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               |  |  |  |  |  |  |  |
| 08/31/2017                    | \$ 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          | Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting perion  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |                     |                             |                |  |  |  |  |  |  |
|            | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  |                     |                             |                |  |  |  |  |  |  |
|            | CMN-RUS, INC.  |                     |                             |                |  |  |  |  |  |  |
|            | , ,  |                     |                             |                |  |  |  |  |  |  |
|            |  |                     |                             | 06263420171    |  |  |  |  |  |  |
|            |  |                     |                             | 062634 2017/1  |  |  |  |  |  |  |
|            |  |                     |                             | 201771         |  |  |  |  |  |  |
|            | 8837 BOND STREET   |                     |                             |                |  |  |  |  |  |  |
|            | OVERLAND PARK, KS 66214  |                     |                             |                |  |  |  |  |  |  |
|            | ·  |                     |                             |                |  |  |  |  |  |  |
| С          | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of  |                     |                             |                |  |  |  |  |  |  |
| O          |  | the system, if the  | erent from the address give | П п эрасс В.   |  |  |  |  |  |  |
| System     | 1 DENTIFICATION OF CABLE SYSTEM:   |                     |                             |                |  |  |  |  |  |  |
|            | MAILING ADDRESS OF CABLE SYSTEM:   |                     |                             |                |  |  |  |  |  |  |
|            | 2 (Number, street, rural route, apartment, or suite number)  |                     |                             |                |  |  |  |  |  |  |
|            | (City, town, state, zip code)  |                     |                             |                |  |  |  |  |  |  |
|            |  |                     |                             |                |  |  |  |  |  |  |
| D          | Instructions: For complete space D instructions, see page 1b. Identify   | only the frst comr  | nunity served below and rel | ist on page 1b |  |  |  |  |  |  |
| Area       | with all communities.  | 1                   |                             |                |  |  |  |  |  |  |
| Served     | CITY OR TOWN   | STATE               |                             |                |  |  |  |  |  |  |
| First      | GREENCASTLE IN   |                     |                             |                |  |  |  |  |  |  |
| Community  | Below is a sample for reporting communities if you report multiple cha   | annel 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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 CMN-RUS, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served 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# **GREENCASTLE** IN AA First IN **SEYMOUR** AB Community **VINCENNES** IN AC **NORTH VERNON** IN AB 2 **MADISON** IN AD 4 IN **WABASH** 5 ΑE See instructions for NORTH MANCHESTER IN AF 6 additional information on alphabetization. **HUNTINGTON** IN AG **CONNERSVILLE** IN 8 AH **NEW CASTLE** IN 9 ΑI 10 **LENBANON** IN ΑJ Add rows as necessary. **FRANKLIN** IN AK 11 LAFAYETTE IN AL 12 IN **CRAWFORDSVILLE AM** 13 WESTFIELD IN AN 14 **GREENWOOD** IN 11 AK **PLAINFIELD** IL 15 AO **BLOOMINGTON** IL AP 16

| <br> | <br> |
|------|------|
|      |      |
|      |      |

# 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.

| BLC  | OCK 1                 |    | BLOCK 2 |                      |                       |    |       |
|--|-----------------------|----|---------|----------------------|-----------------------|----|-------|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS | I  | RATE    | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIBERS |    | RATE  |
| Residential: • Service to first set              | 33,328                | \$ | 10.00   | Lifeline Service     | 1,044                 | \$ | 10.00 |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |    |         | Preferred Digital    | 10,328                | \$ | 18.95 |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |    |         | HD Elite             | 1,242                 | \$ | 6.95  |
| Motel, hotel                                     |                       |    |         | HD Standard Service  | 16,364                | \$ | 9.95  |
| Commercial                                       | 526                   | \$ | 10.00   | HD Preferred Service | 10,228                | \$ | 9.95  |
| Converter  |                       |    |         |                      |                       |    |       |
| <ul> <li>Residential</li> </ul>                  | 30,714                | \$ | 4.95    |                      |                       |    |       |
| <ul> <li>Non-residential</li> </ul>              | 999                   | \$ | 4.95    |                      |                       |    |       |

# 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.

|   | BLOCK 2 |   |      |                          |
|---|---------|---|------|--------------------------|
| CATEGORY OF SERVICE                         | RATE    | CATEGORY OF SERVICE                         | RATE | CATEGORY OF SERVICE RATE |
| Continuing Services:                        |         | Installation: Non-residential               |      |                          |
| Pay cable                                   |         | Motel, hotel                                |      |                          |
| <ul> <li>Pay cable—add'l channel</li> </ul> |         | Commercial                                  |      |                          |
| Fire protection                             |         | Pay cable                                   |      |                          |
| Burglar protection                          |         | <ul> <li>Pay cable-add'l channel</li> </ul> |      |                          |
| Installation: Residential                   |         | Fire protection                             |      |                          |
| • First set                                 |         | Burglar protection                          |      |                          |
| Additional set(s)                           |         | Other services:                             |      |                          |
| • FM radio (if separate rate)               |         | Reconnect                                   |      |                          |
| Converter                                   |         | Disconnect                                  |      |                          |
|   |         | Outlet relocation                           |      |                          |
|   |         | <ul> <li>Move to new address</li> </ul>     |      |                          |
|   |         |   |      |                          |

| FORM SA3E. PAGE 3.  |  |  |  |  |   | T                                  |
|---|--|--|--|--|---|------------------------------------|
| LEGAL NAME OF OWN   |  | /STEM:   |  |  | SYSTEM ID#  | Name                               |
| CMN-RUS, INC  | •  |  |  |  | 062634  |                                    |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | ON   |  |  |   |                                    |
| carried by your cable s<br>FCC rules and regulati<br>76.59(d)(2) and (4), 76<br>substitute program bas  | system during the consistence of | he accounting<br>n June 24, 19<br>4), or 76.63 (i<br>d in the next   | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.  | (1) stations carrie<br>te carriage of cert<br>1(e)(2) and (4))];   | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program   | G Primary Transmitters: Television |
| basis under specifc FC  |  |  |  | o Special Statem   | ont and Program Log) if the   |                                    |
| station was carried • List the station here,  | only on a subs<br>and also in spa<br>formation cond  | titute basis.<br>ace I, if the sta   | ation was carried  | d both on a substi   | ent and Program Log)—if the tute basis and also on some other of the general instructions located   |                                    |
| each multicast stream<br>cast stream as "WETA<br>WETA-simulcast).   | associated with<br>-2". Simulcast  | h a station ac<br>streams must   | cording to its over the cording to its over the cordinate of the cordinate | er-the-air designa<br>column 1 (list eac   | es such as HBO, ESPN, etc. Identify ation. For example, report multi- h stream separately; for example  |                                    |
|   |  |  | -  |  | ion for broadcasting over-the-air in may be different from the channel  |                                    |
| educational station, by<br>(for independent multion<br>For the meaning of the<br>Column 4: If the state<br>planation of local servi-<br>Column 5: If you ha | entering the le<br>entering the le<br>cast), "E" (for no<br>ese terms, see<br>ation is outside<br>ce area, see pa<br>ave entered "Yo<br>ne distant station   | whether the stater "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the | etwork), "N-M" (<br>I educational), o<br>e general instruc<br>vice area, (i.e. "c<br>general instruct<br>4, you must cor<br>accounting perio   | for network multion "E-M" (for noncontions located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by en | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system  |                                    |
| of a written agreement<br>the cable system and a<br>tion "E" (exempt). For s<br>explanation of these th<br>Column 6: Give the                               | entered into o<br>a primary trans<br>simulcasts, also<br>tree categories<br>e location of ea<br>Canadian statio  | n or before Jumitter or an a conter "E". If , see page (v) ch station. Fons, if any, giv                           | ine 30, 2009, be<br>ssociation repre<br>you carried the<br>) of the general in<br>or U.S. stations,<br>e the name of the   | etween a cable sy-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>are community with        | y payment because it is the subject stem or an association representing my transmitter, enter the designather basis, enter "O." For a further ed in the paper SA3 form.  y to which the station is licensed by the my which the station is identifed.  channel line-up. |                                    |
|   |  | CHANN  | EL LINE-UP   | AA   |   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                    |
| WCLJ  | 42   | ı  | No   |  | Bloomington, Indiana  |                                    |
| WHMB  | 20   | I  | No   |  | Indianapolis, Indiana   | See instructions for               |
| WHMB-World Har  | 40.2   | I-M  | No   |  | Indianapolis, Indiana   | additional information             |
| WISH  | 9  | I  | No   |  | Indianapolis, Indiana   | on alphabetization.                |
| WISH-HD/DT (sim   |  | I-M  | No   |  | Indianapolis, Indiana   |                                    |
| WISH-getTV  | 8.2  | I-M  | No   |  | Indianapolis, Indiana   | 1                                  |
| WISH-Justice  | 8.3  | I-M  | No   |  | Indianapolis, Indiana   | 1                                  |
| WNDY  | 32   | I  | No   |  | Marion, Indiana   | 1                                  |
| WNDY-HD/DT (Sir   |  | I-M  | No   |  | Marion, Indiana   | 1                                  |
| WNDY-Bounce T\  | 23.2   | I-M  | No   |  | Marion, Indiana   | 1                                  |
| WRTV  | 25   | N  | No   |  | Indianapolis, Indiana   | 1                                  |
| WRTV-HD/DT (Sir   |  | N-M  | No   |  | Indianapolis, Indiana   |                                    |
| WRTV-Grit   | 6.2  | I-M  | No   |  | Indianapolis, Indiana   |                                    |
| WRTV-Laff   | 6.3  | I-M  | No   |  | Indianapolis, Indiana   |                                    |
| WTHR  | 13   | N  | No   |  | Indianapolis, Indiana   | 1                                  |
| WTHR-HD/DT (Sir   |  | N-M  | No   |  | Indianapolis, Indiana   |                                    |
| WTHR-Cozi TV  | 13.1   | I-M  | No   |  | Indianapolis, Indiana   |                                    |
| WTHR-Me-TV  | 13.3   | I-M  | No   |  | Indianapolis, Indiana   |                                    |
| AA I LILZ-IAIG- I A   | 13.3   | I-IVI  | 140  | I  | mulanapons, mulana  |                                    |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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 (2) 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) **WIPX** 27 No Bloomington, Indiana WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for additional information **WIPX-Qubo** I-M 63.2 No Bloomington, Indiana on alphabetization. 63.3 I-M No WIPX-Ion Life Bloomington, Indiana 14 Ε No WTIU Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana WTTV 48 Ν No Bloomington, Indiana N-M WTTV-HD/DT (Sir 4.1 No Bloomington, Indiana WTTV - CW 4.2 I-M No Bloomington, Indiana **WXIN** 45 No Τ Indianapolis, Indiana WXIN-HD/DT (Sim 59.1 I-M No Indianapolis, Indiana WXIN-Antenna T\ 59.2 I-M No Indianapolis, Indiana **WXIN-This TV** 59.3 I-M No Indianapolis, Indiana

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AB                                      |                          |
|-----------------|--------------------------------|--------------------------|----------------------------|---|--------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION   |
| WAVE            | 47                             | N                        | No                         |   | Louisville, Kentucky     |
| WAVE-HD/DT (Sir | 3.1                            | N-M                      | No                         |   | Louisville, Kentucky     |
| WAVE-Bounce T\  | 3.2                            | I-M                      | No                         |   | Louisville, Kentucky     |
| WAVE-GRIT       | 3.3                            | I-M                      | No                         |   | Louisville, Kentucky     |
| WBKI            | 19                             | I                        | No                         |   | Campbellsville, Kentucky |
| WBKI-HD/DT (Sim | 34.1                           | I-M                      | No                         |   | Campbellsville, Kentucky |
| WDRB            | 49                             | ı                        | No                         |   | Louisville, Kentucky     |
| WDRB-HD/DT (Sir | 41.1                           | I-M                      | No                         |   | Louisville, Kentucky     |
| WHAS            | 11                             | N                        | No                         |   | Louisville, Kentucky     |
| WHAS-HD/DT (Sir | 11.1                           | N-M                      | No                         |   | Louisville, Kentucky     |
| WHAS-Justice Ne | 11.2                           | I-M                      | No                         |   | Louisville, Kentucky     |
| WHAS-Weather R  | 11.3                           | N-M                      | No                         |   | Louisville, Kentucky     |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana    |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana    |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana    |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana    |
| WLKY            | 26                             | N                        | No                         |   | Louisville, Kentucky     |
| WLKY-HD/DT (Sin | 32.1                           | N-M                      | No                         |   | Louisville, Kentucky     |

Form SA3E Long Form (Rev. 05-17)

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AB (2)                                  |                        |  |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |  |
| WLKY-ME TV      | 32.2                           | I-M                      | No                         |   | Louisville, Kentucky   |  |  |
| WMYO            | 51                             | I                        | No                         |   | Salem, Indiana         |  |  |
| WMYO-HD/DT (Si  | 58.1                           | I-M                      | No                         |   | Salem, Indiana         |  |  |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |  |  |
| WRTV-HD/DT (Sir | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |  |  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |  |  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |  |  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |  |
| WTIU            | 14                             | E                        | No                         |   | Bloomington, Indiana   |  |  |
| WTIU-HD/DT (Sim | 30.1                           | E-M                      | No                         |   | Bloomington, Indiana   |  |  |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |  |  |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |  |  |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |  |  |
| WBNA            | 8                              | I                        | No                         |   | Louisville, Kentucky   |  |  |

Primary Transmitters: Television

G

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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.

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- · 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.

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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.

|                                | CHANN   | EL LINE-UP  | AC   |  |  |
|--------------------------------|---|---|--|--|--|
| 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
| 39                             | N   | No  |  | Terre Haute Indiana  |  |
| 39.1                           | N-M   | No  |  | Terre Haute Indiana  |  |
| 10                             | N   | No  |  | Terre Haute Indiana  |  |
| 10.1                           | N-M   | No  |  | Terre Haute Indiana  |  |
| 10.2                           | ı   | No  |  | Terre Haute Indiana  |  |
| 28                             | I   | No  |  | Evansville, Indiana  |  |
| 7.1                            | I-M   | No  |  | Evansville, Indiana  |  |
| 36                             | N   | No  |  | Terre Haute Indiana  |  |
| 36.1                           | N-M   | No  |  | Terre Haute Indiana  |  |
| 22                             | E   | No  |  | Vincennes, Indiana   |  |
| 22.1                           | E-M   | No  |  | Vincennes, Indiana   |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
|                                |   |   |  |  |  |
| h                              |   |   |  |  |  |
|                                | CHANNEL NUMBER  39  39.1  10  10.1  10.2  28  7.1  36  36.1  22 | 2. B'CAST CHANNEL NUMBER STATION  39 N  39.1 N-M  10 N  10.1 N-M  10.2 I  28 I  7.1 I-M  36 N  36.1 N-M  22 E | 2. B'CAST CHANNEL NUMBER STATION STATI | CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           39         N         No           39.1         N-M         No           10         N         No           10.1         N-M         No           10.2         I         No           28         I         No           7.1         I-M         No           36         N         No           36.1         N-M         No           22         E         No |  |

G

**Primary** Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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**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).

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**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.

