | \$ | 0.00 |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 |
| THIRTY-NINTI | H SUBSCRIBER GRO | UP | | FORTIETH | I SUBSCRIBER GROU | JP |
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| Fotal DSEs Gross Receipts Third Group | \$ | | | urth Group | \$ | |

| | Consolidated Co | mmunicat | tions Enterprise \$ | Services | | YSTEM ID# 61985 |
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| FORTY-FIRST COMMUNITY/ AREA | SUBSCRIBER GRO | UP 0 | COMMUNITY/ ARE | | SUBSCRIBER GROU | <u>JP</u> |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 |
| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 |
| FORTY-THIRD | SUBSCRIBER GRO | UP | FOF | RTY-FOURTH | SUBSCRIBER GROU | JP |
| DMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | Α | | 0 |
| CALL SIGN DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 |
| | \$ | 0.00 | Total DSEs Gross Receipts Fou | rth Group | \$ | 0.00 |
| otal DSEs Gross Receipts Third Group Base Rate Fee Third Group | \$ | | | · | \$ | |

| LEGAL NAME OF OWNE SureWest TeleVide | | | nmunicat | ions Enterprise Se | ervices | Sì | STEM ID# 61985 | Name |
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| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | 1 SUBSCR | IBER GROUP | | |
| | ry-FIFTH | SUBSCRIBER GROU | | Ti . | RTY-SIXTH | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | EVENTH | SUBSCRIBER GROU | JP | Ti . | TY-EIGHTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| | BLE SYSTEM: Consolidated Co | mmunica | tions Enterprise \$ | Services | | YSTEM ID# 61985 |
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| | I SUBSCRIBER GRO | | | | I SUBSCRIBER GROU | |
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| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 |
| | SUBSCRIBER GRO | | II . | | SUBSCRIBER GROU | JP |
| OMMUNITY/ AREA | | 0 | COMMUNITY/ ARE | | | |
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| SE of Base Rate F and Syndicated Exclusivity Surcharge | | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| LEGAL NAME OF OWI SureWest TeleVi | | | mmunica | tions Enterprise S | Services | S | YSTEM ID# 61985 | Name |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FI | IFTY-NINTH | SUBSCRIBER GRO | UP | | SIXTIETH | SUBSCRIBER GROU | JP | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
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| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNE SureWest TeleVide | | | nmunicat | ions Enterprise Se | ervices | SI | STEM ID# 61985 | Name |
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| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | 1 SUBSCR | IBER GROUP | | |
| | Y-FIRST | SUBSCRIBER GROU | | Ti . | Y-SECOND | SUBSCRIBER GROU | | 9 |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| SIXT | Y-THIRD | SUBSCRIBER GROU | JP | Ti . | Y-FOURTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| | NAME OF OWNER OF CABLE SYSTEM: West TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | |
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| Gross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | |
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| | SAL NAME OF OWNER OF CABLE SYSTEM: reWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | |
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| I | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | Name |
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| BL | OCK A: C | COMPUTATION OF | BASE RA | TE FEES FOR EACH | | | | |
| | EVENTH | SUBSCRIBER GROU | | Ti . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| SEVENT | Y-NINTH | SUBSCRIBER GROU | JP | | EIGHTIETH | SUBSCRIBER GROU | Р | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| GAL NAME OF OWNER OF CABLE SYSTEM: UreWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | |
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| otal DSEs | | 0.00 | Total DSEs | | | 0.00 | |
| ross Receipts First Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| ase Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| EIGHTY-THIRI | O SUBSCRIBER GRO | UP | EIGH | ITY-FOURTH | I SUBSCRIBER GROU | JP | |
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| EGAL NAME OF OWNER OF CABLE SYSTEM: SURPWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | Name | |
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| | | | | 11 | TE FEES FOR EACH SUBSCRIBER GROUP | | | | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | |
| EIGHTY | -SEVENTH | SUBSCRIBER GRO | DUP | EIG | HTY-EIGHTH | SUBSCRIBER GROU | JP | | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee Third Base Rate Fee: Add Enter here and in block | the base ra | te fees for each sub | | | | \$ | 0.00 | | |

| | GAL NAME OF OWNER OF CABLE SYSTEM: UREWEST TeleVideo dba Consolidated Communications Enterprise Services SYSTEM ID# 61985 | | | | | | | | |
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| | | | | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | |
| | | SUBSCRIBER GRO | | II | | SUBSCRIBER GROU | JP | | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | Name |
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| | Y-THIRD | SUBSCRIBER GROU | | ii — | | SUBSCRIBER GROU | | 9 |
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| Total DSEs | - | | 0.00 | Total DSEs | - | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| NINE | ΓY-FIFTH | SUBSCRIBER GROU | JP | NIN | ETY-SIXTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: UreWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | |
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| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First C | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NINE | TY-NINTH | SUBSCRIBER GRO | UP | ONE I | HUNDREDTH | I SUBSCRIBER GROU | JP | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| ase Rate Fee: Add t | | | criber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | Name |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
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| EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED | SEVENTH | SUBSCRIBER GRO | UP | Ħ | | SUBSCRIBER GROU | JP | |
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| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First Gr | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER SureWest TeleVide | | | municat | ions Enterprise Se | rvices | SY | STEM ID# 61985 | Name |
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| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
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| LEGAL NAME OF OWN SureWest TeleVi | | | mmunica | tions Enterprise S | Services | S | YSTEM ID# 61985 | Name |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAG | CH SUBSCF | RIBER GROUP | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
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| NE HUNDRED TWENT | Y-SEVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TW | ENTY-EIGHTH | SUBSCRIBER GROUP |) | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | |
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| BLOCK A | : COMPUTATION C | F BASE RA | ATE FEES FOR EAG | CH SUBSCF | RIBER GROUP | |
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| | BLE SYSTEM: Consolidated Co | mmunica | tions Enterprise | Services | S | YSTEM ID# 61985 |
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| Base Rate Fee First Group | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 |
| ONE HUNDRED THIRTY-FIFTH | H SUBSCRIBER GROU | Р | ONE HUNDRED | THIRTY-SIXTH | H SUBSCRIBER GROUP |) |
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| LEGAL NAME OF OWNE SureWest TeleVide | | | nmunicat | ions Enterprise Se | ervices | SY | STEM ID# 61985 | Name |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| ONE HUNDRED THIR | TY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRED | FORTIETH | SUBSCRIBER GROU | Р | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
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| | BLE SYSTEM: Consolidated Co | mmunica | tions Enterprise | Services | S | YSTEM ID# 61985 |
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| ONE HUNDRED FORTY-THIR | D SUBSCRIBER GROU | Р | ONE HUNDRED FO | ORTY-FOURTH | SUBSCRIBER GROUP |) |
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| Total DSEs Gross Receipts Third Group | \$ | 0.00 | Total DSEs Gross Receipts Fou | urth Group | \$ | 0.00 |