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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AD                                      |                          |  |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|--------------------------|--|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION   |  |  |
| WAVE            | 47                             | N                        | No                         |   | Louisville, Kentucky     |  |  |
| WAVE-HD/DT (Sir | 3.1                            | N-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WAVE-Bounce T\  | 3.2                            | I-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WAVE-GRIT       | 3.3                            | I-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WBKI            | 19                             | l                        | No                         |   | Campbellsville, Kentucky |  |  |
| WBKI-HD/DT (Sim | 34.1                           | I-M                      | No                         |   | Campbellsville, Kentucky |  |  |
| WBNA            | 8                              | I                        | No                         |   | Louisville, Kentucky     |  |  |
| WCPO            | 22                             | N                        | No                         |   | Cincinnati, Ohio         |  |  |
| WCPO-HD/DT (Sir | 9.1                            | N-M                      | No                         |   | Cincinnati, Ohio         |  |  |
| WDRB            | 49                             | I                        | No                         |   | Louisville, Kentucky     |  |  |
| WDRB-HD/DT (Sir | 41.1                           | I-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WHAS            | 11                             | N                        | No                         |   | Louisville, Kentucky     |  |  |
| WHAS-HD/DT (Sir | 11.1                           | N-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WHAS-Justice Ne | 11.2                           | I-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WHAS-Weather R  | 11.3                           | N-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WLKY            | 26                             | N                        | No                         |   | Louisville, Kentucky     |  |  |
| WLKY-HD/DT (Sin | 32.1                           | N-M                      | No                         |   | Louisville, Kentucky     |  |  |
| WLKY-ME TV      | 32.2                           | I-M                      | No                         |   | Louisville, Kentucky     |  |  |

G

Primary Transmitters: Television

| LEGAL NAME OF OWN  | ER OF CABLE SY    | /STEM:          |                   |                          | SYSTEM ID#   |                         |  |  |  |  |
|--|-------------------|-----------------|-------------------|--------------------------|--|-------------------------|--|--|--|--|
| CMN-RUS, INC.  |                   |                 |                   |                          | 062634   | Name                    |  |  |  |  |
| PRIMARY TRANSMITTE   | RS: TELEVISIO     | DN .            |                   |                          |  |                         |  |  |  |  |
|  |                   |                 |                   |                          | and low power television stations) d only on a part-time basis under   | G                       |  |  |  |  |
| •  |                   |                 |                   | •                        | ain network programs [sections   | Drimany                 |  |  |  |  |
| substitute program bas   |                   |                 | -                 | r(e)(2) and (4))], a     | and (2) certain stations carried on a                                  | Primary<br>Transmitters |  |  |  |  |
|  |                   |                 |                   | s carried by your o      | able system on a substitute program                                    | Television              |  |  |  |  |
| pasis under specifc FC<br>Do not list the station              |                   |                 |                   | e Special Stateme        | ent and Program Log)—if the  |                         |  |  |  |  |
| station was carried  | •                 |                 | ation was carried | t hoth on a substit      | tute basis and also on some other                                      |                         |  |  |  |  |
|  | •                 |                 |                   |                          | f the general instructions located                                     |                         |  |  |  |  |
| in the paper SA3 for   |                   | sian Do not r   | enort origination | n program service        | s such as HBO, ESPN, etc. Identify                                     |                         |  |  |  |  |
|  |                   | -               |                   |                          | tion. For example, report multi-                                       |                         |  |  |  |  |
| ast stream as "WETA<br>VETA-simulcast).                        | -2". Simulcast    | streams must    | be reported in    | column 1 (list each      | n stream separately; for example                                       |                         |  |  |  |  |
| ,  | channel numb      | per the FCC h   | as assigned to    | the television stati     | on for broadcasting over-the-air in                                    |                         |  |  |  |  |
| ts community of licens<br>on which your cable sy               | •                 |                 | annel 4 in Wash   | ington, D.C. This        | may be different from the channel                                      |                         |  |  |  |  |
| Column 3: Indicate   | in each case v    | vhether the st  |                   |                          | ependent station, or a noncommercial                                   |                         |  |  |  |  |
|  | •                 | •               | ,                 |                          | ast), "I" (for independent), "I-M" ommercial educational multicast).   |                         |  |  |  |  |
| or the meaning of the  | se terms, see ¡   | page (v) of the | e general instru  | ctions located in th     | ne paper SA3 form.   |                         |  |  |  |  |
| Column 4: If the sta<br>planation of local service             |                   |                 |                   |                          | es". If not, enter "No". For an ex-                                    |                         |  |  |  |  |
|  |                   |                 |                   |                          | stating the basis on which your  |                         |  |  |  |  |
| cable system carried the carried the carried the distant stati |                   | •               | ٠.                | •                        | tering "LAC" if your cable system                                      |                         |  |  |  |  |
| For the retransmiss  | on of a distant   | multicast stre  | eam that is not s | subject to a royalty     | payment because it is the subject                                      |                         |  |  |  |  |
| -  |                   |                 |                   | •                        | stem or an association representing ry transmitter, enter the designa- |                         |  |  |  |  |
| ion "E" (exempt). For s  | imulcasts, also   | enter "E". If   | you carried the   | channel on any ot        | her basis, enter "O." For a further                                    |                         |  |  |  |  |
|  |                   |                 |                   |                          | d in the paper SA3 form. to which the station is licensed by the       |                         |  |  |  |  |
| CC. For Mexican or C   | anadian statio    | ns, if any, giv | e the name of the | ne community with        | which the station is identifed.  |                         |  |  |  |  |
| Note: If you are utilizin                                      | g multiple char   |                 |                   | ·                        | channel line-up.   |                         |  |  |  |  |
|  |                   | CHANN           | EL LINE-UP        | AD (2)                   |  |                         |  |  |  |  |
| 1. CALL  | 2. B'CAST         | 3. TYPE         | 4. DISTANT?       | 5. BASIS OF              | 6. LOCATION OF STATION   |                         |  |  |  |  |
| SIGN   | CHANNEL<br>NUMBER | OF<br>STATION   | (Yes or No)       | CARRIAGE<br>(If Distant) |  |                         |  |  |  |  |
| WLWT   | 35                | N               | No                | (ii Diotaint)            | Cincinnati, Ohio   |                         |  |  |  |  |
| WLWT-HD/DT (Si   |                   | N-M             | No                |                          | Cincinnati, Ohio   |                         |  |  |  |  |
| WKPC   | 17                | E               | No                |                          | Lexington, Kentucky  |                         |  |  |  |  |
| WMYO   | 51                | <u>-</u>        | No                |                          | Salem, Indiana   |                         |  |  |  |  |
| WMYO-HD/DT (Si   | 58.1              | I-M             | No                |                          | Salem, Indiana   |                         |  |  |  |  |
| WTTV   | 48                | N               | No                |                          | Bloomington, Indiana   |                         |  |  |  |  |
| WTTV-HD/DT (Sin  |                   |                 |                   |                          |  |                         |  |  |  |  |
| WTTV - CW  | 4.1<br>4.2        | N-M<br>I-M      | No                | <u></u>                  | Bloomington, Indiana<br>Bloomington, Indiana                           |                         |  |  |  |  |
|  | 7.4               | 1-141           | 140               |                          | Disconnington, mulana  |                         |  |  |  |  |
|  |                   |                 |                   |                          |  |                         |  |  |  |  |
|  |                   |                 |                   |                          | ļ  |                         |  |  |  |  |
|  |                   | <b> </b>        |                   |                          | ľ l  |                         |  |  |  |  |
|  |                   |                 |                   |                          |  |                         |  |  |  |  |
|  |                   |                 |                   |                          |  |                         |  |  |  |  |
|  |                   |                 |                   |                          |  |                         |  |  |  |  |

#### PRIMARY TRANSMITTERS: TELEVISION

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**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.

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|                 |                                | CHANN                    | EL LINE-UP                 | AE                                      | _                      |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WANE            | 31                             | N                        | No                         |   | Fort Wayne, Indiana    |
| WANE-HD/DT (Sir | 15.1                           | N-M                      | No                         |   | Fort Wayne, Indiana    |
| WANE-Antenna T  | 15.2                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WFFT            | 36                             | l                        | No                         |   | Fort Wayne, Indiana    |
| WFFT-HD/DT (sim | 55.1                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WFWA            | 40                             | Е                        | No                         |   | Fort Wayne, Indiana    |
| WFWA-HD/DT (Si  | 39.1                           | E-M                      | No                         |   | Fort Wayne, Indiana    |
| WFWA-Kids       | 39.2                           | E-M                      | No                         |   | Fort Wayne, Indiana    |
| WFWA-Create     | 39.3                           | Е                        | No                         |   | Fort Wayne, Indiana    |
| WFWA-4you       | 39.4                           | Е                        | No                         |   | Fort Wayne, Indiana    |
| WFYI            | 21                             | Е                        | Yes                        | 0                                       | Indianapolis, Indiana  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | Yes                        | Е                                       | Indianapolis, Indiana  |
| WFYI-Kids       | 20.2                           | E-M                      | Yes                        | 0                                       | Indianapolis, Indiana  |
| WFYI-Create     | 20.3                           | E-M                      | Yes                        | 0                                       | Indianapolis, Indiana  |
| WISE            | 18                             | I                        | No                         |   | Fort Wayne, Indiana    |
| WISE-HD/DT (Sim | 33.1                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |

G

Primary Transmitters: Television

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AE (2)                                  |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WNDY            | 32                             | I                        | No                         |   | Marion, Indiana        |
| WNDY-HD/DT (Sir | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |
| WPTA            | 24                             | N                        | No                         |   | Fort Wayne, Indiana    |
| WPTA-HD/DT (Sin | 21.1                           | N-M                      | No                         |   | Fort Wayne, Indiana    |
| WPTA-DT2        | 21.2                           | N-M                      | No                         |   | Fort Wayne, Indiana    |
| WPTA-DT3        | 21.3                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |
| WRTV-HD/DT (Sin | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |

G

Primary Transmitters: Television

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AF                                      |                        |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |
| WANE            | 31                             | N                        | No                         |   | Fort Wayne, Indiana    |  |
| WANE-HD/DT (Sir | 15.1                           | N-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WANE-Antenna T  | 15.2                           | I-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WFFT            | 36                             | I                        | No                         |   | Fort Wayne, Indiana    |  |
| WFFT-HD/DT (sim | 55.1                           | I-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WFWA            | 40                             | E                        | No                         |   | Fort Wayne, Indiana    |  |
| WFWA-HD/DT (Si  | 39.1                           | E-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WFWA-Kids       | 39.2                           | E-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WFWA-Create     | 39.3                           | Е                        | No                         |   | Fort Wayne, Indiana    |  |
| WFWA-4you       | 39.4                           | E                        | No                         |   | Fort Wayne, Indiana    |  |
| WISE            | 18                             | I                        | No                         |   | Fort Wayne, Indiana    |  |
| WISE-HD/DT (Sim | 33.1                           | I-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WPTA            | 24                             | N                        | No                         |   | Fort Wayne, Indiana    |  |
| WPTA-HD/DT (Sin | 21.1                           | N-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WPTA-DT2        | 21.2                           | N-M                      | No                         |   | Fort Wayne, Indiana    |  |
| WPTA-DT3        | 21.3                           | I-M                      | No                         |   | Fort Wayne, Indiana    |  |
|                 | •                              |                          |                            |   |                        |  |
|                 |                                | <b></b>                  |                            |   |                        |  |

G

Primary Transmitters: Television

#### 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 specifc FCC rules, regulations, or authorizations:

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- 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.

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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AG                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WANE            | 31                             | N                        | No                         |   | Fort Wayne, Indiana    |
| WANE-HD/DT (Sir | 15.1                           | N-M                      | No                         |   | Fort Wayne, Indiana    |
| WANE-Antenna T  | 15.2                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WFFT            | 36                             | ı                        | No                         |   | Fort Wayne, Indiana    |
| WFFT-HD/DT (sim | 55.1                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WFWA            | 40                             | E                        | No                         |   | Fort Wayne, Indiana    |
| WFWA-HD/DT (Si  | 39.1                           | E-M                      | No                         |   | Fort Wayne, Indiana    |
| WFWA-Kids       | 39.2                           | E-M                      | No                         |   | Fort Wayne, Indiana    |
| WFWA-Create     | 39.3                           | E                        | No                         |   | Fort Wayne, Indiana    |
| WFWA-4you       | 39.4                           | Е                        | No                         |   | Fort Wayne, Indiana    |
| WISE            | 18                             | I                        | No                         |   | Fort Wayne, Indiana    |
| WISE-HD/DT (Sim | 33.1                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
| WPTA            | 24                             | N                        | No                         |   | Fort Wayne, Indiana    |
| WPTA-HD/DT (Sin | 21.1                           | N-M                      | No                         |   | Fort Wayne, Indiana    |
| WPTA-DT2        | 21.2                           | N-M                      | No                         |   | Fort Wayne, Indiana    |
| WPTA-DT3        | 21.3                           | I-M                      | No                         |   | Fort Wayne, Indiana    |
|                 |                                |                          |                            |   |                        |
|                 | •                              |                          |                            |   |                        |

G

Primary Transmitters: Television

#### 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.

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**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.

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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AH                                      |                        |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |
| WCLJ            | 42                             | I                        | No                         |   | Bloomington, Indiana   |  |
| WCPO            | 22                             | N                        | No                         |   | Cincinnati, Ohio       |  |
| WCPO-HD/DT (Si  | 9.1                            | N-M                      | No                         |   | Cincinnati, Ohio       |  |
| WFYI            | 21                             | Е                        | Yes                        | 0                                       | Indianapolis, Indiana  |  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | Yes                        | E                                       | Indianapolis, Indiana  |  |
| WFYI-Kids       | 20.2                           | E-M                      | Yes                        | 0                                       | Indianapolis, Indiana  |  |
| WFYI-Create     | 20.3                           | E-M                      | Yes                        | 0                                       | Indianapolis, Indiana  |  |
| WHMB            | 20                             | I                        | No                         |   | Indianapolis, Indiana  |  |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WIPX            | 27                             | I                        | No                         |   | Bloomington, Indiana   |  |
| WIPX-HD/DT (Sim | 63.1                           | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WIPX-lon Life   | 63.3                           | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana  |  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WLWT            | 35                             | N                        | No                         |   | Cincinnati, Ohio       |  |

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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- 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.

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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AH (2)                                  |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WLWT-HD/DT (Sir | 5.1                            | N-M                      | No                         |   | Cincinnati, Ohio       |
| WNDY            | 32                             | I                        | No                         |   | Marion, Indiana        |
| WNDY-HD/DT (Sir | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |
| WRTV-HD/DT (Sin | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |
| WXIN            | 45                             | I                        | No                         |   | Indianapolis, Indiana  |
| WXIN-HD/DT (Sim | 59.1                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-Antenna TV | 59.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |

G

Primary Transmitters: Television

| FORM SA3E. PAGE 3.   |   |   |  |  | OVOTEM ID#  |   |
|--|---|---|--|--|---|---|
| CMN DUS INC  |   | YSTEM:  |  |  | SYSTEM ID#<br>062634  | Name  |
| CMN-RUS, INC   |   |   |  |  | 002034  |   |
| PRIMARY TRANSMITTI   |   |   |  |  |   |   |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program bas<br>Substitute Basis S                | system during to<br>ions in effect of<br>6.61(e)(2) and (<br>sis, as explaine<br>fations: With      | he accounting<br>n June 24, 19<br>4), or 76.63 (led in the next<br>respect to any                       | g period, except<br>81, permitting th<br>referring to 76.6<br>paragraph.<br>distant stations                           | (1) stations carrie<br>ne carriage of certa<br>1(e)(2) and (4))]; a  | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program | <b>G</b> Primary  Transmitters:  Television |
| <ul> <li>basis under specifc FC</li> <li>Do not list the station<br/>station was carried</li> </ul>  | here in space   | G-but do lis  |  | e Special Stateme  | ent and Program Log)—if the   |   |
| <ul> <li>List the station here,<br/>basis. For further in<br/>in the paper SA3 for</li> </ul>  | and also in spa<br>formation cond<br>rm.  | ace I, if the state<br>erning substi  | tute basis station   | ns, see page (v) o   | ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify  |   |
| each multicast stream  | associated wit  | h a station ac  | cording to its over  | er-the-air designa   | tion. For example, report multi-<br>n stream separately; for example  |   |
| WETA-simulcast).   |   |   | ·  | •  |   |   |
|  |   |   |  |  | on for broadcasting over-the-air in may be different from the channel   |   |
| on which your cable sy   |   |   | tation is a netwo  | ork station, an inde   | pendent station, or a noncommercial   |   |
| educational station, by<br>(for independent multi<br>For the meaning of the<br>Column 4: If the st<br>planation of local servi             | entering the lecast), "E" (for nese terms, see ation is outside ce area, see page 2.5.              | etter "N" (for noncommercial page (v) of the the local servage (v) of the                               | etwork), "N-M" (<br>I educational), o<br>e general instruo<br>vice area, (i.e. "o<br>general instructi                 | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the    | ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form.                                 |   |
| cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For | he distant station on a part-tilision of a distant tentered into o a primary trans simulcasts, also | on during the<br>me basis beca<br>multicast stre<br>n or before Ju<br>mitter or an a<br>o enter "E". If | accounting perion accounting perion accounting the seam that is not some 30, 2009, be association repreyou carried the | od. Indicate by entactivated channel of subject to a royalty etween a cable system to the primatic channel on any of | payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further                                    |   |
|  |   |   |  |  | d in the paper SA3 form.  to which the station is licensed by the   |   |
| FCC. For Mexican or 0  | Canadian statio   | ns, if any, giv   | e the name of th   | ne community with  | which the station is identifed.   |   |
| Note: If you are utilizing   | ng multiple chai  | • •   | •  | •  | cnannel line-up.  |   |
|  | 1   | CHANN   | EL LINE-UP   | AH (3)   |   |   |
| 1. CALL  | 2. B'CAST   | 3. TYPE   | 4. DISTANT?  | 5. BASIS OF  | 6. LOCATION OF STATION  |   |
| SIGN   | CHANNEL<br>NUMBER   | OF<br>STATION   | (Yes or No)  | CARRIAGE<br>(If Distant)   |   |   |
| WXIN-This TV   | 59.3  | I-M   | No   | (II Distant)   | Indianapolis, Indiana   |   |
| AAVIIA-11112 1 A   | 39.3  | 1-141   | NO   |  |   |   |
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#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | Al                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WCLJ            | 42                             | ı                        | No                         |   | Bloomington, Indiana   |
| WFYI            | 21                             | E                        | No                         |   | Indianapolis, Indiana  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Kids       | 20.2                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Create     | 20.3                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WHMB            | 20                             | I                        | No                         |   | Indianapolis, Indiana  |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WIPB            | 23                             | E                        | No                         |   | Muncie, Indiana        |
| WIPB-HD/DT (Sim | 49.1                           | E-M                      | No                         |   | Muncie, Indiana        |
| WIPB-Create     | 49.2                           | E-M                      | No                         |   | Muncie, Indiana        |
| WIPB - Weather  | 49.3                           | I-M                      | No                         |   | Muncie, Indiana        |
| WIPX            | 27                             | I                        | No                         |   | Bloomington, Indiana   |
| WIPX-HD/DT (Sim | 63.1                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Ion Life   | 63.3                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |

G

Primary Transmitters: Television

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AI (2)                                  |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WNDY            | 32                             | ı                        | No                         |   | Marion, Indiana        |
| WNDY-HD/DT (Sir | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |
| WRTV-HD/DT (Sin | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |
| WXIN            | 45                             | I                        | No                         |   | Indianapolis, Indiana  |
| WXIN-HD/DT (Sim | 59.1                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-Antenna TV | 59.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |

G

Primary Transmitters: Television

| FURM SAJE. PAGE 3.   |  |   |   |  | 0)/07514 ID//  |  |
|--|--|---|---|--|--|--|
| CMN-RUS, INC   |  | YSTEM:  |   |  | SYSTEM ID#<br>062634   | Name                                   |
| PRIMARY TRANSMITTI   | ERS: TELEVISION  | ON  |   |  |  |  |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program base   | system during to<br>ions in effect of<br>5.61(e)(2) and (<br>sis, as explaine  | he accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next   | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.   | (1) stations carrie<br>ne carriage of cert<br>1(e)(2) and (4))]; a   | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a  | Primary<br>Transmitters:<br>Television |
| basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th 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 st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the | CC rules, regular here in space only on a substand also in spatformation concurrs. The station's call associated with a second carries. For example ystem carried the in each case of the cast), "E" (for nese terms, see ation is outside ice area, see prave entered "Y he distant staticion on a part-tilision of a distant tentered into of a primary trans simulcasts, also ree categories e location of each | ations, or auth G—but do listitute basis. ace I, if the state that sign. Do not a station ac streams must ber the FCC has, WRC is Change (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stream ac on the end of the column or designed that is the local servage (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Fo | tit in space I (the ation was carried tute basis station report origination cording to its own to be reported in the assigned to annel 4 in Wash tation is a network ation is a network area, (i.e. "General instruct 4, you must cordinate of lack of a seam that is not some 30, 2009, be ssociation repreyou carried the or U.S. stations, | d both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This lork station, an indefor network multiple of "E-M" (for noncotions located in the implete column 5, and Indicate by entitivated channel of subject to a royalty steween a cable systement of the primal channel on any of instructions located list the community | ent and Program Log)—if the tute basis and also on some other if the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example tion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The pap |  |
| Note: If you are utilizing   | ng multiple chai   |   |   | <u>'</u>   | channel line-up.   |  |
|  |  | CHANN   | EL LINE-UP  | AI (3)   |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
| WXIN-This TV   | 59.3   | I-M   | No  |  | Indianapolis, Indiana  |  |
|  |  |   |   |  |  |  |
|  | <b></b>  |   |   |  |  |  |

#### 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.

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|                 |                                | CHANN                    | EL LINE-UP                 | AJ                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |
| WRTV-HD/DT (Sir | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WNDY            | 32                             | I                        | No                         |   | Marion, Indiana        |
| WNDY-HD/DT (Sir | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |
| WISH            | 9                              | ı                        | No                         |   | Indianapolis, Indiana  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WHMB            | 20                             | I                        | No                         |   | Indianapolis, Indiana  |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WIPB            | 23                             | E                        | Yes                        | 0                                       | Muncie, Indiana        |
| WIPB-HD/DT (Sim | 49.1                           | E-M                      | Yes                        | E                                       | Muncie, Indiana        |

G

Primary Transmitters: Television

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name

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 ECC rules and regulations in effect on June 24, 1981, permitting the carriage of certain petwork programs [sections

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 licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AJ (2)                                  |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WIPB-Create     | 49.2                           | E-M                      | Yes                        | О                                       | Muncie, Indiana        |
| WIPB - Weather  | 49.3                           | I-M                      | Yes                        | 0                                       | Muncie, Indiana        |
| WXIN            | 45                             | I                        | No                         |   | Indianapolis, Indiana  |
| WXIN-HD/DT (Sim | 59.1                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-Antenna TV | 59.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-This TV    | 59.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WCLJ            | 42                             | l                        | No                         |   | Bloomington, Indiana   |
| WIPX            | 27                             | I                        | No                         |   | Bloomington, Indiana   |
| WIPX-HD/DT (Sim | 63.1                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WFYI            | 21                             | E                        | No                         |   | Indianapolis, Indiana  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Kids       | 20.2                           | E-M                      | No                         |   | Indianapolis, Indiana  |

| FURM SAJE. PAGE 3.   |  |  |   |   | A\/A==11 != "   | I                        |
|--|--|--|---|---|---|--------------------------|
| CMN-RUS, INC   |  | YSTEM:   |   |   | SYSTEM ID#<br>062634  | Name                     |
| PRIMARY TRANSMITT  | ERS: TELEVISION  | ON   |   |   |   |                          |
| carried by your cable<br>FCC rules and regula<br>76.59(d)(2) and (4), 7<br>substitute program ba   | system during to<br>tions in effect of<br>6.61(e)(2) and<br>asis, as explained   | the accounting<br>n June 24, 19<br>(4), or 76.63 (<br>ed in the next   | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.   | t (1) stations carrie<br>ne carriage of cert<br>s1(e)(2) and (4))];   | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a   | Primary<br>Transmitters: |
| basis under specifc F     Do not list the station station was carried     List the station here basis. For further i in the paper SA3 f     Column 1: List ea each multicast stream cast stream as "WETA-simulcast).     Column 2: Give the its community of licen on which your cable s     Column 3: Indicate educational station, be (for independent multicate for the meaning of the Column 4: If the seplanation of local service carried the distant state for the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these tecolumn 6: Give the | CC rules, regular here in space of only on a subset, and also in spanformation concorm.  In associated with A-2". Simulcast the channel number in each case by entering the letter in each case by entering the letter is outside vice area, see phave entered "Ye the distant state is on a part-tilision of a distant at entered into contain a simulcasts, also three categories are location of each canadian static | ations, or authorized attentions, or authorized attentions, or authorized attentions, or authorized attentions, and of the station active attentions, and of the attentions of the station.  Whether the station active and of the attention attention and attention and attention attention on during the attention or during the attention or and on on the attention or and on on the attention or and a one attention. For any given attention, and any given attention attention attention, and attention a | norizations: It it in space I (the ation was carried tute basis station report origination cording to its over the reported in the assigned to annel 4 in Wash tation is a network), "N-M" (Il educational), or egeneral instruct 4, you must con accounting perioduse of lack of a seam that is not some 30, 2009, be ssociation repression you carried the lar U.S. stations, rethe name of the | ne Special Statem d both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television state inington, D.C. This bork station, an indefor network multipor "E-M" (for noncotions located in the distant"), enter "Yetions located in the inplete column 5, and Indicate by enactivated channel subject to a royalty etween a cable sy esenting the primal channel on any of instructions located list the community with | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ttering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. | Television               |
| Note: If you are utilize   | Tig multiple cha   | •  | EL LINE-UP  | •   | спапно ппо-ар.  |                          |
|  | T  |  |   | . ,   |   |                          |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                          |
| WFYI-Create  | 20.3   | E-M  | No  |   | Indianapolis, Indiana   |                          |
|  |  |  |   |   |   |                          |
|  |  |  |   |   |   |                          |

#### 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 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.
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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AK                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WCLJ            | 42                             | l                        | No                         |   | Bloomington, Indiana   |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |
| WTIU            | 14                             | E                        | No                         |   | Bloomington, Indiana   |
| WTIU-HD/DT (Sim | 30.1                           | E-M                      | No                         |   | Bloomington, Indiana   |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |
| WRTV-HD/DT (Sir | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WNDY            | 32                             | l                        | No                         |   | Marion, Indiana        |
| WNDY-HD/DT (Sir | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WHMB            | 20                             | I _                      | No                         |   | Indianapolis, Indiana  |

\_\_\_

Primary Transmitters: Television

G

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AK (2)                                  |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN            | 45                             | I                        | No                         |   | Indianapolis, Indiana  |
| WXIN-HD/DT (Sim | 59.1                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-Antenna T\ | 59.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-This TV    | 59.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WIPX            | 27                             | I                        | No                         |   | Bloomington, Indiana   |
| WIPX-HD/DT (Sim | 63.1                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-lon Life   | 63.3                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WFYI            | 21                             | E                        | No                         |   | Indianapolis, Indiana  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Kids       | 20.2                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Create     | 20.3                           | E-M                      | No                         |   | Indianapolis, Indiana  |

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634

#### 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.

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- 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.

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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.

|                 |                                | CHANN                    | AL                         |   |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |
| WRTV-HD/DT (Sir | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |
| WNDY            | 32                             | I                        | No                         |   | Marion, Indiana        |
| WNDY-HD/DT (Sir | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |
| WHMB            | 20                             | I                        | No                         |   | Indianapolis, Indiana  |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WIPB            | 23                             | E                        | Yes                        | 0                                       | Muncie, Indiana        |
| WIPB-HD/DT (Sim | 49.1                           | E-M                      | Yes                        | E                                       | Muncie, Indiana        |
| WIPB-Create     | 49.2                           | E-M                      | Yes                        | 0                                       | Muncie, Indiana        |
| WIPB-Weather    | 49.3                           | E-M                      | Yes                        | 0                                       | Muncie, Indiana        |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |

**Primary** Transmitters: Television

G

#### 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.

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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| •               | •                              | • •                      | •                          | •                                       | ·                         |
|-----------------|--------------------------------|--------------------------|----------------------------|---|---------------------------|
|                 |                                | CHANN                    | AL (2)                     |   |                           |
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION    |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana     |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana     |
| WLFI            | 11                             | N                        | No                         |   | West Layfatyette, Indiana |
| WLFI-HD/DT (Sim | 18.1                           | N-M                      | No                         |   | West Layfatyette, Indiana |
| WLFI-GetTV      | 18.2                           | I-M                      | No                         |   | West Layfatyette, Indiana |
| WFYI            | 21                             | Е                        | No                         |   | Indianapolis, Indiana     |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | No                         |   | Indianapolis, Indiana     |
| WFYI-Kids       | 20.2                           | E-M                      | No                         |   | Indianapolis, Indiana     |
| WFYI-Create     | 20.3                           | E-M                      | No                         |   | Indianapolis, Indiana     |
| WPBI-LD         | 16.1                           | ı                        | No                         |   | Lafayette, Indiana        |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana     |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana     |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana     |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana     |
|                 |                                |                          |                            |   |                           |
|                 |                                |                          |                            |   |                           |
|                 |                                |                          |                            |   |                           |
|                 | T                              |                          |                            |   |                           |

G

Primary Transmitters: Television

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AM                                      |                        |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |
| WCLJ            | 42                             | I                        | No                         |   | Bloomington, Indiana   |  |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |  |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |  |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |  |
| WRTV-HD/DT (Sir | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WNDY            | 32                             | I                        | No                         |   | Marion, Indiana        |  |
| WNDY-HD/DT (Sii | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |  |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |  |
| WISH            | 9                              | I                        | No                         |   | Indianapolis, Indiana  |  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WHMB            | 20                             | I                        | No                         |   | Indianapolis, Indiana  |  |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WXIN            | 45                             | I                        | No                         |   | Indianapolis, Indiana  |  |

G

Primary Transmitters: Television

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

| •               | •                              | • •                      | •                          | •                                       | •                      |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
|                 |                                | CHANN                    | AM (2)                     |   |                        |
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WXIN-HD/DT (Sim | 59.1                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-Antenna T\ | 59.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WXIN-This TV    | 59.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |
| WIPX            | 27                             | I                        | No                         |   | Bloomington, Indiana   |
| WIPX-HD/DT (Sim | 63.1                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WIPX-Ion Life   | 63.3                           | I-M                      | No                         |   | Bloomington, Indiana   |
| WFYI            | 21                             | Е                        | No                         |   | Indianapolis, Indiana  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Kids       | 20.2                           | E-M                      | No                         |   | Indianapolis, Indiana  |
| WFYI-Create     | 20.3                           | E-M                      | No                         |   | Indianapolis, Indiana  |
|                 |                                |                          |                            |   |                        |
|                 |                                |                          |                            |   |                        |
|                 |                                |                          |                            |   |                        |

Form SA3E Long Form (Rev. 05-17)

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AN                                      |                        |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |
| WCLJ            | 42                             | I                        | No                         |   | Bloomington, Indiana   |  |
| WTTV            | 48                             | N                        | No                         |   | Bloomington, Indiana   |  |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |  |
| WTTV - CW       | 4.2                            | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WRTV            | 25                             | N                        | No                         |   | Indianapolis, Indiana  |  |
| WRTV-HD/DT (Sir | 6.1                            | N-M                      | No                         |   | Indianapolis, Indiana  |  |
| WRTV-Grit       | 6.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WRTV-Laff       | 6.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WNDY            | 32                             | ı                        | No                         |   | Marion, Indiana        |  |
| WNDY-HD/DT (Sii | 23.1                           | I-M                      | No                         |   | Marion, Indiana        |  |
| WNDY-Bounce T\  | 23.2                           | I-M                      | No                         |   | Marion, Indiana        |  |
| WISH            | 9                              | l                        | No                         |   | Indianapolis, Indiana  |  |
| WISH-HD/DT (sim | 8.1                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WISH-getTV      | 8.2                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WISH-Justice    | 8.3                            | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WHMB            | 20                             | I                        | No                         |   | Indianapolis, Indiana  |  |
| WHMB-World Har  | 40.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WXIN            | 45                             | I                        | No                         |   | Indianapolis, Indiana  |  |