| LEGAL NAME OF OWNER SureWest TeleVide | | | nmunicat | ions Enterprise Se | ervices | SY | STEM ID# 61985 | Name |
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| BL | OCK A: C | COMPUTATION OF | BASE RA | TE FEES FOR EACH | H SUBSCR | IBER GROUP | | |
| | RTY-FIFTH | SUBSCRIBER GROUP | | TI . | | SUBSCRIBER GROUP | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| | LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | | |
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| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | Name | |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNE SureWest TeleVide | | | nmunicat | ions Enterprise Se | rvices | SY | STEM ID# 61985 | Name |
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| Gross Receipts First G | roup | \$ 1,206, | 519.28 | Gross Receipts Secon | d Group | \$ 2,03 | 9,454.42 | |
| Base Rate Fee First Gi | oup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
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| | | te fees for each subsc space L (page 7) | riber group | as shown in the boxes a | bove. | \$ | 0.00 | |

| LEGAL NAME OF OWNE SureWest TeleVide | | | nmunicat | tions Enterprise S | ervices | S | YSTEM ID# 61985 | Name |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNER SureWest TeleVide | | | nmunicat | ions Enterprise Se | ervices | S | YSTEM ID# 61985 | Name |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Total DSEs | 1 | | 0.00 | Total DSEs | 1 | | 0.00 | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

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| | 0 | | COMMUNITY/ AREA | | 0 | | | COMMUNITY/ AREA |
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| O Computation DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations | BER GROUP SUBSCRIBER GROUP CALL SIGN | | TE FEES FOR EACH ONE HUNDRED FOR COMMUNITY/ AREA CALL SIGN | | COMPUTATION OF SUBSCRIBER GROUP | | |
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| DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| NI | LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | |
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| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | |
| | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | | | | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 | | |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | Base Rate Fee First Gr |
| | | SUBSCRIBER GROUP | ONE HUNDRED FOR | | SUBSCRIBER GROUP | SEVENTH | ONE HUNDRED FORTY- | |
| | 0 | COMMUNITY/ AREA 0 | | | 0 | | COMMUNITY/ AREA | |
| | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| DNE HUNDRED FORTY-NINTH SUBSCRIBER GROUP | | | | ONE HUNDR | 9 | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Computation | | | |
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| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Second Group \$ 0.00 | | | | |
| ONE HUNDRED FIF | TY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED FIF | TY-SECOND | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| rd G | roup e base ra t | | 0.00 | Gross Receipts Fou | rth Group | \$ \$ | 0.00 | |

| LEGAL NAME OF OWNE SureWest TeleVid | | | nmunicat | ions Enterprise Se | ervices | s | YSTEM ID# 61985 | Name |
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| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP | | | | | | | | |
| COMMUNITY/ AREA | HUNDRED FIFTY-THIRD SUBSCRIBER GROUP MUNITY/ AREA | | | COMMUNITY/ AREA | 9 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | Computation of | |
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| Gross Receipts First G | ross Receipts First Group \$ | | 0.00 | Gross Receipts Seco | nd Group | \$ | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| ONE HUNDRED FIF | TY-FIFTH | SUBSCRIBER GRO | UP | ONE HUNDRED F | IFTY-SIXTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | NITY/ AREA0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
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| ase Rate Fee Third G ase Rate Fee: Add the other here and in block | e base ra | | 0.00 | as shown in the boxes | · | \$ | 0.00 | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 | | | | | | | | | |
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| | | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | |
| 9 | | SUBSCRIBER GROUP | TY-EIGHTH | | 0 | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP | | | | |
| Computation | COMMUNITY/ AREA 0 | | | | | | | COMMUNITY/ AREA | | |
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| | 0.00 | \$ | d Group | Gross Receipts Secon | 0.00 | \$ | Gross Receipts First Group | | | |
| | nd Group \$ 0.00 | | | Base Rate Fee Secon | 0.00 | \$ | roup | Base Rate Fee First Gr | | |
| | ONE HUNDRED SIXTIETH SUBSCRIBER GROUP | | | | | NE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP | | | | |
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| | 0.00 | \$ | Group | Total DSEs Gross Receipts Fourth | 0.00 | \$ | Group | Total DSEs Gross Receipts Third G | | |

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 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 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** 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 Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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