G

Primary Transmitters: Television

#### 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 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.

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**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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AN (2)                                  |                        |  |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|--|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |  |
| WXIN-HD/DT (Sim | 59.1                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WXIN-Antenna TV | 59.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WXIN-This TV    | 59.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WTHR            | 13                             | N                        | No                         |   | Indianapolis, Indiana  |  |
| WTHR-HD/DT (Sir | 13.1                           | N-M                      | No                         |   | Indianapolis, Indiana  |  |
| WTHR-Cozi TV    | 13.2                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WTHR-Me-TV      | 13.3                           | I-M                      | No                         |   | Indianapolis, Indiana  |  |
| WIPX            | 27                             | I                        | No                         |   | Bloomington, Indiana   |  |
| WIPX-HD/DT (Sim | 63.1                           | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WIPX-Qubo       | 63.2                           | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WIPX-Ion Life   | 63.3                           | I-M                      | No                         |   | Bloomington, Indiana   |  |
| WFYI            | 21                             | Е                        | No                         |   | Indianapolis, Indiana  |  |
| WFYI-HD/DT (Sim | 20.1                           | E-M                      | No                         |   | Indianapolis, Indiana  |  |
| WFYI-Kids       | 20.2                           | E-M                      | No                         |   | Indianapolis, Indiana  |  |
| WFYI-Create     | 20.3                           | E-M                      | No                         |   | Indianapolis, Indiana  |  |
| WIPB            | 23                             | E                        | No                         |   | Muncie, Indiana        |  |
| WIPB-HD/DT (Sim | 49.1                           | E-M                      | No                         |   | Muncie, Indiana        |  |
| WIPB-Create     | 49.2                           | E-M                      | No                         |   | Muncie, Indiana        |  |

G

Primary Transmitters: Television

|  |  |  |  | 0/07514 10#  |  |
|--|--|--|--|--|--|
|  | YSTEM:   |  |  | 062634   | Name   |
| RS: TELEVISION   | ON   |  |  |  |  |
| G, identify ever<br>system during to<br>ions in effect or<br>6.61(e)(2) and (<br>6.61(e)(2) and (<br>6.61( | y television sthe accounting of June 24, 19 4), or 76.63 (and in the next respect to any actions, or auth G—but do listitute basis. ace I, if the stateming substitute sign. Do not the a station ac streams must ber the FCC he, WRC is Ch  | g period, except 181, permitting the referring to 76.6 paragraph. It is a paragraph with the referring to 76.6 paragraph. It is space I (the referring to a paragraph with the station was carried that the basis station report origination coording to its ow the reported in the reported in the response of the response of the reported in the response of the response o | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati   | and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in   | G<br>Primary<br>Transmitters:<br>Television  |
| e in each case of the entering the lecast), "E" (for not ese terms, see ation is outside ce area, see propose entered "Y in the entered entere   | whether the setter "N" (for noncommercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an aco enter "E". If a see page (v) ch station. Foons, if any, givennel line-ups,   | network), "N-M" (all educational), of e general instructivice area, (i.e. "of general instruction 4, you must confide accounting period accounting period ause of lack of a geam that is not sune 30, 2009, be association represent you carried the of the general for U.S. stations, we the name of the use a separate   | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5,<br>od. Indicate by en-<br>activated channel of<br>subject to a royalty<br>etween a cable systemen a cable sys-<br>esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>are community with<br>space G for each   | ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. ss". If not, enter "No". For an ex- expaper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. repayment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. repay to which the station is licensed by the matches the station is identifed.  |  |
|  | CHANN  | EL LINE-UP   | AN (3)   |  |  |
| 2. B'CAST<br>CHANNEL<br>NUMBER   |  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
| 49.3   | I-M  | No   |  | Muncie, Indiana  |  |
|  | ERS: TELEVISIO G, identify every system during to consine effect of a fations: With a consine end and also in spations are channel numbers. Simulcast end arrived the in each case of a channel number and a consideration is outsided as a constant static in on a part-timition of a distant at entered into on a primary transistic entered into on a part-timited into o | Graidentify every television staystem during the accounting ions in effect on June 24, 19, 61 (e)(2) and (4), or 76.63 (stations: With respect to any Corules, regulations, or authorized in space G—but do list only on a substitute basis. and also in space I, if the station concerning substirm.  In station's call sign. Do not associated with a station accept. Simulcast streams must be channel number the FCC I is echannel number the FCC I is echannel number the station. It is eneath case whether the separate in each case page (v) of the atom is outside the local service area, see page (v) of the atom is outside the local service area, see page (v) of the atom is outside the local service area, see page (v) of the atom on a part-time basis become of a distant multicast stream in the entered into on or before Julia primary transmitter or an assimulcasts, also enter "E". If the primary transmitter or an assimulcasts, also enter "E". If the primary transmitter or an assimulcasts, also enter "E". If the primary transmitter or an assimulcasts, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast, also enter "E". If the primary transmitter or an assimulcast and the primary tran | ERS: TELEVISION  G, identify every television station (including system during the accounting period, except ions in effect on June 24, 1981, permitting the 3.61(e)(2) and (4), or 76.63 (referring to 76.6 sis, as explained in the next paragraph.  Stations: With respect to any distant stations: Crules, regulations, or authorizations: here in space G—but do list it in space I (thronly on a substitute basis. and also in space I, if the station was carried formation concerning substitute basis station rm.  In the station's call sign. Do not report origination associated with a station according to its overal. Simulcast streams must be reported in the echannel number the FCC has assigned to be channel number the station.  In each case whether the station is a network entering the letter "N" (for network), "N-M" (cast), "E" (for noncommercial educational), cast), "E" (for noncommercial educational), cast, "E" (for noncommercial educational), c | GRS: TELEVISION  G, identify every television station (including translator stations system during the accounting period, except (1) stations carrier ions in effect on June 24, 1981, permitting the carriage of certs (a.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your of Crules, regulations, or authorizations:  There in space G—but do list it in space I (the Special Stateme only on a substitute basis.  and also in space I, if the station was carried both on a substitiformation concerning substitute basis station's call sign. Do not report origination program service associated with a station according to its over-the-air designa -2". Simulcast streams must be reported in column 1 (list each end channel number the FCC has assigned to the television static endering the letter "N" (for network), "N-M" (for network multic each case whether the station is a network station, an independent of the station.  The entering the letter "N" (for network), "N-M" (for network multic each case whether the station is a network station, an independent of the station is outside the local service area, (i.e. "distant"), enter "Year (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "B-M" (for noncommercial educational), or "B- | ERS: TELEVISION  3, identify every television station (including translator stations and low power television stations) system during the accounting period, except (1) stations carried only on a part-time basis under ions in effect on June 24, 1981, permitting the carriage of certain network programs [sections .61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a sis, as explained in the next paragraph.  Stations: With respect to any distant stations carried by your cable system on a substitute program CC rules, regulations, or authorizations:  Inhere in space 6—but do list it in space I (the Special Statement and Program Log)—if the only on a substitute basis and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions located m.  In station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify associated with a station according to its over-the-air designation. For example, report multi-exc. Simulcast streams must be reported in column 1 (list each stream separately; for example exchannel number the FCC has assigned to the television station for broadcasting over-the-air in se. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel stem carried the station.  In each case whether the station is a network station, an independent station, or a noncommercial entering the letter "N" (for network), "N-M" (for noncommercial educational multicast), "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), asset terms, see page (v) of the general instructions located in the paper SA3 form.  Station of a collection of the paper sad form.  The distant multicast stream that is not subject to a royalty payment because it is the subject centered "Yes" in column 4, you must complete column 5, stating the basis on which your need is distant multicast st |

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

#### 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

|                 |                                | CHANN                    | EL LINE-UP                 | AO                                      |                        |
|-----------------|--------------------------------|--------------------------|----------------------------|---|------------------------|
| 1. CALL<br>SIGN | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |
| WMAQ-HD/DT      | 5.1                            | N                        | No                         |   | Chicago, Illinois      |
| WMAQ-COZI TV    | 5.2                            | I-M                      | No                         |   | Chicago, Illinois      |
| WBBM            | 12                             | N                        | No                         |   | Chicago, Illinois      |
| WBBM-HD/DT (Si  | 2.1                            | N-M                      | No                         |   | Chicago, Illinois      |
| WLS             | 44                             | N                        | No                         |   | Chicago, Illinois      |
| WLS-HD/DT (Simi | 7.1                            | N-M                      | No                         |   | Chicago, Illinois      |
| WPWR-CW         | 51                             | I                        | No                         |   | Gary, Indiana          |
| WPWR-Movies!    | 50.2                           | I-M                      | No                         |   | Gary, Indiana          |
| WPWR-Buzzr      | 50.4                           | I-M                      | No                         |   | Gary, Indiana          |
| WCPX-HD/DT      | 38.1                           | I                        | No                         |   | Chicago, Illinois      |
| WFLD-HD/DT      | 32.1                           | I                        | No                         |   | Chicago, Illinois      |
| WTTV-HD/DT (Sin | 4.1                            | N-M                      | No                         |   | Bloomington, Indiana   |
| WYIN-HD/DT      | 56.1                           | E-M                      | No                         |   | Gary, Indiana          |
| WYIN-NHK World  | 56.2                           | E-M                      | No                         |   | Gary, Indiana          |
|                 |                                |                          |                            |   |                        |
|                 |                                |                          |                            |   |                        |
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| FORM SA3E. PAGE 3.   |            |      |
|--|------------|------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID# |      |
| CMN-RUS, INC.  | 062634     | Name |
| PRIMARY TRANSMITTERS: TELEVISION   |            |      |
| In General: In space G, identify every television station (including translator stations and low | . ,        | 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 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 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.

|                                | CHANN  | EL LINE-UP   | AP   |  |  |
|--------------------------------|--|--|--|--|--|
| 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION                               | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
| 9                              | Е  | No   |  | Urbana, Illinois   |  |
| 25.1                           | N  | No   |  | Bloomington, Illinois  |  |
| 25.2                           | N-M  | No   |  | Bloomington, Illinois  |  |
| 25.3                           | I-M  | No   |  | Bloomington, Illinois  |  |
| 30                             | N  | No   |  | Bloomington, Illinois  |  |
| 31.2                           | I-M  | No   |  | Bloomington, Illinois  |  |
| 39                             | I  | No   |  | Bloomington, Illinois  |  |
| 28                             | ı  | No   |  | Bloomington, Illinois  |  |
| 43.3                           | I-M  | No   |  | Bloomington, Illinois  |  |
| 46                             | E  | No   |  | Peoria, Illinois   |  |
| 47.3                           | E-M  | No   |  | Peoria, Illinois   |  |
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|                                |  |  |  |  |  |
|                                | CHANNEL NUMBER  9 25.1 25.2 25.3 30 31.2 39 28 43.3 46 | 2. B'CAST CHANNEL NUMBER STATION  9 E 25.1 N 25.2 N-M 25.3 I-M 30 N 31.2 I-M 39 I 28 I 43.3 I-M 46 E | 2. B'CAST CHANNEL NUMBER STATION STATION  9 E NO 25.1 N NO 25.2 N-M NO 25.3 I-M NO 30 N NO 31.2 I-M NO 39 I NO 28 I NO 43.3 I-M NO 46 E NO | CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           9         E         No           25.1         N         No           25.2         N-M         No           25.3         I-M         No           30         N         No           31.2         I-M         No           39         I         No           28         I         No           43.3         I-M         No           46         E         No |  |

**Primary** Transmitters: Television

ACCOUNTING PERIOD: 2017/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. 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/           |  |  |
|--|--|--|--|--|--|--|--|-----------------|-------------------------|--|--|
| LEGAL NAME OF OWNER OF CMN-RUS, INC.   | CABLE SYST   | ſEM:   |  |  |  |  | S  | 062634          | Name                    |  |  |
| SUBSTITUTE CARRIAGE  |  |  |  |  |  |  |  |                 |                         |  |  |
| In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm  | ccounting pe   | eriod, under spe   | ecific present and former FC   | C rules, regula  | ations, or a   | authoriza  | ations. F  | or a further    | Substitute<br>Carriage: |  |  |
| 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  |  |  |  |  |  |  |  |                 |                         |  |  |
| <b>Note:</b> If your answer is "No log in block 2.   |  | rest of this pag   | ge blank. If your answer is  | "Yes," you mι  | ust comple   |  |  | z. z.           | Program Log             |  |  |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | titute progra ace, please a of every nor distant stati egulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast static nadian static nth and day ve "5/7." es when the Example: a er "R" if the and regulatio rogramming | am on a separa<br>attach addition,<br>nnetwork telev<br>ion and that your<br>or authorization<br>of use general of<br>BA Basketball:<br>dcast live, ente<br>station broadca<br>on's location (thons, if any, the<br>when your sys<br>e substitute pro<br>a program carri<br>listed program<br>ons in effect du | al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period | orogram) that, d for the progueral instruction "basketball".  No." or station is lice station is ider program. Use cable system.  15 p.m. to 6:2 or maining that yell; enter the let | during the ramming ons located List special sp | e accour<br>of anoth<br>d in the piffic prog<br>ne FCC<br>, with the<br>mes account<br>should<br>m was rene listed | nting ner stati paper gram  or, in ne mont curately be equired | th<br>/         |                         |  |  |
|  |  | TE PROGRAM   | 1  |  | EN SUBS  |  |  | 7. REASON       |                         |  |  |
| TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No  | 3. STATION'S<br>CALL SIGN  |  | 5. MONTH<br>AND DAY  |  |  | то   | FOR<br>DELETION |                         |  |  |
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FORM SA3E, PAGE 6.

**ACCOUNTING PERIOD: 2017/1** SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. **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. L NAME OF OWNER OF CABLE SYSTEM:  |                                      | SYSTEM ID#   |  |  |  |  |  |  |
|---|---|--------------------------------------|--------------|--|--|--|--|--|--|
| СМ  | N-RUS, INC.   |                                      | 062634       | Name   |  |  |  |  |  |
| Inst<br>all a<br>(as i<br>page  | PSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secundaritied in space E) during the accounting period. For a further explanation of how to content of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  DRTANT: You must complete a statement in space P concerning gross receipts.   | ondary transmiss<br>compute this amo | sion service | <b>K</b><br>Gross Receipts   |  |  |  |  |  |
| • Con • Con • If you fee to   | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the air rom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable propanying this form and attach the schedule to your statement of account. | arts of the DSE \$                   | Schedule     | L<br>Copyright<br>Royalty Fee  |  |  |  |  |  |
|   | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b<br>k 3 below.  | e entered on line                    | e 1 of       |  |  |  |  |  |  |
| ▶ If pa<br>3 be   | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.  | entered on line 2                    | in block     |  |  |  |  |  |  |
|   | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.  | uld be entered o                     | n line       |  |  |  |  |  |  |
| 2 in block 4 below.  Block  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K  \$ 3,447,242.58 |   |                                      |              |  |  |  |  |  |  |
|   | Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  |                                      |              |  |  |  |  |  |  |
|   | This is your minimum fee.   | \$                                   | 36,678.66    |  |  |  |  |  |  |
| Block<br>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 X 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  | nn 4, you must c                     | heck         |  |  |  |  |  |  |
| Block<br>3  | 4, or part 9, block A of the DSE schedule. If none, enter zero  | \$                                   | 9,366.03     |  |  |  |  |  |  |
|   | Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero  |                                      | 0.00         |  |  |  |  |  |  |
|   | Line 3. Add lines 1 and 2 and enter here  | \$                                   | 9,366.03     |  |  |  |  |  |  |
| Block<br>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,   | \$                                   | 36,678.66    | Cable systems  |  |  |  |  |  |
|   | whichever is larger  Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7  (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente   | r                                    | 0.00         | Cable systems<br>submitting<br>additional                              |  |  |  |  |  |
|   | zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)   |                                      | 0.00         | deposits under<br>Section 111(d)(7)<br>should contact<br>the Licensing |  |  |  |  |  |
|   | Line 4. FILING FEE  | \$                                   | 725.00       | additional fees. Division for the                                      |  |  |  |  |  |
|   | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$                                   | 37,403.66    | appropriate<br>form for<br>submitting the<br>additional fees.          |  |  |  |  |  |
|   | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)   | See page (i) of the                  | ne           |  |  |  |  |  |  |

| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#<br>062634 |  |  |  |  |  |  |  |  |  |  |
|------------------------------------|--|----------------------|--|--|--|--|--|--|--|--|--|--|
|                                    | CMN-RUS, INC.  | 002034               |  |  |  |  |  |  |  |  |  |  |
| <b>M</b><br>Channels               | 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.   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | Enter the total number of channels on which the cable system carried television broadcast stations   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  |                      |  |  |  |  |  |  |  |  |  |  |
| N<br>Individual to<br>Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)  |                      |  |  |  |  |  |  |  |  |  |  |
| for Further<br>Information         | Name ED CORR Telephone 812.213.1081  |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | Address 8837 BOND STREET (Number, street, rural route, apartment, or suite number)   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | OVERLAND PARK, KS 66214 (City, town, state, zip)   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | Email Fax (optional)   |                      |  |  |  |  |  |  |  |  |  |  |
| 0                                  | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.  |                      |  |  |  |  |  |  |  |  |  |  |
| Certifcation                       | • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or   | ∍d                   |  |  |  |  |  |  |  |  |  |  |
|                                    | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable sy in line 1 of space B.   | rstem                |  |  |  |  |  |  |  |  |  |  |
|                                    | <ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | X /s/ Ed Corr  |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | Enter an 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 cursor in the box and press "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | Typed or printed name: ED CORR   |                      |  |  |  |  |  |  |  |  |  |  |
|                                    | Title: VICE PRESIDENT TAX  (Title of official position held in corporation or partnership)  Date:  |                      |  |  |  |  |  |  |  |  |  |  |
|                                    |  |                      |  |  |  |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634  | Name                   |  |  |  |  |  |  |  |
|--|------------------------|--|--|--|--|--|--|--|
| CMN-RUS, INC. 062634   |                        |  |  |  |  |  |  |  |
| 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?   | Exclusion              |  |  |  |  |  |  |  |
| X NO   |                        |  |  |  |  |  |  |  |
| YES. Enter the total here and list the satellite carrier(s) below  |                        |  |  |  |  |  |  |  |
| Name Mailing Address 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<br>Assessment |  |  |  |  |  |  |  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  |                        |  |  |  |  |  |  |  |
| xdays  |                        |  |  |  |  |  |  |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   |                        |  |  |  |  |  |  |  |
| x 0.00274  |                        |  |  |  |  |  |  |  |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)  |                        |  |  |  |  |  |  |  |
| (interest charge)  |                        |  |  |  |  |  |  |  |
| * 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  |                        |  |  |  |  |  |  |  |

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# 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  $\varepsilon$  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 | f Subscriber Groups    |                  |
|----|--------------------------|-------|------------------|------------------------|------------------|
|    | STATION                  | DSE   | CITY             | OUTSIDE LOCAL          | GROSS RECEIPTS   |
| in | A (independent)          | 1.0   |                  | SERVICE AREA OF        | FROM SUBSCRIBERS |
| 3  | 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

| Ψ0,00 1100                   |              |                             |              |                             |              |  |  |  |  |  |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|--|--|--|--|
| 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)

| DSE SCHEDULE. PAG    | E 11. (CONTINUED)  |  |                                   |  |                            |          |  |  |  |  |  |  |
|----------------------|--|--|-----------------------------------|--|----------------------------|----------|--|--|--|--|--|--|
| 4                    | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#              |  |                                   |  |                            |          |  |  |  |  |  |  |
| 1                    | CMN-RUS, INC.  |  |                                   |  |                            | 062634   |  |  |  |  |  |  |
|                      | SUM OF DSEs OF CATEGOR                                       | DV "O" STATIO                          | MC.                               |  |                            | 1        |  |  |  |  |  |  |
|                      | • Add the DSEs of each station                               |  |                                   |  |                            |          |  |  |  |  |  |  |
|                      | Enter the sum here and in line 1 of part 5 of this schedule. |  |                                   |  |                            |          |  |  |  |  |  |  |
|                      | Tito   |  |                                   |  |                            |          |  |  |  |  |  |  |
| 2                    | Instructions:  | <b>6</b>                               | Harten of all allele of a late.   |  | U I. II "O" :              |          |  |  |  |  |  |  |
|                      | In the column headed "Call of space G (page 3).              | Sign": list the ca                     | ill signs of all distant stations | s identified by                        | the letter "O" in column 5 |          |  |  |  |  |  |  |
| Computation          | In the column headed "DSE                                    | ": for each indep                      | endent station, give the DS       | E as "1.0": for                        | each network or noncom-    |          |  |  |  |  |  |  |
| of DSEs for          | mercial educational station, gi                              |  |                                   |  |                            |          |  |  |  |  |  |  |
| Category "O"         |  |  | CATEGORY "O" STATION              | NS: DSEs                               |                            |          |  |  |  |  |  |  |
| Stations             | CALL SIGN  | DSE                                    | CALL SIGN DSE                     |  | CALL SIGN                  | DSE      |  |  |  |  |  |  |
|                      | WFYI   | 0.250                                  | WFYI-Kids                         | 0.250                                  | WFYI-Create                | 0.250    |  |  |  |  |  |  |
|                      | WIPB   | 0.250                                  | WIPB-Create                       | 0.250                                  | WIPB-Weather               | 0.250    |  |  |  |  |  |  |
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| all formula into new |  |  |                                   |  |                            | ļ        |  |  |  |  |  |  |
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|                      |  |  |                                   |  |                            |          |  |  |  |  |  |  |

| Name  | CMN-RUS, IN  | WNER OF CABLE SYSTEM:   |  |   |  |   | S  | 062634 |  |  |  |  |  |
|---|--|---|--|---|--|---|--|--------|--|--|--|--|--|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v  | at the call sign of all distate: For each station, give to correspond with the information: For each station, give to Divide the figure in columnt least to the third decimate as ".25."  Multiply the figure in columnt least to the third decimates the state of the columnt least to the third decimates the state of the | the number of hour<br>mation given in so<br>the total number of<br>umn 2 by the figur<br>mal point. This is<br>station, give the " | urs your cable syste pace J. Calculate on fours that the starte in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and | m carried the stanly one DSE for or tion broadcast or give the result in ge value" for the standard reach networks give the result in the standard reach networks give the result in the standard result in the standard result in the standard result in the result in the standard result in the standar | ation during the accounting<br>each station.<br>Ver the air during the acc<br>decimals in column 4. T | ounting period. his figure must ucational station, |        |  |  |  |  |  |
| Capacity  | CATEGORY LAC STATIONS: COMPUTATION OF DSEs   |   |  |   |  |   |  |        |  |  |  |  |  |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEI  | ER 3.<br>JRS<br>ED BY  | NUMBER<br>OF HOURS<br>STATION<br>ON AIR   | 4. BASIS OF<br>CARRIAC<br>VALUE  | 5. TYPE   |  | SE     |  |  |  |  |  |
|   |  |   |  |   |  | x   |  |        |  |  |  |  |  |
|   |  |   |  |   |  | x   |  |        |  |  |  |  |  |
|   |  |   | ÷  |   |  | x<br>x  | <u>-</u>   |        |  |  |  |  |  |
|   |  |   | ÷  |   | =  | x   | =  |        |  |  |  |  |  |
|   |  |   |  |   |  | x   |  |        |  |  |  |  |  |
|   |  |   | ÷  |   |  | x   | =<br>=   |        |  |  |  |  |  |
|   | Add the DSEs of  | OF CATEGORY LAC Sof each station.<br>m here and in line 2 of p  |  | dule,   |  | 0.00  |  |        |  |  |  |  |  |
| Computation of DSEs for Substitute-Basis Stations                                   | tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleter |   |  |   |  |   |  |        |  |  |  |  |  |
|   |  | SU  | BSTITUTE-BA  | ASIS STATION  | S: COMPUTA   | ATION OF DSEs   | _  |        |  |  |  |  |  |
|   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR  |   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                    | 4. DSE |  |  |  |  |  |
|   |  | 4   |  | =   |  |   | ÷<br>•   | =      |  |  |  |  |  |
|   |  | -   | ·<br>÷   | =   |  |   | ·<br>÷   | =      |  |  |  |  |  |
|   |  | -   | -  | =   |  |   | ÷  | =      |  |  |  |  |  |
|   |  |   | -  |   |  |   | ÷<br>-   | =      |  |  |  |  |  |
|   | Add the DSEs of  | OF SUBSTITUTE-BAS   | IS STATIONS:   | dule,   |  | 0.00  |  |        |  |  |  |  |  |
| <b>5</b> Total Number of DSEs   | number of DSEs  1. Number of  2. Number of   | applicable to your syster  DSEs from part 2 ●  DSEs from part 3 ●   |  | xes in parts 2, 3, and  | I 4 of this schedul  | e and add them to provide   | 1.50<br>0.00<br>0.00                               |        |  |  |  |  |  |
|   | TOTAL NUMBE  | R OF DSEs   | 3. Number of DSEs from part 4 ●  |   |  |   |  |        |  |  |  |  |  |

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

|  | OWNER OF CABLE  | SYSTEM:   |   |   |  |   | SY  | STEM ID#                       | Name   |  |  |
|--|---|---|---|---|--|---|---|--------------------------------|--|--|--|
| CMN-RUS, INC   | ن.<br>  |   |   |   |  |   |   | 062634                         |  |  |  |
| Instructions: Block A must be completed. In block A:  • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.  • If your answer if "No," complete blocks B and C below.  BLOCK A: TELEVISION MARKETS |   |   |   |   |  |   |   |                                |  |  |  |
|  |   |   |   |   |  |   |   |                                | Computation of<br>3.75 Fee                   |  |  |
|  | List the call signs under FCC rules instructions for the Satellite Television Enter the appropriate (Note the FCC rules in Satellite Television Enter the appropriate (Note the FCC rules in Satellite Television Enter the appropriate (Note the FCC rules in Stations carriage) B Specialty static C Noncommeric D Grandfathered instructions for E Carried pursus *F A station president in Station | e schedule—I C below.  BLOC s of distant stand regulation be DSE Scheon Extension or cate letter in the call education as defined at the call education or DSE scheon and to individe eviously carried. | CK B: CARR tations listed in ons prior to Jur edule. (Note: Th and Localism dicating the ba alations cited bo to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tin vithin grade-B o | PLETE THE REM.  IAGE OF PERI part 2, 3, and 4 or ne 25, 1981. For fine letter M below r Act of 2010.) sis on which you or elow pertain to the rket quota rules [7 6.59(d)(1), 76.61(d), 76. raph regarding su CC rules (76.7) ne or substitute be contour, [76.59(d)(d) | MITTED DS  f this schedul urther explana refers to an ex- carried a perr ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(1), 76.63(a) ubstitution of go asis prior to Ju | PART 6 AND 7  SES  e that your systation of permittive multicase  mitted station in June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered seconds | tem was permitted<br>ed stations, see th<br>t stream as set for<br>11.<br>76.63(a) referring<br>6.61(e)(1<br>tations in the | d to carry<br>ne<br>rth in the | 3.75 Fee                                     |  |  |
| Column 3:  | *(Note: For thos<br>this schedule to  | e stations ide<br>determine the   | entified by the lee DSE.)   | parts 2, 3, and 4<br>etter "F" in column  | n 2, you must  | complete the w  |   |                                |  |  |  |
| 1. CALL<br>SIGN  | 2. PERMITTED BASIS  | 3. DSE  | 1. CALL<br>SIGN   | 2. PERMITTED BASIS  | 3. DSE   | 1. CALL<br>SIGN   | 2. PERMITTED<br>BASIS   | 3. DSE                         |  |  |  |
| WFYI   | С   | 0.25  | WFYI-Kids   |   | 0.25   | WFYI-Crea   |   | 0.25                           |  |  |  |
| WIPB   | С   | 0.25  | WIPB-Crea   | С   | 0.25   | WIPB-Wea  | С   | 0.25                           |  |  |  |
|  |   |   |   |   |  |   |   |                                |  |  |  |
|  |   |   |   |   |  |   |   |                                |  |  |  |
|  |   |   |   |   |  |   |   |                                |  |  |  |
|  |   |   |   |   | 1  |   |   | 1.50                           |  |  |  |
|  |   |   |   | MOUTATION   | E 0 75 555   |   |   |                                |  |  |  |
|  |   | B   | SLOCK C: CO   | MPUTATION OF  | + 3.75 FEE   |   |   |                                |  |  |  |
| Line 1: Enter the  |   |   |   |   |  |   |   |                                |  |  |  |
| Line 3: Subtract<br>(If zero,  | line 2 from line 2<br>leave lines 4–7 b   |   |   | •   |  | rate.   |   |                                |  |  |  |
| Line 4: Enter gro  | oss receipts from   | ı space K (p  | page 7)   |   |  |   | x 0.03  | 75                             | Do any of the<br>DSEs represent<br>partially |  |  |
| Line 5: Multiply   | ine 4 by 0.0375   | and enter s   | um here   |   |  |   | х   |                                | permited/<br>partially<br>nonpermitted       |  |  |
| Line 6: Enter tot  | al number of DS   | Es from line  | 3   |   |  |   |   |                                | carriage? If yes, see part 9 instructions.   |  |  |
| Line 7: Multiply   | ine 6 by line 5 a   | nd enter hei  | re and on line  | 2, block 3, spac  | ce L (page 7)  | )   |   | 0.00                           | <u> </u>                                     |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634 |                 |                       |        |  |                       |  |                 |                       |        | Name                       |  |
|---|-----------------|-----------------------|--------|--|-----------------------|--|-----------------|-----------------------|--------|----------------------------|--|
|   |                 | I                     |        |  | ISION MARKETS         |  |                 |                       |        | 6                          |  |
|   | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE | 1. CALL<br>SIGN                              | 2. PERMITTED<br>BASIS | 3. DSE                                       | 1. CALL<br>SIGN | 2. PERMITTED<br>BASIS | 3. DSE |                            |  |
|   |                 |                       |        |  |                       |  |                 |                       |        | Computation of<br>3.75 Fee |  |
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|   |                 |                       |        |  |                       |  |                 |                       |        |                            |  |
|   |                 |                       |        | <u>                                     </u> | ···                   | <u>                                     </u> | <u> </u>        |                       |        |                            |  |

| Name   | CMN-RUS, INC.  |                 |                       |                    |      |   |             |                   |           |          |   |
|--|--|-----------------|-----------------------|--------------------|------|---|-------------|-------------------|-----------|----------|---|
| Worksheet for Computating the DSE Schedule for the DSE Schedule for Permitted Part-Time and Substitute Carriage  Rations (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(3)).  S—Substitute Carriage  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of general instructions in the paper SA3 form.  Column 5: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30 (Column 3: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(1)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of general instructions in the paper SA3 form.  Column 5: Indicate the basis of carriage under FCC rules, regulations, or authorizations. For further explanation, see page (vi) of general instructions in the paper SA3 form.  Column 5: Indicate the SE5 figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure shou in block B, column 3 of part 6 for this station.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the desistatement of account on fle in the Licensing Division.  PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS  1. CALL |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS |                 |                       |                    |      |   |             |                   |           |          |   |
|  | 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT                  |                 |                       |                    |      |   |             |                   |           |          |   |
| l  | SIGN   | DSE             | F                     | PERIOD             |      | CARRIAGE  | [           | DSE               |           | DSE      |   |
|  |  |                 |                       |                    |      |   |             |                   |           | •••••    |   |
|  |  |                 |                       |                    | •••• |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   | ••••••    |          |   |
|  |  |                 |                       |                    |      |   |             |                   | ••••••    |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          | _ |
| 7  | Instructions: Block A  | \ must be com   | npleted.              |                    |      |   |             |                   |           |          |   |
| Computation  | In block A:  If your answer is   | "Yes." comple   | ete blocks B and (    | C. below.          |      |   |             |                   |           |          |   |
| of the   | 1  |                 |                       |                    | pa   | art 8 of the DSE schedu                         | ule.        |                   |           |          |   |
| Syndicated   |  |                 | BLOC                  | K A: MAJOR         | TI   | ELEVISION MARK                                  | ET          |                   |           |          |   |
| Exclusivity  |  |                 |                       |                    |      |   |             |                   |           |          |   |
| Surcharge  | l <u></u> ' '  | -               |                       | jor television mar | ke   | t as defned by section 7                        |             | 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  | -/Grade B Contou      | r Stations         |      | BLOCK   | C: Compu    | tation of Exem    | npt DSE   | 3        |   |
|  | Is any station listed in   | ı block B of pa | art 6 the primary s   | ream of a          |      | Was any station listed                          | in block B  | of part 7 carrie  | d in anv  | commu-   |   |
|  | commercial VHF stati   | ion that places |                       |                    |      | nity served by the cab<br>to former FCC rule 76 | le system p |                   |           |          |   |
|  | l'   | •               | th its appropriate pe | rmitted DSF        |      | Yes—List each st                                | •           | with its appropri | ate permi | tted DSF |   |
|  | X No—Enter zero a  |                 |                       |                    |      | X No—Enter zero a                               |             |                   | ato po    |          |   |
|  |  | T 505 T         | 1                     |                    |      | 0.00  | 205         | 0.11.010          |           | 505      |   |
|  | CALL SIGN  | DSE             | CALL SIGN             | DSE                |      | CALL SIGN                                       | DSE         | CALL SIG          | iN        | DSE      |   |
|  |  |                 | -                     |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   | <br>        |                   |           |          |   |
|  |  | <b> </b>        |                       |                    |      |   | <b></b>     |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 |                       |                    |      |   |             |                   |           |          |   |
|  |  |                 | TOTAL DSEs            | 0.00               |      |   |             | TOTAL DS          | SEs       | 0.00     |   |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  | SYSTEM ID#<br>062634 | Name                     |
|---------------|--|----------------------|--------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE   |                      |                          |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)   | 3,447,242.58         | 7                        |
| Section<br>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<br>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<br>Surcharge |
| • Is an       | y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.   |                      |                          |
|               | SECTION 3: TOP 50 TELEVISION MARKET  |                      |                          |
| Section<br>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 D | SE                   |                          |
|               | 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<br>3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.   |                      |                          |
| 0.5           | A. Enter 0.00599 of gross receipts (the amount in section 1)   |                      |                          |
|               | B. Enter 0.00377 of gross receipts (the amount in section 1)   |                      |                          |
|               | C. Multiply line B by 3.000 and enter here   |                      |                          |
|               | D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$  |                      |                          |
|               | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here  |                      |                          |
|               | F. Multiply line D by line E and enter here  |                      |                          |
|               | G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge   |                      |                          |
|               | SECTION 4: SECOND 50 TELEVISION MARKET   |                      |                          |
|               | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  |                      |                          |
| Section<br>4a | 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 D is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)   | SE                   |                          |
|               | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$  |                      |                          |
|               | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here   |                      |                          |
|               | D. Multiply line B by line C and enter here  |                      |                          |
|               | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge   |                      |                          |

| Name   | LEGAL NAM                                 | ME OF OWNER OF CABLE SYSTEM:   | YSTEM ID# |
|--|---|--|-----------|
| Name   | (   | CMN-RUS, INC.  | 062634    |
| <b>7</b> Computation of the Syndicated Exclusivity Surcharge | Section<br>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.  F. Multiply line D by line E and enter here.  S. 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. |           |
| Computation<br>of<br>Base Rate Fee                           | 6 was 6 In blo If you If you blank What i | 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. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below  |           |
|  |   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS  |           |
|  | • Did v                                   | our 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 following sections.  |           |
|  |   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE  |           |
|  | Section<br>1                              | Enter the amount of gross receipts from space K (page 7) ▶\$   |           |
|  | Section<br>2                              | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).  |           |
|  | Section 3                                 | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts (the amount in section 1).  B. Enter 0.00701 of gross receipts (the amount in section 1).  C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here.  D. Multiply line B by line C and enter here.  E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  | -         |
|  |   | Base Rate Fee  | 0.00      |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/1

|                 | AME OF OWNER OF CABLE SYSTEM:  RUS, INC.   | 062634          | Name  |
|-----------------|--|-----------------|---|
|                 |  |                 |   |
| Section 4       | If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.  |                 | 0   |
|                 | A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶\$  | _               | 8   |
|                 | B. Enter 0.00701 of gross receipts  (the amount in section 1) \$   |                 | Computation of                                |
|                 | C. Multiply line B by 3.000 and enter here ▶\$   | _               | Base Rate Fee                                 |
|                 | D. Enter 0.00330 of gross receipts  (the amount in section 1) ▶ \$   |                 |   |
|                 | E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶  |                 |   |
|                 | F. Multiply line D by line E and enter here  |                 |   |
|                 | 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            |   |
|                 |  |                 |   |
|                 | tTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas I be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel G  | J               | 9   |
| In Gen          | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee,  |                 | Computation                                   |
|                 | s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv<br>on, you must:  | /antage of this | of<br>Base Rate Fee                           |
| station<br>DSEs | Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. That total is the base rate fee for your system. | ne number of    | and<br>Syndicated<br>Exclusivity<br>Surcharge |
| also co         | If any portion of your cable system is located within the top 100 television market and the station is not exempt in parampute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belocable system is wholly located outside all major television markets, complete block A only.   |                 | for<br>Partially<br>Distant<br>Stations, and  |
|                 | Identify a Subscriber Group for Partially Distant Stations   |                 | for Partially<br>Permitted                    |
| -               | : For each community served, determine the local service area of each wholly distant and each partially distant static to that community.  | n you           | Stations                                      |
| Step 2          | For each wholly distant and each partially distant station you carried, determine which of your subscribers were loce the station's local service area. A subscriber located outside the local service area of a station is distant to that station to the token, the station is distant to the subscriber.)   |                 |   |
| subscr          | Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Enter group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.  |                 |   |
| groups          |  | m's subscriber  |   |
|                 | n section:<br>fy 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 all dibers in the group.  | of the          |   |
| • If:           |  |                 |   |
| and 4           | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in of this schedule; or,   |                 |   |
| par             | portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo<br>6 of this schedule.   | ICK B,          |   |
|                 | he DSEs for each station. This gives you the total DSEs for the particular subscriber group.   |                 |   |
|                 | late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in<br>e paper SA3 form.  | structions      |   |
| page.           | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pi<br>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that<br>for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need   | is, the total   |   |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. 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 CMN-RUS, INC.                 | R OF CABL | E SYSTEM:       |            |                         | Name                                    |                 |               |                      |
|--|-----------|-----------------|------------|-------------------------|---|-----------------|---------------|----------------------|
| Bl   | _OCK A: ( | COMPUTATION OF  | BASE RA    | TE FEES FOR EACH        | SUBSCRI                                 | BER GROUP       |               |                      |
|  | FIRST     | SUBSCRIBER GROU | Р          |                         | SECOND                                  | SUBSCRIBER GROU | Р             | 0                    |
| COMMUNITY/ AREA                                  | GREEN     | CASTLE          |            | COMMUNITY/ AREA         | SEYMO                                   | UR              |               | <b>9</b> Computation |
| CALL SIGN  | DSE       | CALL SIGN       | DSE        | CALL SIGN               | DSE                                     | CALL SIGN       | DSE           | of                   |
| Of ILL GIGIT                                     | DOL       | O/ LE GIGIT     | DOL        | OTTEL OTOTA             | DOL                                     | ONLE GIGIT      | DOL           | Base Rate Fee        |
|  |           |                 |            | -                       | <b>+</b>                                |                 |               | and                  |
| •••••  |           |                 |            |                         | <b>+</b>                                |                 |               | Syndicated           |
|  |           | =               |            |                         |   |                 |               | Exclusivity          |
|  |           |                 |            |                         |   |                 |               | Surcharge            |
|  |           |                 |            |                         |   | _               |               | for                  |
|  |           |                 |            |                         |   |                 |               | Partially            |
|  |           |                 |            |                         | <b></b>                                 | _               |               | Distant              |
| •••••  |           |                 |            |                         | <b></b>                                 |                 |               | Stations             |
|  |           |                 |            |                         | <b></b>                                 |                 | <mark></mark> |                      |
|  |           |                 |            |                         | <b></b>                                 |                 | <u>-</u>      |                      |
|  |           |                 |            |                         | <b></b>                                 |                 | <u> </u>      |                      |
|  |           |                 |            |                         | <b></b>                                 |                 | <u>-</u>      |                      |
|  |           |                 |            |                         | <b>.</b>                                |                 |               |                      |
| Total DSEs                                       |           |                 | 0.00       | Total DSEs              |   | <u> </u>        | 0.00          |                      |
| Gross Receipts First Gr                          | roup      | ¢ 131           | 295.42     | Gross Receipts Secon    | d Croup                                 | ¢ 33            | 5,758.20      |                      |
| Gloss Receipts Filst Gi                          | oup       | \$ 131,         | 293.42     | Gioss Receipts Secon    | u Group                                 | \$ 33           | 3,730.20      |                      |
| Base Rate Fee First Gr                           | oup       | \$              | 0.00       | Base Rate Fee Secon     | d Group                                 | \$              | 0.00          |                      |
|  | THIRD     | SUBSCRIBER GROU | Р          |                         | FOURTH                                  | SUBSCRIBER GROU | Р             |                      |
| COMMUNITY/ AREA                                  | VINCE     | INES            |            | COMMUNITY/ AREA         | NORTH                                   | VERNON          |               |                      |
| CALL SIGN  | DSE       | CALL SIGN       | DSE        | CALL SIGN               | DSE                                     | CALL SIGN       | DSE           |                      |
|  |           |                 |            |                         |   |                 |               |                      |
|  |           |                 |            |                         |   |                 |               |                      |
|  |           |                 |            |                         |   |                 |               |                      |
|  |           |                 |            |                         |   |                 |               |                      |
|  |           |                 |            |                         | <b>-</b>                                |                 |               |                      |
|  |           |                 |            |                         | <b></b>                                 |                 | <u> </u>      |                      |
| •••••  |           |                 |            |                         | <b>.</b>                                |                 |               |                      |
|  |           |                 |            |                         | <b></b>                                 |                 | <u>-</u>      |                      |
| •••••  |           |                 |            |                         | <b>†</b>                                |                 | <u>-</u>      |                      |
|  |           |                 |            |                         |   |                 | <u>-</u>      |                      |
| ••••••   |           |                 |            |                         | <b>†</b>                                |                 | <u>-</u>      |                      |
| •••••  |           |                 |            |                         | • · · · · · · · · · · · · · · · · · · · |                 |               |                      |
|  |           |                 |            |                         | <b>†</b>                                |                 |               |                      |
|  |           |                 |            |                         |   |                 |               |                      |
| Total DSEs                                       |           |                 | 0.00       | Total DSEs              |   |                 | 0.00          |                      |
| Gross Receipts Third G                           | roup      | \$ 168,         | 119.10     | Gross Receipts Fourth   | Group                                   | \$ 14           | 2,721.64      |                      |
| Base Rate Fee Third G                            | roup      | \$              | 0.00       | Base Rate Fee Fourth    | Group                                   | \$              | 0.00          |                      |
| Base Rate Fee: Add th<br>Enter here and in block |           |                 | iber group | as shown in the boxes a | bove.                                   | \$              | 9,366.03      |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM I  0626 |                |                 |              |                      |           |  |            |                      |
|---|----------------|-----------------|--------------|----------------------|-----------|--|------------|----------------------|
| BI  | LOCK A: (      | COMPUTATION OF  | BASE RA      | ATE FEES FOR EAC     | CH SUBSCR | IBER GROUP                                       |            |                      |
|   | FIFTH          | SUBSCRIBER GROU | JP           |                      | SIXTH     | SUBSCRIBER GRO                                   | OUP        | •                    |
| COMMUNITY/ AREA   | MADIS          | ON              |              | COMMUNITY/ AREA      | A WABAS   | H  |            | <b>9</b> Computation |
| CALL SIGN   | DSE            | CALL SIGN       | DSE          | CALL SIGN            | DSE       | CALL SIGN  | DSE        | of                   |
|   |                |                 |              | WFYI                 |           | WFYI-Kids  | 0.25       | Base Rate Fee        |
|   |                |                 |              | WFYI-Create          | 0.25      |  |            | and                  |
|   |                |                 |              |                      |           |  |            | Syndicated           |
|   |                |                 |              |                      |           |  |            | Exclusivity          |
|   |                |                 |              |                      |           |  |            | Surcharge            |
|   |                | -               |              |                      |           |  |            | for                  |
|   |                | -               |              |                      |           |  |            | Partially            |
|   |                |                 |              |                      |           |  |            | Distant              |
|   |                | -               |              |                      |           |  |            | Stations             |
|   |                | -               |              |                      | ••••      |  |            |                      |
|   |                | <b></b>         |              |                      | ••••      |  |            |                      |
|   |                | -               |              |                      | ••••      |  |            |                      |
|   |                |                 |              |                      | ••••      |  |            |                      |
|   | ···            |                 |              |                      | ••••      |  |            |                      |
|   |                |                 |              |                      | •••••     | <b> </b>   |            |                      |
| Total DSEs  | <u> </u>       | u <u>l</u>      | 0.00         | Total DSEs           | <u> </u>  | <del>!                                    </del> | 0.75       |                      |
| Gross Receipts First G  | roup           | \$ 280          | ,990.62      | Gross Receipts Sec   | ond Group | \$   | 179,777.94 |                      |
|   |                |                 |              |                      |           |  |            |                      |
| Base Rate Fee First G   | roup           | \$              | 0.00         | Base Rate Fee Seco   | ond Group | \$   | 1,434.63   |                      |
| ,   | SEVENTH        | SUBSCRIBER GROU | JP           |                      | EIGHTH    | SUBSCRIBER GRO                                   | OUP        |                      |
| COMMUNITY/ AREA   | NORTH          | MANCHESTER      |              | COMMUNITY/ ARE       | A HUNTIN  | GTON   |            |                      |
| CALL SIGN   | DSE            | CALL SIGN       | DSE          | CALL SIGN            | DSE       | CALL SIGN  | DSE        |                      |
|   | <mark></mark>  | -               |              |                      |           |  |            |                      |
|   | <mark></mark>  |                 |              |                      |           |  |            |                      |
|   | <mark></mark>  | -               |              |                      |           |  |            |                      |
|   |                |                 |              |                      |           |  |            |                      |
|   |                |                 |              |                      |           |  | ······     |                      |
|   |                |                 |              |                      |           |  |            |                      |
|   |                |                 |              |                      |           |  |            |                      |
|   |                |                 |              |                      |           |  | ······     |                      |
|   |                |                 |              |                      |           |  | ······     |                      |
|   | <u></u>        | -               |              |                      | ·····     | -  | ·····      |                      |
|   | ···            |                 |              |                      | ·····     |  |            |                      |
|   |                |                 |              |                      |           |  |            |                      |
|   | <mark> </mark> |                 | <b>.</b>     |                      |           |  | ·····      |                      |
|   | <mark></mark>  |                 |              |                      |           | <b>-</b>   | ·····      |                      |
|   |                |                 |              |                      |           |  |            |                      |
| Total DSEs  |                |                 | 0.00         | Total DSEs           |           |  | 0.00       |                      |
| Gross Receipts Third C  | Group          | \$ 51           | ,190.62      | Gross Receipts Four  | rth Group | \$   | 190,923.06 |                      |
| Base Rate Fee Third 0   | Group          | \$              | 0.00         | Base Rate Fee Four   | rth Group | \$   | 0.00       |                      |
|   | IT             | ľ.              | 3.30         |                      | - · · r   | <u>L.</u>  | 2.00       |                      |
| Base Rate Fee: Add the Enter here and in block                      |                |                 | criber group | as shown in the boxe | s above.  | \$   |            |                      |

| 062634 Name                            |                                |                    |                            |           |  |                        |   |
|--|--------------------------------|--------------------|----------------------------|-----------|--|------------------------|---|
| P                                      | RIBER GROUP                    | SUBSCR             | TE FEES FOR EACH           |           |  |                        | Bl  |
| R GROUP                                | SUBSCRIBER GROU                | TENTH              |                            | JP        | SUBSCRIBER GROU                          | NINTH                  |   |
| 9<br>Computatio                        | ASTLE                          | NEW CA             | COMMUNITY/ AREA            |           | RSVILLE                                  |                        | COMMUNITY/ AREA   |
|  | CALL SIGN                      | DSE                | CALL SIGN                  | DSE       | CALL SIGN                                | DSE                    | CALL SIGN   |
| Base Rate Fe                           |                                |                    |                            | 0.25      | WFYI-Kids                                | 0.25                   | WFYI  |
| and                                    |                                |                    |                            |           |  | 0.25                   | WFYI-Create   |
| Syndicated                             |                                |                    |                            |           |  |                        |   |
| Exclusivity                            |                                |                    |                            |           |  |                        |   |
| Surcharge                              |                                |                    |                            |           |  |                        |   |
| for                                    |                                |                    |                            |           |  |                        |   |
| Partially                              |                                | <u></u>            |                            |           |  |                        |   |
| Distant                                |                                |                    |                            |           | -  |                        |   |
| Stations                               |                                | <u> </u>           |                            |           |  |                        |   |
| ······                                 |                                |                    |                            |           |  |                        |   |
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| 2.22                                   | 11                             |                    | T                          | 0.75      |  |                        |   |
| 0.00                                   |                                |                    | Total DSEs                 | 0.75      |  |                        | Total DSEs  |
| 474 000 04                             | \$ 17                          | nd Group           | Gross Receipts Seco        | ,037.14   | <b>\$</b> 111                            | roup                   | Gross Receipts First G                                      |
| 171,320.94                             |                                |                    |                            |           |  |                        |   |
| 0.00                                   | \$                             | nd Group           | Base Rate Fee Secon        | 886.08    | \$                                       | roup                   | Base Rate Fee First G                                       |
| 0.00                                   | \$ SUBSCRIBER GROU             |                    | Base Rate Fee Secon        |           | \$ SUBSCRIBER GROU                       | •                      |   |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | Base Rate Fee Secon        |           | SUBSCRIBER GROU                          | LEVENTH                | El  |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            |                            |           | SUBSCRIBER GROU                          | LEVENTH                | EI<br>COMMUNITY/ AREA                                       |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP        | SUBSCRIBER GROUNON                       | LEVENTH<br>LENBA       | Base Rate Fee First G  EI  COMMUNITY/ AREA  CALL SIGN  WIPB |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH                | EI<br>COMMUNITY/ AREA<br>CALL SIGN<br>WIPB                  |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EI<br>COMMUNITY/ AREA<br>CALL SIGN<br>WIPB                  |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EI COMMUNITY/ AREA  CALL SIGN WIPB WIPB-Weather             |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EI COMMUNITY/ AREA  CALL SIGN WIPB WIPB-Weather             |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EI COMMUNITY/ AREA  CALL SIGN WIPB WIPB-Weather             |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | EICOMMUNITY/ AREA  CALL SIGN  WIPB  WIPB-Weather            |
| 0.00                                   | SUBSCRIBER GROU                | TWELVTH            | COMMUNITY/ AREA            | JP<br>DSE | SUBSCRIBER GROUNON  CALL SIGN            | LEVENTH LENBA DSE 0.25 | CALL SIGN WIPB WIPB-Weather                                 |
| 0.00  R GROUP  N DSE                   | SUBSCRIBER GROULLIN  CALL SIGN | TWELVTH FRANKI DSE | COMMUNITY/ AREA  CALL SIGN | DSE 0.25  | SUBSCRIBER GROUNON  CALL SIGN WIPB-Creal | DSE 0.25               | EI COMMUNITY/ AREA  CALL SIGN WIPB WIPB-Weather             |

| LEGAL NAME OF OWNE                             | R OF CABI | LE SYSTEM:     |              |                         |               | S                | YSTEM ID#<br>062634 | Name             |
|--|-----------|----------------|--------------|-------------------------|---------------|------------------|---------------------|------------------|
| BI   | LOCK A: ( | COMPUTATION OF | BASE RA      | ATE FEES FOR EACH       | H SUBSCF      | RIBER GROUP      |                     |                  |
| THIF   | RTEENTH   | SUBSCRIBER GRO | JP           | FOL                     | JRTEENTH      | I SUBSCRIBER GRO | UP                  | •                |
| COMMUNITY/ AREA                                | LAFAY     | ETTE           |              | COMMUNITY/ AREA         | CRAW          | ORDSVILLE        |                     | 9<br>Computation |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE          | CALL SIGN               | DSE           | CALL SIGN        | DSE                 | of               |
| WIPB   | 0.25      | WIPB-Creat     | 0.25         |                         |               |                  |                     | Base Rate Fee    |
| WIPB-Weather                                   | 0.25      |                |              |                         |               |                  |                     | and              |
|  |           |                |              |                         |               |                  |                     | Syndicated       |
|  |           |                |              |                         |               |                  |                     | Exclusivity      |
|  |           |                |              |                         |               |                  |                     | Surcharge        |
|  |           | -              |              |                         |               |                  |                     | for              |
|  |           |                | ļ            |                         |               |                  |                     | Partially        |
|  |           |                |              |                         |               |                  |                     | Distant          |
|  |           | -              | <b></b>      |                         | <del>  </del> |                  |                     | Stations         |
|  |           |                |              |                         |               |                  |                     |                  |
|  | ·         |                | <del> </del> |                         | <u></u>       |                  |                     |                  |
|  |           |                | ·            |                         |               |                  |                     |                  |
|  |           |                | 1            |                         |               |                  |                     |                  |
|  |           |                |              |                         |               |                  |                     |                  |
| Total DSEs                                     | •         |                | 0.75         | Total DSEs              | •             |                  | 0.00                |                  |
| Gross Receipts First G                         | roup      | \$ 726         | ,267.60      | Gross Receipts Secon    | nd Group      | <u>\$ 1</u>      | 90,472.16           |                  |
| Base Rate Fee First G                          | roup      | \$ 5           | ,795.62      | Base Rate Fee Secon     | nd Group      | \$               | 0.00                |                  |
| FII  | FTEENTH   | SUBSCRIBER GRO | UP           | \$                      | SIXTEENTH     | I SUBSCRIBER GRO | UP                  |                  |
| COMMUNITY/ AREA                                | WESTF     | IELD           |              | COMMUNITY/ AREA         | GREEN         | WOOD             |                     |                  |
| CALL SIGN                                      | DSE       | CALL SIGN      | DSE          | CALL SIGN               | DSE           | CALL SIGN        | DSE                 |                  |
|  |           | -              | ļ            |                         |               |                  |                     |                  |
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|  |           |                |              |                         |               |                  |                     |                  |
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|  |           |                | <b></b>      |                         | ···           |                  |                     |                  |
| Total DSEs                                     |           |                | 0.00         | Total DSEs              | •             |                  | 0.00                |                  |
| Gross Receipts Third C                         | Group     | <u>\$ 173</u>  | ,710.56      | Gross Receipts Fourth   | h Group       | \$               | 66,779.10           |                  |
| Base Rate Fee Third G                          | Group     | \$             | 0.00         | Base Rate Fee Fourti    | h Group       | \$               | 0.00                |                  |
| Base Rate Fee: Add the Enter here and in block |           |                | criber group | o as shown in the boxes | above.        | \$               |                     |                  |

| LEGAL NAME OF OWNE      | ER OF CABI     | LE SYSTEM:       |             |                       |             | S              | 062634    | Name                |
|-------------------------|----------------|------------------|-------------|-----------------------|-------------|----------------|-----------|---------------------|
|                         |                |                  |             | TE FEES FOR EACH      |             |                |           |                     |
|                         |                | SUBSCRIBER GROU  | JP          | EIG                   | GHTEENTH    | SUBSCRIBER GRO | UP        | 9                   |
| COMMUNITY/ AREA         | PLAINF         | FIELD            |             | COMMUNITY/ AREA       | BLOOM       | MINGTON        |           | Computation         |
| CALL SIGN               | DSE            | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN      | DSE       | of                  |
| O/ LEE GIGIT            | DOL            | CALL CICIT       | BOL         | CALL CICIT            | BOL         | O' ILLE OTOTY  | 502       | Base Rate Fee       |
|                         |                |                  |             |                       |             |                |           | and                 |
|                         |                |                  |             |                       |             |                |           | Syndicated          |
|                         |                |                  |             |                       |             |                |           | Exclusivity         |
|                         |                |                  |             |                       |             |                |           | Surcharge           |
|                         |                |                  |             |                       |             |                |           | for                 |
|                         |                |                  |             |                       | <del></del> |                |           | Partially           |
|                         | <mark></mark>  |                  |             |                       | <del></del> |                |           | Distant<br>Stations |
|                         | <u> </u>       |                  |             |                       | <del></del> |                |           | Stations            |
|                         | ·              |                  |             |                       | •••         |                |           |                     |
|                         | <u></u>        |                  |             |                       |             |                |           |                     |
|                         |                |                  |             |                       |             |                |           |                     |
|                         |                |                  |             |                       |             |                |           |                     |
|                         |                |                  |             |                       |             |                |           |                     |
| Total DSEs              |                |                  | 0.00        | Total DSEs            |             |                | 0.00      |                     |
| Gross Receipts First G  | roup           | \$ 59,           | 104.98      | Gross Receipts Secon  | nd Group    | \$             | 28,693.26 |                     |
|                         |                |                  |             |                       | ·           |                |           |                     |
| Base Rate Fee First G   | iroup          | \$               | 0.00        | Base Rate Fee Secon   | nd Group    | \$             | 0.00      |                     |
| NII                     | NTEENTH        | SUBSCRIBER GROU  | JP          | Т                     | WENTIETH    | SUBSCRIBER GRO | UP        |                     |
| COMMUNITY/ AREA         |                |                  | 0           | COMMUNITY/ AREA       |             |                | 0         |                     |
| CALL SIGN               | DSE            | CALL SIGN        | DSE         | CALL SIGN             | DSE         | CALL SIGN      | DSE       |                     |
|                         | <u></u>        |                  |             |                       |             |                |           |                     |
|                         |                |                  |             |                       | <u></u>     |                |           |                     |
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|                         |                | -                |             |                       |             |                |           |                     |
|                         |                |                  |             |                       |             |                |           |                     |
|                         |                |                  |             |                       |             |                |           |                     |
|                         | <u></u>        |                  |             |                       |             |                |           |                     |
|                         | <mark></mark>  |                  |             |                       | <u></u>     |                |           |                     |
|                         | <u> </u>       | -                |             |                       |             |                |           |                     |
|                         |                |                  |             |                       |             |                |           |                     |
|                         | <u> </u>       |                  |             |                       | •••         |                |           |                     |
| Total DSEs              | 4              |                  | 0.00        | Total DSEs            | -1          | 1.6            | 0.00      |                     |
|                         | -              |                  |             |                       |             | _              |           |                     |
| Gross Receipts Third (  | roupء          | \$               | 0.00        | Gross Receipts Fourt  | n Group     | \$             | 0.00      |                     |
| Base Rate Fee Third (   | Group          | \$               | 0.00        | Base Rate Fee Fourt   | h Group     | \$             | 0.00      |                     |
|                         |                |                  | riber group | as shown in the boxes | above.      |                |           |                     |
| Enter here and in block | k 3, line 1, s | space L (page 7) |             |                       |             | \$             |           |                     |

| LEGAL NAME OF OWNE CMN-RUS, INC. |                   |  |  | SYSTEM ID#<br>062634    |                   |                |               | Name             |
|----------------------------------|-------------------|--|--|-------------------------|-------------------|----------------|---------------|------------------|
| BI                               | LOCK A:           | COMPUTATION OF                               | BASE RA                                | TE FEES FOR EACH        | SUBSCR            | IBER GROUP     |               |                  |
|                                  | FIRST             | SUBSCRIBER GRO                               | UP                                     |                         | SECOND            | SUBSCRIBER GRO | JP            | ^                |
| COMMUNITY/ AREA                  | GREEN             | NCASTLE                                      |  | COMMUNITY/ AREA         | SEYMO             | UR             |               | 9<br>Computation |
| CALL SIGN                        | DSE               | CALL SIGN                                    | DSE                                    | CALL SIGN               | DSE CALL SIGN DSE |                | of            |                  |
|                                  |                   |  |  |                         |                   |                |               | Base Rate F      |
|                                  |                   |  |  |                         |                   |                |               | and              |
|                                  |                   |  |  |                         |                   |                |               | Syndicated       |
|                                  | •                 |  | •                                      |                         |                   |                |               | Exclusivity      |
|                                  |                   |  |  | 1                       |                   |                | ••••          | Surcharge        |
|                                  |                   |  |  |                         |                   |                |               | for              |
|                                  | •                 | H  | ······································ |                         |                   | -              | ·····         | Partially        |
|                                  |                   |  |  |                         |                   | -              | ····          | Distant          |
|                                  |                   | H  |  |                         |                   |                | ·····         | Stations         |
|                                  |                   | <u> </u>                                     |  |                         |                   | -              | <del></del>   | Stations         |
|                                  |                   | <u>                                     </u> |  |                         |                   |                | <del></del>   |                  |
|                                  |                   |  |  |                         | ļ                 |                |               |                  |
|                                  |                   | H  |  |                         | <b></b>           |                |               |                  |
|                                  | <mark>.</mark>    |  | . <mark>.</mark>                       |                         | ļ                 |                | <u></u>       |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
| Total DSEs                       |                   |  | 0.00                                   | Total DSEs              |                   |                | 0.00          |                  |
| Gross Receipts First G           | roup              | s 131  | ,295.42                                | Gross Receipts Secon    | d Group           | \$ 3           | 35,758.20     |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
| Base Rate Fee First G            | roup              | \$   | 0.00                                   | Base Rate Fee Secon     | d Group           | \$             | 0.00          |                  |
|                                  | THIRD             | SUBSCRIBER GRO                               | UP                                     |                         | FOURTH            | SUBSCRIBER GRO | UP            |                  |
| COMMUNITY/ AREA                  | VINCE             | NNES   |  | COMMUNITY/ AREA         | NORTH             | VERNON         |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
| CALL SIGN                        | DSE               | CALL SIGN                                    | DSE                                    | CALL SIGN               | DSE               | CALL SIGN      | DSE           |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  | ······································ |                         |                   |                |               |                  |
|                                  | •                 | -  | •                                      |                         |                   | -              | ·····         |                  |
|                                  | •                 | H  | ······································ |                         |                   | -              | ·····         |                  |
|                                  |                   |  |  |                         |                   | -              | ····          |                  |
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|                                  |                   |  |  |                         |                   |                |               |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
| Γotal DSEs                       |                   |  | 0.00                                   | Total DSEs              |                   |                | 0.00          |                  |
| Gross Receipts Third C           | Group             | \$ 168                                       | ,119.10                                | Gross Receipts Fourth   | Group             | <u>\$</u> 1    | 42,721.64     |                  |
|                                  |                   |  |  |                         |                   |                |               |                  |
| Base Rate Fee Third G            | Group             | \$   | 0.00                                   | Base Rate Fee Fourth    | Group             | \$             | 0.00          |                  |
|                                  |                   |  |  | II                      |                   |                |               |                  |
|                                  |                   |  |  |                         |                   | 1              |               |                  |
| Base Rate Fee: Add th            | ne <b>base ra</b> | te fees for each subs                        | criber group                           | as shown in the boxes a | above.            |                | 0.00          |                  |

| Name                      | O62634    | SY                            |         |                                  |          | LE SYSTEM:                        | R OF CABL | CMN-RUS, INC.                     |
|---------------------------|-----------|-------------------------------|---------|----------------------------------|----------|-----------------------------------|-----------|-----------------------------------|
|                           | ID.       | IBER GROUP<br>SUBSCRIBER GROU |         | TE FEES FOR EACH                 |          | COMPUTATION OF<br>SUBSCRIBER GROU |           | Bl                                |
| 9<br>Computation          |           |                               |         | COMMUNITY/ AREA                  | <u> </u> |                                   | MADIS     | COMMUNITY/ AREA                   |
| of                        | DSE       | CALL SIGN                     | DSE     | CALL SIGN                        | DSE      | CALL SIGN                         | DSE       | CALL SIGN                         |
| Base Rate Fe              |           |                               |         |                                  |          |                                   |           |                                   |
| and                       |           |                               |         |                                  |          |                                   |           |                                   |
| Syndicated<br>Exclusivity | <u> </u>  | -                             |         |                                  |          |                                   |           |                                   |
| Surcharge                 |           |                               |         |                                  |          |                                   |           |                                   |
| for                       |           | <br>                          |         |                                  |          | -                                 |           |                                   |
| Partially<br>Distant      | <u></u>   |                               |         |                                  |          |                                   |           |                                   |
| Stations                  |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           | ···       | •                             |         |                                  |          |                                   | ·         | •••••                             |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           | 0.00      |                               |         | Total DSEs                       | 0.00     |                                   |           | Total DSEs                        |
|                           | 79,777.94 | \$ 17                         | d Group | Gross Receipts Secon             | ,990.62  | <u>\$</u> 280,                    | roup      | Gross Receipts First G            |
|                           | 0.00      | \$                            | d Group | Base Rate Fee Second             | 0.00     | \$                                | roup      | <b>Base Rate Fee</b> First G      |
|                           | Р         | SUBSCRIBER GROU               | EIGHTH  |                                  | JP       | SUBSCRIBER GROU                   | SEVENTH   | 5                                 |
|                           |           | IGTON                         | HUNTIN  | COMMUNITY/ AREA                  |          | MANCHESTER                        | NORTH     | COMMUNITY/ AREA                   |
|                           | DSE       | CALL SIGN                     | DSE     | CALL SIGN                        | DSE      | CALL SIGN                         | DSE       | CALL SIGN                         |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  | -        |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           |           |                               |         |                                  |          |                                   |           |                                   |
|                           | 0.00      |                               |         | Total DSEs                       | 0.00     |                                   |           | Fotal DSEs                        |
|                           | 0.00      | s 19                          | Group   | Total DSEs Gross Receipts Fourth | 0.00     | \$ 51,                            | Group     | Total DSEs Gross Receipts Third C |

|                  | YSTEM ID#<br>062634 | S               |         |                      |         | LE SYSTEM:      | R OF CABL | CMN-RUS, INC.                     |
|------------------|---------------------|-----------------|---------|----------------------|---------|-----------------|-----------|-----------------------------------|
|                  |                     |                 |         | TE FEES FOR EACH     |         |                 |           | BI                                |
| 0                | JP                  | SUBSCRIBER GROU | TENTH   |                      | JP      | SUBSCRIBER GROU | NINTH     |                                   |
| 9<br>Computation |                     |                 |         | COMMUNITY/ AREA      |         | RSVILLE         |           | COMMUNITY/ AREA                   |
| of               | DSE                 | CALL SIGN       | DSE     | CALL SIGN            | DSE     | CALL SIGN       | DSE       | CALL SIGN                         |
| Base Rate Fe     |                     |                 |         |                      |         |                 |           |                                   |
| and              |                     |                 |         |                      |         |                 |           |                                   |
| Syndicated       |                     |                 |         |                      |         |                 |           |                                   |
| Exclusivity      |                     |                 |         |                      |         |                 |           |                                   |
| Surcharge        |                     |                 |         |                      |         |                 |           |                                   |
| for              |                     |                 |         |                      |         |                 |           |                                   |
| Partially        |                     |                 |         |                      |         |                 |           |                                   |
| Distant          |                     |                 |         |                      |         |                 |           |                                   |
| Stations         |                     |                 |         |                      |         |                 |           |                                   |
|                  |                     |                 |         |                      |         | <b>-</b>        |           |                                   |
|                  |                     |                 |         |                      |         | <b></b>         |           |                                   |
|                  |                     |                 | ļ       |                      |         |                 |           |                                   |
|                  |                     |                 |         |                      |         |                 |           |                                   |
|                  |                     |                 | ļ       |                      |         |                 |           |                                   |
|                  |                     |                 | ļ       |                      | <b></b> |                 | ļ         |                                   |
|                  | 0.00                | Ц               |         | Total DSEs           | 0.00    |                 | <u> </u>  | Total DSEs                        |
|                  | 71,320.94           | <b>\$</b> 17    | d Group | Gross Receipts Secon | ,037.14 | ş 111,          | roup      | Gross Receipts First G            |
|                  |                     | -               | •       |                      | <u></u> |                 | •         | ·                                 |
|                  | 0.00                | \$              | d Group | Base Rate Fee Second | 0.00    | \$              | oup       | <b>Base Rate Fee</b> First G      |
|                  | JP                  | SUBSCRIBER GROU | TWELVTH |                      | JP      | SUBSCRIBER GROU | EVENTH    | El                                |
|                  |                     | LIN             | FRANKI  | COMMUNITY/ AREA      |         | NON             | LENBA     | COMMUNITY/ AREA                   |
|                  |                     | I CALL CICN     |         | 0411 01011           | DSE     | CALL SIGN       | DSE       | CALL SIGN                         |
|                  | DSE                 |                 | DSE     |                      | DOL     | OALL GION       | DOL       | CALL GIGIN                        |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  | DSE                 | CALL SIGN       | DSE     | CALL SIGN            |         |                 |           |                                   |
|                  |                     | CALL SIGN       | DSE     |                      | 0.00    |                 |           | Total DSEs                        |
|                  | 0.00                |                 |         | Total DSEs           | 0.00    |                 |           | Total DSEs                        |
|                  |                     |                 |         |                      | 0.00    | \$ 156,         | Group     | Total DSEs Gross Receipts Third G |

| LEGAL NAME OF OWNE                             | R OF CAB | LE SYSTEM:      | ро          |                         |          | SY               | STEM ID#<br>062634 | Name                 |
|--|----------|-----------------|-------------|-------------------------|----------|------------------|--------------------|----------------------|
|  |          |                 |             | TE FEES FOR EACH        |          |                  |                    |                      |
| THIR   | TEENTH   | SUBSCRIBER GROU | JP          |                         |          | SUBSCRIBER GROUP | •                  | 9                    |
| COMMUNITY/ AREA                                | LAFAY    | ETTE            |             | COMMUNITY/ AREA         | CRAWF    | ORDSVILLE        |                    | Computation          |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE                | of                   |
|  |          |                 |             |                         |          |                  |                    | Base Rate Fee        |
|  |          | _               |             |                         |          |                  |                    | and                  |
|  |          |                 |             |                         |          |                  |                    | Syndicated           |
|  |          |                 |             |                         |          |                  |                    | Exclusivity          |
|  |          |                 | <br>        |                         |          | -                |                    | Surcharge            |
|  |          |                 |             |                         |          | -                |                    | for                  |
|  |          | -               |             |                         |          | <b></b>          |                    | Partially<br>Distant |
|  |          |                 | l           |                         |          |                  | <u> </u>           | Stations             |
|  | <b></b>  |                 |             |                         | ·····    | -                |                    | Gtations             |
|  |          |                 |             |                         |          | H                |                    |                      |
|  |          | <b></b>         |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  | <b></b>            |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
| Total DSEs                                     |          |                 | 0.00        | Total DSEs              | •        |                  | 0.00               |                      |
| Gross Receipts First Gr                        | oup      | <b>\$</b> 726,  | 267.60      | Gross Receipts Secon    | d Group  | \$ 19            | 0,472.16           |                      |
| <b>Base Rate Fee</b> First Gr                  | oup      | \$              | 0.00        | Base Rate Fee Secon     | d Group  | \$               | 0.00               |                      |
| FIF  | TEENTH   | SUBSCRIBER GROU | JP          | S                       | IXTEENTH | SUBSCRIBER GROUP | )                  |                      |
| COMMUNITY/ AREA                                | WESTF    | FIELD           |             | COMMUNITY/ AREA         | GREEN    | WOOD             |                    |                      |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN               | DSE      | CALL SIGN        | DSE                |                      |
| OALL GIOIV                                     | DOL      | OALL GIGIN      | DOL         | OALL GIGIT              | DOL      | OALL GIGIT       | DOL                |                      |
|  |          | <b>-</b>        |             |                         |          | -                |                    |                      |
|  |          |                 |             |                         |          | -                | <b>-</b>           |                      |
|  |          |                 |             |                         |          | -                | <b></b>            |                      |
|  |          |                 |             |                         |          | -                |                    |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  |          |                 |             |                         |          |                  | <b>.</b>           |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
|  | <b></b>  |                 |             |                         | ļ        |                  | <b></b>            |                      |
|  |          |                 |             |                         |          |                  |                    |                      |
| Total DSEs                                     | <u> </u> |                 | 0.00        | Total DSEs              | 1        |                  | 0.00               |                      |
| Gross Receipts Third G                         | roup     | <b>\$</b> 173,  | 710.56      | Gross Receipts Fourth   | Group    | \$ 6             | 6,779.10           |                      |
| Base Rate Fee Third G                          | roup     | \$              | 0.00        | Base Rate Fee Fourth    | Group    | \$               | 0.00               |                      |
| Base Rate Fee: Add the Enter here and in block |          |                 | riber group | as shown in the boxes a | above.   | \$               |                    |                      |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634 |                    |                       |              |  |              |  |           | Name             |
|---|--------------------|-----------------------|--------------|--|--------------|--|-----------|------------------|
|   |                    |                       |              | TE FEES FOR EACH                         |              |  |           |                  |
| SEVE  | NTEENTH            | SUBSCRIBER GRO        | UP           | EIGHTEENTH SUBSCRIBER GROUP              |              |  |           | •                |
| COMMUNITY/ AREA   |                    |                       |              | COMMUNITY/ AREA                          |              |  |           | 9<br>Computation |
| CALL SIGN   | DSE                | CALL SIGN             | DSE          | CALL SIGN                                | DSE          | CALL SIGN  | DSE       | of               |
|   |                    |                       |              |  |              |  |           | Base Rate Fee    |
|   |                    |                       |              |  |              |  |           | and              |
|   |                    | -                     |              |  |              |  |           | Syndicated       |
|   |                    |                       | •            |  |              | -  |           | Exclusivity      |
|   |                    |                       |              |  |              |  |           | Surcharge        |
|   |                    |                       |              |  |              |  |           | for              |
|   |                    |                       |              |  |              |  |           | Partially        |
|   |                    |                       | •            |  |              |  |           | Distant          |
|   |                    |                       | ••••••••••   |  | •            | <u> </u>   |           | Stations         |
|   |                    |                       | ••••••••••   |  | •            | <u> </u>   |           |                  |
|   |                    |                       | <u> </u>     |  |              |  |           |                  |
|   |                    |                       | <u> </u>     |  | <u> </u>     | <u> </u>   |           |                  |
|   |                    |                       |              |  |              | +  |           |                  |
|   |                    |                       | <del>-</del> |  | <b>-</b>     | +  |           |                  |
|   |                    |                       | <del></del>  |  | <del> </del> |  |           |                  |
| Total DSEs  | -                  | ļ                     | 0.00         | Total DSEs                               |              | Į.Į.   | 0.00      |                  |
| Gross Receipts First Group \$ 59,104.9                                  |                    |                       | ,104.98      | Gross Receipts Second Group \$ 28,693.26 |              |  | 28,693.26 |                  |
|   |                    |                       |              |  |              |  |           |                  |
| Base Rate Fee First Group \$ 0.00                                       |                    |                       | 0.00         | Base Rate Fee Secon                      | d Group      | \$   | 0.00      |                  |
| NII   | NTEENTH            | SUBSCRIBER GRO        | UP           | TWENTIETH SUBSCRIBER GROUP               |              |  |           |                  |
| COMMUNITY/ AREA 0   |                    |                       |              | COMMUNITY/ AREA 0                        |              |  |           |                  |
| CALL SIGN   | DSE                | CALL SIGN             | DSE          | CALL SIGN                                | DSE          | CALL SIGN  | DSE       |                  |
| 0.122 0.0.1   | 202                | 07122 01011           | 202          | 07.122 01011                             | 202          | 07122 07011                                      | 202       |                  |
|   |                    |                       | ···          |  |              | +  |           |                  |
|   |                    |                       | <del></del>  |  | <del>-</del> | <del> </del>                                     |           |                  |
|   |                    |                       | ···          |  |              | +  |           |                  |
|   |                    |                       | ···          |  |              | +  |           |                  |
|   |                    |                       |              |  |              | <del>                                     </del> |           |                  |
|   |                    |                       | ···          |  | ·            | +  | ·····     |                  |
|   |                    |                       | <del>-</del> |  | <b>-</b>     | -  |           |                  |
|   |                    |                       | <u>-</u>     |  | <b></b>      | -  |           |                  |
|   |                    |                       | <u>-</u>     |  | <b></b>      | H  |           |                  |
|   |                    |                       | <u>-</u>     |  | <b></b>      | H  |           |                  |
|   |                    |                       |              |  |              | -  |           |                  |
|   |                    |                       | <del>-</del> |  | <b>-</b>     | -  |           |                  |
|   |                    |                       | <del></del>  |  | <del> </del> |  |           |                  |
|   |                    |                       | <del></del>  |  | <del> </del> |  |           |                  |
| Total DSEs  |                    |                       | 0.00         | Total DSEs                               |              | П  | 0.00      |                  |
| Gross Receipts Third Group \$   |                    | \$                    | 0.00         | -  |              | 0.00   |           |                  |
|   | Ч                  |                       |              |  |              | ·  |           |                  |
| Base Rate Fee Third Group \$  |                    | \$                    | 0.00         | Base Rate Fee Fourth Group               |              | \$ 0.00  |           |                  |
|   | ne <b>base rat</b> | re fees for each subs |              |  | ı Group      | \$   | 0.00      |                  |

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE 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 computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 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. FIFTH SUBSCRIBER GROUP SIXTH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH 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 Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 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. NINTH SUBSCRIBER GROUP TENTH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group . . . . . . . . . . . . . . . . **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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 Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 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. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 . . . . . . . . . . . . . . . . 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 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. EIGHTEENTH SUBSCRIBER GROUP SEVENTEENTH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . NINEENTH SUBSCRIBER GROUP TWENTYTH 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 . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown