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						
08/29/2017	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period		2017							
B Owner	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 submi a single statement of account and royalty fee payment covering the entire accounting perioa 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								
		MI-CONNECTION COMMUNICATION SYSTEMS							
						629901			
					62990	2017			
		PO Box 90 MOORESVILLE, NC 28115							
С		TRUCTIONS: In line 1, give any business or trade names used to it nes already appear in space B. In line 2, give the mailing address of							
System	1	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>				
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(City, town, state, zip code)							
D		tructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on pag	e 1b			
Area Served	with	n all communities. CITY OR TOWN	STATE						
First		MOORESVILLE	NC						
Community	В	elow is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUI	B GRP#			
Sample	Ald		MD MD	A B		2			
	Ger	ance ing	MD	В		3			
	Ger	III'y	IVID	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.

ORW SAJE. PAGE 10.			CVCTEM ID#							
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
MI-CONNECTION COMMUNICATION SYSTEMS			62990							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
MOORESVILLE	NC	Α	1	First						
DAVIDSON	NC	Α	1	Community						
CORNELIUS	NC	Α	1	,						
HUNTERSVILLE	NC	Α	1							
				See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						
				,						
	•									

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••••••••	 	
		1

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

MI-CONNECTION COMMUNICATION SYSTEMS

SYSTEM ID#

Ε

Service: Subscribers and

Rates

Secondary Transmission

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.

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:					
 Service to first set 	8,960	\$	24.41		
 Service to additional set(s) 					
FM radio (if separate rate)					
Motel, hotel	11	\$	8.94		
Commercial	287	\$	24.41		
Converter					
Residential	12,364	\$	6.99		
Non-residential	189	\$	6.99		
1	1	1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

· ·						1						
LEGAL NAME OF OWN			0)/075110		SYSTEM II	Namo						
MI-CONNECTIO			SYSTEMS		6299	90						
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON										
l		,	` .		s 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	Primary											
substitute program bas	Transmitters: Television											
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 fo		sian Do not r	conort origination	a program convice	os such as HPO ESPN etc. Identify							
		-		. •	es such as HBO, ESPN, etc. Identify ation. For example, report multi-							
cast stream as "WETA			•	•	h stream separately; for example							
WETA-simulcast).	e channel numb	ner the FCC h	nas assigned to	the television stat	tion for broadcasting over-the-air in							
			-		may be different from the channel							
on which your cable sy	ystem carried th	ne station.			•							
					ependent station, or a noncommercial cast), "I" (for independent), "I-M"							
	•	•	,,		ommercial educational multicast).							
For the meaning of the												
planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form.							
					stating the basis on which your							
,		•	٠.	•	tering "LAC" if your cable system							
carried the distant stat For the retransmiss	•				capacity. y payment because it is the subject							
of a written agreement	t entered into o	n or before Ju	ine 30, 2009, be	etween a cable sy	stem or an association representing							
,			•	• .	ry transmitter, enter the designa- ther basis, enter "O." For a further							
` ' '			•	•	ed in the paper SA3 form.							
					y to which the station is licensed by the							
		. ,		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											
CHANNEL LINE-UP AA												
1 CALL	2 R'CAST	1	1	AA								
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE	4. DISTANT?	AA 5. BASIS OF	6. LOCATION OF STATION							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	1	AA								
	CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE								
SIGN	CHANNEL NUMBER	3. TYPE OF STATION N	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION							
SIGN WBTV-DT WBTV-Bounce	CHANNEL NUMBER 23-3 23-4	3. TYPE OF STATION N	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N	See instructions for additional information						
WBTV-DT WBTV-Bounce WTVI-HD	CHANNEL NUMBER 23-3 23-4 11-3	3. TYPE OF STATION N N E	4. DISTANT? (Yes or No) No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N							
SIGN WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH	CHANNEL NUMBER 23-3 23-4 11-3 11-4	3. TYPE OF STATION N N E	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5	3. TYPE OF STATION N E E E	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N	additional information						
SIGN WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH	CHANNEL NUMBER 23-3 23-4 11-3 11-4	3. TYPE OF STATION N N E	4. DISTANT? (Yes or No) No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5	3. TYPE OF STATION N E E E	4. DISTANT? (Yes or No) No No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED WCNC-HD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1	3. TYPE OF STATION N E E N N	4. DISTANT? (Yes or No) No No No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED WCNC-HD WCNC-LW	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2	3. TYPE OF STATION N E E N N	4. DISTANT? (Yes or No) No No No No No No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED WCNC-HD WCNC-LW WJZY-HD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3	3. TYPE OF STATION N N E E N N I	4. DISTANT? (Yes or No) No No No No No No No No No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2	3. TYPE OF STATION N N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-MH WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3	3. TYPE OF STATION N N E E I N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-HD WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT WCCB-SD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3 27-4	3. TYPE OF STATION N N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-HD WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT WCCB-SD WCCB-METV	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3 27-4 27-5	3. TYPE OF STATION N N E E I N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-HD WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT WCCB-SD WCCB-METV WMYT-HD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3 27-4 27-5 39-1	3. TYPE OF STATION N N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-HD WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT WCCB-SD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3 27-4 27-5	3. TYPE OF STATION N N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-HD WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT WCCB-SD WCCB-METV WMYT-HD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3 27-4 27-5 39-1	3. TYPE OF STATION N N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						
WBTV-DT WBTV-Bounce WTVI-HD WTVI-HD WTVI-ED WCNC-HD WCNC-LW WJZY-HD WSOC-TV WSOC-WX WCCB-DT WCCB-SD WCCB-METV WMYT-HD WMYT-SD	CHANNEL NUMBER 23-3 23-4 11-3 11-4 11-5 22-1 22-2 47-3 34-1 34-2 27-3 27-4 27-5 39-1 39-2	3. TYPE OF STATION N N E E N N N N N N N N N N N N N N N	4. DISTANT? (Yes or No) No	5. BASIS OF CARRIAGE	6. LOCATION OF STATION N N N N N N N N N N N N N N N N N N	additional information						

FORM SA3E. PAGE 3.					Accoon	1111011211100112017	
LEGAL NAME OF OWN			OVOTEMO		SYSTEM ID#	Name	
			SYSTEMS		62990		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream 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							
Note: If you are utilizing	3	• •	EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WUNG-UNC-KD	44-4	Е	No	,	N		
WUNG-UNC-EX	44-5	E	No		N		
WHKY-DT	40-3	I	No		N		
WHKY-DT	40-3	I	No		N		
WHKY-DT	40-3	I	No		N		
WHKY-DT	40-3	I	No		N		
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FURIN SAJE. PAGE 3.					OVOTEM ID#			
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name		
PRIMARY TRANSMITTI	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
Substitute Program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast), "I" (for independent). "I-M" (for 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 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 during the ac								
		CHANN	EL LINE-UP	AC	<u> </u>			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
		<u> </u>						

FORM SA3E. PAGE 3.		(0.7.7.1			SYSTEM	ID#
MI-CONNECTION			SVSTEMS			990 Name
			3131EWI3			790
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific 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 each each multicast stream	G, identify every eystem during the consistence of a cons	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substill sign. Do not r h a station acc	g period, except 81, permitting the referring to 76.6 paragraph. distant stations corizations: t it in space I (the ation was carried tute basis station report origination cording to its over	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your c e Special Statement d both on a substitutions, see page (v) on a program services er-the-air designation	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 and Program Log)—if the attention basis and also on some other attention basis and also on some other attention basis and also on some other attentions located as such as HBO, ESPN, etc. Identify ion. For example, report multi- a stream separately; for example	G Primary Transmitters: Television
Column 2: Give the					on for broadcasting over-the-air in may be different from the channel	
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	entering the lecast), "E" (for no ese terms, see ation is outside ce area, see prave entered "Yhe distant static ion on a part-tii ion of a distant entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	etter "N" (for noncommercial page (v) of the the local senage (v) of the es" in column on during the me basis becar multicast stranor before Jumitter or an appender "E". If , see page (v) ch station. Forns, if any, giv	etwork), "N-M" (I educational), of general instructivice area, (i.e. "or general instructivity and the search and the search area of lack of a geam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, ethe name of the	for network multic, or "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so and. Indicate by entictivated channel coubject to a royalty stween a cable system and the primar channel on any of instructions locate list the community with the community w	paper SA3 form. stating the basis on which your ering "LAC" if your cable system rapacity. payment because it is the subject stem or an association representing y transmitter, enter the designation the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						•••••

FORM SA3E. PAGE 3.					0./07514 ID/		
LEGAL NAME OF OWN			SYSTEMS		SYSTEM ID# 62990	Name	
					<u> </u>		
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), 07.66.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational							
		CHANN	EL LINE-UP	۸Ε	·	+	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.					OVOTEM ID#			
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program								
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.					0)/07514 ID#	T
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITT						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 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. 1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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						
		CHANN	EL LINE-UP	۸G		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					0./0	T
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for noncommer						
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FURM SAJE. PAGE 3.					OVOTEM ID#	I
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Namo
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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FURINI SAJE. PAGE 3.					OVOTEM ID#	
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITTI	RS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					OVOTEM ID	·I
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON .				
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OW	NER OF CABLE SY	/STEM:			SYST	EM ID#	Name
MI-CONNECTI	ON COMMU	NICATION	SYSTEMS			62990	- Trainio
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute Basis basis under specifc F• Do not list the station station was carried • List the station here, basis. For further in the paper SA3 fc Column 1: List eaeach multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licen on which your cable scolumn 3: Indicate educational station, by (for independent mult For the meaning of th Column 4: If the splanation of local serv Column 5: If you the cable system carried the distant state For the retransmis of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the carried the system and tion "E" (exempt). For explanation of these the Column 6: Give the cable signeration of these the Column 6: Give the carried the given the cable system and tion "E" (exempt). For explanation of these the carried the Given the cable system and tion "E" (exempt). For explanation of these the carried the Given the cable system and tion "E" (exempt). For explanation of these the carried the Given the cable system and tion "E" (exempt). For explanation of these the carried the Given the carried the	G, identify even system during the tions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard y television	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in comparation in a network of the station is a network of the stational	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your construction of the second of the	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system	m	G Primary Transmitters: Television
Note: If you are utilizi			EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					0./0	T
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON .				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
MI-CONNECTIO	ON COMMUI	NICATION	SYSTEMS		62990	Name
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
		 				
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FURM SAJE. PAGE 3.					OVOTEM ID#	
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITTI	RS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					OVOTEM ID#	1
LEGAL NAME OF OWN			CVCTEMC		SYSTEM ID# 62990	Namo
MI-CONNECTION			STSTEMS		62990	
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tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea Canadian static	o enter "E". If , see page (v) ch station. Fo ons, if any, giv	you carried the of the good of the general in U.S. stations, at the name of the	channel on any of nstructions locate list the community ne community with	ther basis, enter "O." For a further and in the paper SA3 form. If to which the station is licensed by the and which the station is identifed.	
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FURIN SAJE. PAGE 3.					OVOTEM ID#	
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					OVOTEM ID#	
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
MI-CONNECTION	ON COMMU	NICATION	SYSTEMS		62990	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space of carried by your cable's FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each cach multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	G, identify even system during tions in effect on 6.61(e)(2) and (6.51(e)(2) a	y television standard programmer accounting on June 24, 194, or 76.63 (Id din the next programmer account of the standard programmer account of the station account of the station.	g period, except 81, permitting the referring to 76.6 paragraph. It is a considerable with the fermion of the fermion of the fermion was carried that the basis station report origination coording to its over the fermion of the ferm	(1) stations carried ecarriage of cert 1(e)(2) and (4))]; as a carried by your of e Special Statement both on a substitute, see page (v) of a program service er-the-air designation of the television statington, D.C. This ark station, an indexical enterties of the service of the television statington, an indexical enterties of the service of the service of the television statington, D.C. This ark station, an indexical enterties of the service of the ser	and low power television stations) 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 tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in 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"	G Primary Transmitters: Television		
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.								
Note: If you are utilizing	ig multiple char		·		channer line-up.			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				
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FORM SA3E. PAGE 3.					0/0751410//	T	
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for ind							
Note: If you are utilizi	-		EL LINE-UP		·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					OVOTEM ID#			
LEGAL NAME OF OW			CVCTEMC		SYSTEM ID# 62990	Name		
MI-CONNECTI			STSTEWS		62990			
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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 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 o								
Note: If you are utilizi	ng multiple char	•	· .		channel line-up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FURM SAJE. PAGE 3.					OVOTEM ID#	
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					0./07514 ID/		
MI-CONNECTION			SYSTEMS		SYSTEM ID# 62990	Name	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON .					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for independent multicast), "E" (for nonco							
		CHANN	EL LINE-UP	۸۱۸/		-	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
		T		T			

ACCOUNTING PERIOD: 2017 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62990 MI-CONNECTION COMMUNICATION SYSTEMS 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.								NG PERIOD: 201
LEGAL NAME OF OWNER OF							SYSTEM ID#	Namo
MI-CONNECTION COMMUNICATION SYSTEMS SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
In General: In space I, ident substitute basis during the a	ify every nor	nnetwork televis	sion program broadcast by a	distant statio				ı
explanation of the programm								Substitute
				general mou	dolloris loc	ated in the pa	per ono ioiiii.	Carriage:
proaprast by a distant station?							Special Statement and	
Note: If your answer is "No log in block 2.		rest of this pag	ge blank. If your answer is "	'Yes," you mι	ust comple			Program Log
2. LOG OF SUBSTITUTE In General: List each subs			te line. Use abbreviations v	wherever nos	sible if the	eir meaning is		
clear. If you need more spa	ce, please a	attach addition	al pages.			_	•	
period, was broadcast by a	distant stat	ion and that yo		d for the prog	ramming o	of another sta		
under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I	tion. Do no	t use general o	categories like "movies", or					
Column 2: If the prograr	n was broad	dcast live, ente	r "Yes." Otherwise enter "N esting the substitute prograi					
	adcast statio	on's location (th	ne community to which the	station is lice		e FCC or, in		
	th and day		tem carried the substitute p			, with the mor	nth	
	es when the		gram was carried by your o				ly	
stated as "6:00-6:30 p.m."							نــ	
to delete under FCC rules a	and regulation	ons in effect du		; enter the let	ter "P" if th	ne listed pro	a	
gram was substituted for preffect on October 19, 1976.		that your syste	em was permitted to delete	under FCC r	ules and r	egulations in		
,				WHE	EN SUBS	TITUTE		
S	UBSTITUT	E PROGRAM	 	CARR	IAGE OC		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			DELETION	
						_		
					<u></u>			
					 			
					<u> </u>			
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ACCOUNTING PERIOD: 2017 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62990 **MI-CONNECTION COMMUNICATION SYSTEMS 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

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Nama
MI-	CONNECTION COMMUNICATION SYSTEMS		62990	Name
Inst all a	OSS 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 second dentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ondary transmi compute this ar	ssion service mount, see	K Gross Receipts
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ (Amount o	1,132,397.08 of gross receipts)	
InstruConConIf youIf you	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. It is system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. It is system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b \mathbf{k} 3 below.	e entered on li	ne 1 of	
▶ If pa	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 block 4 below.	uld be entered	on line	
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 perc	ent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	1,132,397.08	
	Enter the result here. This is your minimum fee.	\$	12,048.70	
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. No—Leave block 3 below blank and control or the stations of the stations o	nn 4, you musi	t check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$		
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	-	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	12,048.70	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact 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	\$	12,773.70	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of	f the	auditional lees.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	MI-CONNECTION COMMUNICATION SYSTEMS	62990								
M	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.									
Channels	Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name Sean Wilbur Telephone 704-360-1820									
	Address 420 S Academy (Number, street, rural route, apartment, or suite number)									
	Mooresville, NC 28115 (City, town, state, zip)									
	Email swilbur@mi-connection.net 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 identifed 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 identified as owner of the cable sy in line 1 of space B.	/stem								
	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. [18 U.S.C., Section 1001(1986)]									
	X /s/ David Auger									
	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: David Auger									
	Title: CEO (Title of official position held in corporation or partnership)									
	Date: August 29, 2017									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS	62990	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incle scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transminate by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address	pasic ude sub- 119." n the	P Special Statement Concerning Gross Receipts Exclusion
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpror an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment	- days	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
** 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 filling.		
Owner Address		
First community served Accounting period ID number		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2017

DSE SCHEDULE. PAGE 10.

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 carried 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 DSEs	

Note that local stations are not counted at all in computing DSEs.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

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

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

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

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

EXAMPLE:

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

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
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	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

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. PAGE 11. (CONTINUED)						
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS 62990					
1						
	SUM OF DSEs OF CATEGORY "O" STATIONS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.					
					0.00	
2	Instructions:					
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
Computation	of space G (page 3). In the column headed "DSF"	': for each inden	endent station, give the DSI	= as "1 0"· for	each network or noncom-	
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."					
Category "O"	. 5		CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						

Name		OWNER OF CABLE SYSTEM: TION COMMUNICAT	ION SYSTEM	s			S	62990
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	capacity st the call sign of all dista 2: For each station, give the correspond with the infont 3: For each station, give the the Divide the figure in colute at least to the third decire 5: For each independent size value as ".25." 5: Multiply the figure in copoint. This is the station's	the number of homation given in some total number of the total number of the figure of	urs your cable syste space J. Calculate or of hours that the starre in column 3, and the "basis of carriage "type-value" as "1.0." ure in column 5, and	m carried the stanly one DSE for of tion broadcast or give the result in ge value" for the some cach netwood give the result it	ation during the accounting the accounting each station. It were the air during the accounting	punting period. his figure must cational station, less than the	
Capacity		С	ATEGORY L	AC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY M	. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	GE VALUI	€ 6. DS	SE.
			÷ ÷		= =	X	=	
						x x		
			÷		=	x	=	
					=	x	<u>-</u>	
						X X	= =	
			÷		=	x	=	
	Add the DSEs	S OF CATEGORY LAC S of each station. um here and in line 2 of pa		dule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference to Broadcast of space I). Column 2: at your option. Column 3: Column 4:	re the call sign of each start by your system in substituted on October 19, 1976 (one or more live, nonnetwork for each station give the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE	itution for a progras shown by the book programs durinumber of live, respond with the institute in 2 by the figure (For more inform	ram that your system letter "P" in column ing that optional carr nonnetwork program formation in space I year: 365, except in in column 3, and gi lation on rounding, s	n was permitted of 7 of space 1); an iage (as shown by as carried in substance a leap year. we the result in casee page (viii) of	to delete under FCC rules d v the word "Yes" in column stitution for programs that olumn 4. Round to no les the general instructions in	2 of were deleted s than the third	rm).
		SUI	BSTITUTE-BA			ATION OF DSEs	1	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷		=		÷		
		÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa		dule,		0.00		=
5		ER OF DSEs: Give the am s applicable to your system		oxes in parts 2, 3, and	1 4 of this schedul	e and add them to provide	the tota	
Total Number	1. Number o	f DSEs from part 2●				>	0.00	
of DSEs		f DSEs from part 3 ●				-	0.00	
	3. Number o	f DSEs from part 4 ●				<u> </u>	0.00	
	TOTAL NUMBE	ER OF DSEs						0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017

LEGAL NAME OF C			SYSTEMS				S	YSTEM ID# 62990	Name
Instructions: Blod In block A: If your answer if schedule. If your answer if	"Yes," leave the re	emainder of p	·	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
			BLOCK A: 1	ELEVISION M	ARKETS				Computation of 3.75 Fee
		schedule—[•					gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carring 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ules and regued pursuant to as defined all educations distation (76.) or DSE schedant to individuationally carries JHF station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (b)	n June 24, 198 i), 76.61(b)(c), ii) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	-								
						•			
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			•	-	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove			1	-	
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

BLOCK A: TELEVISION MARKETS (CONTINUED) 62990											
	1	BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)					
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6		
									Computation of 3.75 Fee		
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:												
Name	MI-CONNECTION	ON COMMU	INICATION SY	STEMS						62990			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F- A—Part-time sp 76.59 B—Late-night pr 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compar in block IMPORTANT: The	actions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those atations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. aloumn 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule olumn 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 olumn 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) olumn 4: 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, section: 76.59(d)(1),76.61(e)(1), 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)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. olumn 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule olumn 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. APORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated attement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED DSE PERIOD CARRIAGE DSE											
	4 0411				-D O					EDMITTES			
	SIGN	SIGN DSE PERIOD CARRIAGE DSE D											
									••••••				
									•••••				
					•••••								
7 Computation of the Syndicated	,	"Yes," comple	ete blocks B and C locks B and C blar	k and complete		8 of the DSE schedu							
•			BLUC	K A: MAJOR	IEL	EVISION MARK							
Exclusivity Surcharge	• Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C. No—Proceed to part 8												
	BLOCK B. C	arriage of VHI	F/Grade B Contou	Stations	7	BI OCK	C: Compi	Itation of Exem	nt DSF	<u> </u>			
	Is any station listed in commercial VHF station in part, over the ca	block B of pa	art 6 the primary st	ream of a	ni	/as any station listed ity served by the cable former FCC rule 76.	in block B le system p	of part 7 carrie	d in any	commu-			
	Yes—List each s X No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each sta X No—Enter zero ar			ate permi	itted DSE			
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE			
				<mark>-</mark>						·····			
				<u> </u>						<u> </u>			
				<mark>-</mark>									
				 									
		ļ		 									
		ļ		<u>-</u>									
		<u> </u>	TOTAL DSEs	0.00				TOTAL DS	Es	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS	SYSTEM ID# 62990	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,132,397.08	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 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 Dis 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	Name LEGAL NAME OF OWNER OF CABLE SYSTEM: SY							
Numb		MI-CONNECTION COMMUNICATION SYSTEMS	62990					
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.						
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$						
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$						
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here						
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$						
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here						
		F. Multiply line D by line E and enter here						
		G. Add lines A, C, and F. This is your surcharge.						
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\\$\\$\\$\$						
		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part						
8	6 was	checked "Yes," use the total number of DSEs from part 5.						
Computation		ock 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.						
of	_	ar answer is "No, compute your system's base rate lee 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						
Base Rate Fee	blank							
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local						
<u> </u>		e area," see page (v) of the general instructions.						
 -		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
l	• Did y	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 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$						
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.						
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶						
	Castion	use the total number of Bolls from part o.j.						
<u> </u>	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.						
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.						
<u> </u>		A. Enter 0.01064 of gross receipts						
		(the amount in section 1) ▶ _\$						
		B. Enter 0.00701 of gross receipts (the amount in section 1)						
		(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)	0.00					
		Base Rate Fee						

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	NNECTION COMMUNICATION SYSTEMS	62990	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		•
7	A. Enter 0.01064 of gross receipts (the amount in section 1) **State of the image is a section	_	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.		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
•	from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	availage of this	of Base Rate Fee
station DSEs a	rivide 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 nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in property a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be able system is wholly located outside all major television markets, complete block A only.	, ,	for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
Step 2: outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
Step 3: subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system.	tem's subscriber	
	section: y the communities/areas represented by each subscriber group.		
• Give t	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all pers in the group.	of the	
• If:			
and 4 o	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in fithis schedule; or,	•	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	IOCK B,	
• Add th	e DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the number of making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that group)'s complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62990 MI-CONNECTION COMMUNICATION SYSTEMS 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.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FIRST SUBSCRIBER GROUP COMMUNITY/ AREA Mooresville CALL SIGN DSE CALL SIGN	of Base Rate and Syndicat Exclusiv Surchar for Partiall Distan
COMMUNITY/ AREA Mooresville COMMUNITY/ AREA Davidson CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Computar of Base Rate and Syndicat Exclusiv Surchar for Partiall Distan
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Computa of Base Rate and Syndica Exclusiv Surchar for Partiall Distan
CALL SIGN DSE	of Base Rate and Syndica Exclusiv Surchar for Partiali
	Base Rate and Syndica Exclusiv Surchar for Partiall Distan
Total DSEs	Syndicat Exclusiv Surchar for Partiall Distan
Total DSEs	Partiall _y Distant
Fotal DSEs 0.00 Total DSEs 0.00	Surchard for Partially Distant
Total DSEs	for Partiall Distan
Total DSEs	Partiall _y Distant
Total DSEs	Distant
Total DSEs	
Otal DSEs 0.00 Total DSEs 0.00	
Ootal DSEs 0.00 Total DSEs 0.00	Station
Total DSEs 0.00 Total DSEs 0.00	
Total DSEs 0.00 Total DSEs 0.00	
Otal DSEs	
Total DSEs	
Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts First Group \$ 418,986.92 Gross Receipts Second Group \$ 249,127.36	
Gross Receipts First Group \$ 418,986.92 Gross Receipts Second Group \$ 249,127.36	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP	
COMMUNITY/ AREA Cornelius COMMUNITY/ AREA Huntersville	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Fotal DSEs 0.00 Total DSEs 0.00	

MI-CONNECTION COMMU	ILE SYSTEM: INICATION SYST	EMS				YSTEM ID# 62990
			TE FEES FOR EAC			
FIFTH COMMUNITY/ AREA	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0
			COMMONT 17 ARE			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
3ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SEVENTH	SUBSCRIBER GRO)UP		EIGHTH	SUBSCRIBER GROU	JP
	SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0
	SUBSCRIBER GRO		COMMUNITY/ ARE		SUBSCRIBER GROU	
OMMUNITY/ AREA		0		Α		0
OMMUNITY/ AREA		0		Α		0
OMMUNITY/ AREA		0		Α		0
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COMMUNITY/ AREA	CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE

	INICATION SYS	TEMS				YSTEM ID# 62990	
			TE FEES FOR EAG				
NINTE COMMUNITY/ AREA	SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE		H SUBSCRIBER GROU	JP 0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs	<u>II</u>	0.00	Total DSEs		<u> </u>	0.00	
	¢	0.00		and Croup	•	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ELEVENTH	I SUBSCRIBER GRO	OUP		TWELVTH	H SUBSCRIBER GROU	JP	
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	1			ırth Group			

DI COLLA C		MS				62990	Name
			TE FEES FOR EACH				
	SUBSCRIBER GROUI				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA	0	Computatio		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.122 0.011	07.22 0.0.1		5, 122 5.5.1	102	07.22 0.0.1	302	Base Rate F
							and
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Γotal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Freedom Tirest Group	~	0.00	Cross rescipts seed	на Огоар		0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIFTEENTH S	SUBSCRIBER GROU	Р	S	SIXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs	1	0.00	Total DSEs	<u> </u>	-	0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
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MI-CONNECTION COMMO	LE SYSTEM: NICATION SYSTE	MS			S'	YSTEM ID# 62990	Name	
			TE FEES FOR EAC					
	SUBSCRIBER GROU				SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	0	Computatio			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE				
57.122.5751.1	07.122.01011	332	0/122 0:0:1	302	07.122.01011	302	of Base Rate F	
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Total DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
orosa Necelpia i list Group	4	0.00	Gross Necelpla Gecc	ond Group	4	0.00		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
NINTEENTH	SUBSCRIBER GROU	JP	-	TWENTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0		
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Fotal DSEs		0.00	Total DSEs			0.00		
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
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LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	Y-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs	•	•	0.00	Total DSEs	•	•	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				•			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DCTa			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third G Base Rate Fee Third G Base Rate Fee: Add the Enter here and in block	roup e base rat	\$ e fees for each subs			rth Group	\$ \$	0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TWENTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	AME OF OWNER OF CABLE NNECTION COMMUN	Name
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 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 DSE COSTA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL SIGN DSE D.00 DSE CALL SIGN		
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Total DSEs		•••
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA		Base Rate F
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA		and
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA		Syndicated
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		Exclusivity
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA		Surcharge
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		for
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA		Partially
Stross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	······	Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA		Stations
Stross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	·····	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA	Es	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	_	_
TWENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0		_ _
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	.te Fee First Group	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	NITY/ AREA	<u></u>
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Total DSEs 0.00 Total DSEs 0.00	Eo.	\dashv
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	eceipts Third Group \$	_
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	te Fee Third Group \$	

MI-CONNECTION COMM	BLE SYSTEM: UNICATION SYST	EMS			S	YSTEM ID# 62990	Name
	COMPUTATION O		TE FEES FOR EAC				
	H SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE			of
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIRS	T SUBSCRIBER GRO	UP	THIR	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
				TE FEES FOR EAC				
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRT	Y-FIFTH	SUBSCRIBER GRO	UP	TI	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	l		0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

Total DSEs O.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 THIRTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	O SE Computation of Base Rate If and Syndicate Exclusivities Surcharge for Partially Distant Stations
CALL SIGN DSE CA	Computation DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant Stations
CALL SIGN DSE CA	Computation DSE of Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant Stations
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Total DSEs Total DSEs	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0	0.00

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Total DSEs	0.00	Total DSEs			0.00	
Gross Receipts First Group \$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
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Base Rate Fee First Group \$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORTY-THIRD SUB	SCRIBER GROUP	FORT	Y-FOURTH	SUBSCRIBER GROUP)	
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MI-CONNECTION COMMU	LE SYSTEM: INICATION SYST	rems				YSTEM ID# 62990
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	and Croup	\$	0.00
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE COMMUNITY/ AREA COMMUNITY/ AREA DSE CALL SIGN DSE CALL SI	0.00 0.00	Computati of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations
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CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DS	0.00 0.00	Computati of Base Rate and Syndicate Exclusivi Surcharg for Partially
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Base Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-FIFTH SUBSCRIBER GRO	OUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
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Total DSEs	0.00	Total DSEs			0.00	
Gross Receipts Third Group \$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

	COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC	CH SUBSCR	IDED ODOLID		
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Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GROU	JP	
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
				rth Group	\$	0.00	

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third G Base Rate Fee: Add th Enter here and in block	e base rat	e fees for each subs				\$	0.00	

	SYSTEM: CATION SYSTEMS			S'	4STEM ID# 62990	Name
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Gross Receipts First Group \$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS						S	YSTEM ID# 62990	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIXTY	′-NINTH	SUBSCRIBER GRO		8	9			
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otal DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-FIRST SUBSCRIBER GROUP			LID			SUBSCRIBER GROU	ID.	
		0	COMMUNITY/ AREA					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Gro	oup	s	0.00	Base Rate Fee Four	rth Group	s	0.00	
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Base Rate Fee Third Gro Base Rate Fee: Add the Enter here and in block 3	base rat		0.00	as shown in the boxe		\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS						S	YSTEM ID# 62990	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
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Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-FIFTH SUBSCRIBER GROUP			SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc	ne base rat	e fees for each subs				\$	0.00	

ION COMMUNICATION SYSTEMS 629	ID# I90 Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
NTY-SEVENTH SUBSCRIBER GROUP SEVENTY-EIGHTH SUBSCRIBER GROUP	<u>0</u> 9
REAO COMMUNITY/ AREA	0 Computat
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS						S	YSTEM ID# 62990	Name
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	TY-FIRST	SUBSCRIBER GRO		EIGH		9		
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EIGHTY-THIRD SUBSCRIBER GROUP			UP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS						S	YSTEM ID# 62990	Name
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS				5	YSTEM ID# 62990	Name	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS						S	YSTEM ID# 62990	Name
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LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS						S	YSTEM ID# 62990	Name
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LEGAL NAME OF OWNER MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	BLE SYSTEM: JNICATION SYST	EMS			S	YSTEM ID# 62990	Name
BLOCK A	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWENTY-FIFT	H SUBSCRIBER GROU		ONE HUNDRED T	WENTY-SIXTH	SUBSCRIBER GROUP	•	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicate
							Exclusivit Surcharge
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							Partially
							Distant
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otal DSEs		0.00	Total DSEs	•		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
NE HUNDRED TWENTY-SEVENT	H SUBSCRIBER GROU		ii –		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRE	ED THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE/			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
						 -		and
								Syndicated
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THI	RTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
oross receipts Time e	Тоир	.*	0.00	Oross receipts roun	тит Огоар	*	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE MI-CONNECTION			EMS			S	YSTEM ID# 62990	Name
BL	OCK A: 0	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUI		tt -		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>					 		Base Rate F
								and
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otal DSEs	'		0.00	Total DSEs	•	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIFTH	SUBSCRIBER GROUI		ii –		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
3ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	es above.	s		

LEGAL NAME OF OWN			ГЕМЅ			S	YSTEM ID# 62990	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT		SUBSCRIBER GROU	IP	ONE HUNDRED TI	HIRTY-EIGHTH	SUBSCRIBER GROUF)	0
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
		H		1				Syndicated
		-						Exclusivity
								Surcharge
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otal DSEs		<u> </u>	0.00	Total DSEs	1	Ц	0.00	İ
Gross Receipts First	Group	¢	0.00	Gross Receipts Sec	ond Group	\$	0.00	ı
oross Receipts First	Gioup	\$	0.00	Gloss Receipts Set	John Group	3	0.00	1
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED TH	IIRTY-NINTH	SUBSCRIBER GROU	IP	TT .		SUBSCRIBER GRO	UP	İ
OMMUNITY/ AREA			0	COMMUNITY/ ARE	1			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	ı
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otal DSEs			0.00	Total DSEs			0.00	ı
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	İ
								1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	ı
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	CABLE SYSTEM: IMUNICATION	SYSTEMS			S	62990	Naı
			ATE FEES FOR EA				
ONE HUNDRED FORTY-F	RST SUBSCRIBER		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	Compu
CALL SIGN DS	E CALL SIG	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	0
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							Dista
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Se	cond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Se	cond Group	\$	0.00	
	<u></u>		#				
ONE HUNDRED FORTY-THE COMMUNITY/ AREA	IIRD SUBSCRIBER	R GROUP 0	ONE HUNDRED FO		H SUBSCRIBER GROUP	0	
OWWONT IT AREA			COMMONT IT ARE				
CALL SIGN DS	E CALL SIG	N DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				•			
Total DSEs		0.00	Total DSEs			0.00	
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fol	urth Group	\$	0.00	

	UNDRED FORTY-SIXTH SUBSCRIBER GROUP
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COMMUNITY/ AREA 0 COMMUN	
	Computati
CALL SIGN DSE CALL SIGN DSE CALL SIGN	GN DSE CALL SIGN DSE of
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Fotal DSEs 0.00 Total DSEs	s 0.00
Gross Receipts First Group \$ 0.00 Gross Rec	eipts Second Group \$ 0.00
Base Rate Fee First Group \$ 0.00 Base Rate	Fee Second Group \$ 0.00
II	NDRED FORTY-EIGHTH SUBSCRIBER GROUP
COMMUNITY/ AREA 0 COMMUNI	ITY/ AREA 0
CALL SIGN DSE CALL SIGN DSE CALL SIGN	GN DSE CALL SIGN DSE
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Total DSEs 0.00 Total DSEs	s
Gross Receipts Third Group \$ 0.00 Gross Rec	eipts Fourth Group \$ 0.00

LEGAL NAME OF OWNI			EMS			S	YSTEM ID# 62990	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED FIFTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs		···	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orosa recocipio i noi e	лоар		0.00	Cross receipts eee	она Огоар	•		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Tatal DOFa			0.00	Total DCFs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE			EMS			S	YSTEM ID# 62990	Name
				TE FEES FOR EAC				
ONE HUNDRED FIFT	ry-third	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ AREA	<i></i>		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u>.</u>				<u></u>			and
		-						Syndicated
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	 		<u>.</u>					Stations
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							0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP MUNITY/ AREA O COMMUNITY/ AREA O	
MUNITY/ AREA 0 ICOMMUNITY/ AREA 0	0
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LL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
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Sta	ations
DSEs 0.00 Total DSEs 0.00	
s Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP	
IMUNITY/ AREA 0 COMMUNITY/ AREA 0	
LL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
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DSEs 0.00 Total DSEs 0.00	
s Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

LEGAL NAME OF OWNE			EMS				4990 62990	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO	JP		SECOND	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	Moores	ville		COMMUNITY/ AREA		on		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
				••••				and
								Syndicated
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Fotal DSEs	!!		0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$ 418	,986.92	Gross Receipts Seco	nd Group	\$ 2	49,127.36	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	JP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Corneli	us		COMMUNITY/ AREA	Hunters	sville		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 418	,986.92	Gross Receipts Four	th Group	\$	45,295.88	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
				II.				

LEGAL NAME OF OWNER MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
BL				TE FEES FOR EAC				
COMMUNITY/ AREA	FIFTH	SUBSCRIBER GRO	JP 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
	•••••							Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					····			and Syndicated
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
S	EVENTH	SUBSCRIBER GRO	JP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Foul	th Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$			·	\$ \$		

LEGAL NAME OF OWNE			EMS			S	YSTEM ID# 62990	Name
BL				TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	***************************************		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs	<u>.</u>	-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third G Base Rate Fee Third G Base Rate Fee: Add th	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	

	COMPUTATION OF SUBSCRIBER GRO				RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				DURTEENTH	I SUBSCRIBER GRO	UP	,
	CALL SIGN	0					9
CALL SIGN DSE	CALL SIGN		COMMUNITY/ AREA	A		0	Computati
		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicate
							Exclusivit
							Surcharge
							for Partially
							Distant
							Stations
		•	•				
Γotal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
	·				· ·		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs		0.00	Total DSEs		11	0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	<u>*</u>			C. 50p			
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

LEGAL NAME OF OWNE			EMS			S	62990	Name
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GRO	UP	E	EIGHTEENTH	I SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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								Syndicated
								Exclusivity
								Surcharge
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								Partially
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				-				Stations
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				-				
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GRO)UP		TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third (⊰roup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third C	∍roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add th	ne base rat	te fees for each subs	scriber arour	as shown in the boxe	es above.			
Enter here and in block			group			\$		

COMPUTATION O SUBSCRIBER GRO CALL SIGN		TE FEES FOR EAC TWEN COMMUNITY/ ARE	TY-SECONE	RIBER GROUP SUBSCRIBER GROUP		9		
	0	COMMUNITY/ ARE		SUBSCRIBER GRO		0		
CALL SIGN	······		Α		_			
CALL SIGN	DSE	CALL SIGN	COMMUNITY/ AREA 0					
-		DSE CALL SIGN DSE CALL SIGN DSE						
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	0.00	Total DSEs			0.00			
\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SUBSCRIBER GRO	DUP	TWEN	ITY-FOURTH	I SUBSCRIBER GRO	JP			
	0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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-								
	0.00	Total DSEs			0.00			
\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
	\$ CALL SIGN	\$ 0.00 \$ 0.00 CALL SIGN DSE CALL SIGN DSE 0.00 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 Base Rate Fee Sec SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSEs \$ 0.00 \$ 0	\$ 0.00 SUBSCRIBER GROUP CALL SIGN DSE CALL	\$ 0.00 Gross Receipts Second Group \$	\$ 0.00 Subscriber Group CALL SIGN DSE CALL		

MI-CONNECTION (EMS			S	62990	Name
				TE FEES FOR EAC				
	Y-FIFTH	SUBSCRIBER GROU		i i		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	••••••		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	JP	TWEN	ITY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
Total DSEs			0.00	Total DSEs			0.00	
	roup	\$			th Group	S S		
	roup	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·	\$				\$		

LEGAL NAME OF OWNER MI-CONNECTION (EMS		Name			
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
TWENT	Y-NINTH	SUBSCRIBER GRO)UP		THIRTIETH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRT	Y-FIRST	SUBSCRIBER GRO	DUP	THIR	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
								
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Total DSEs	Į.		0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- 10	<u>·</u>			 	·		
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third G Base Rate Fee Third G Base Rate Fee: Add the	oup	\$	0.00	Gross Receipts Fou	rth Group		0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CA	DSE	9 Computation of Base Rate Fe
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL S	0	Computation of
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Total DSEs Total DSEs		
Total DSEsTotal DSEs		
	0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00	
THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
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Total DSEs Total DSEs	0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00	

LEGAL NAME OF OWN MI-CONNECTION			EMS		Name			
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		ODDOT NDET CONT	0	COMMUNITY/ ARE		. CODOCHIDEN CINC	0	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	Croun	•	0.00		urth Crous	¢.	0.00	
Gross Receipts Third	Gгоир	\$	0.00	Gross Receipts Fou	ii ii i Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S'	YSTEM ID# 62990	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
FOR1	Y-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
							1	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GRO	UP	FORT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>ı </u>		0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
•					•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
FOR [*]	ΓY-FIFTH	SUBSCRIBER GRO	UP	F	ORTY-SIXTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EODTV 9	·E\/ENITU	SUBSCRIBER GRO	IIID	FO	DTV EIGHTL	I SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	PEVENTIN	SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	0	
COMMONT IT AIRLA	•••••			COMMONT IT ARE	······································			
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Page Pate Feet Add th	o baca rat	o foos for each subs	oribor group	as shown in the boxe	s abovo			

BLOCK A: C FORTY-NINTH S COMMUNITY/ AREA	OMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SHRSCE	DIDED CDOUD		
	SUBSCRIRER GROU		П				
COMMUNITY/ AREA	SEPOSITION GIVOR	JP			SUBSCRIBER GRO	UP	9
		0	COMMUNITY/ AREA	A		0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		0.00	Total DSEs		Ц	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
				•	·		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFTY-FIRST	SUBSCRIBER GROU	JP	FIF	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>	
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Total DSEs		0.00	Total DSEs			0.00	
	¢	0.00		th Croup	¢	0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	ит Отоир	\$	0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

GAL NAME OF OWNER OF CABLE SYSTEM: I-CONNECTION COMMUNICATION SYSTEMS 62990							
			TE FEES FOR EAC				
	RD SUBSCRIBER G				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-FIF	TH SUBSCRIBER G	ROUP		FIFTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	THE CODOC TRIBLING		iii —		I CODOCIAIDEIX CINO	-	
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Total DSEs		DSE	CALL SIGN Total DSEs	DSE		DSE	
	CALL SIGN	DSE	CALL SIGN	DSE	\$	DSE	

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
				TE FEES FOR EAC				
FIFTY-S	EVENTH	SUBSCRIBER GRO	UP	FIF	TY-EIGHTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	 		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
			2.00					
Base Rate Fee First Gr		SLIDSCRIPER CRO	0.00	Base Rate Fee Seco		\$ SUBSCRIPED CROIL	0.00	
	T-INIIN I II	SUBSCRIBER GRO		OOMAN INITY/ A DE		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·······		0	
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Total DSEs	<u>. </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee Third G Base Rate Fee: Add the Enter here and in block	e base rat	e fees for each subs				\$	0.00	

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
BL	OCK A: 0	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
SIX	Y-FIRST	SUBSCRIBER GRO	UP	SIX	TY-SECONE	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Γotal DSEs	II		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Total DSEs Gross Receipts Third G Base Rate Fee Third G Base Rate Fee: Add th	roup	\$	0.00	Gross Receipts Four Base Rate Fee Four	th Group	\$ \$	0.00	

LEGAL NAME OF OWNER MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
				TE FEES FOR EACH				
SIXT	Y-FIFTH	SUBSCRIBER GRO	UP	S	IXTY-SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA		•••••	0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-						Syndicated
								Exclusivity
		-						Surcharge
		-			<u></u>			for
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Γotal DSEs	 		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SIXTY-S	EVENTH	SUBSCRIBER GRO	UP	SIX	TY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	AL NAME OF OWNER OF CABLE SYSTEM: CONNECTION COMMUNICATION SYSTEMS 62990							Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	······		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate I
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		_						Syndicate
								Exclusivit
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			····			-		Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVI	NITY FIDOT	OUROODINED ORG						
OLVI	ENTY-FIRST	SUBSCRIBER GRO	DUP	iii		SUBSCRIBER GRO	UP	
		SUBSCRIBER GRO	0 0	SEVEN COMMUNITY/ ARE/		SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		CALL SIGN		iii		SUBSCRIBER GRO		
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA	A		0	
CALL SIGN	A		DSE	CALL SIGN	A		DSE	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Fotal DSEs	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

SYSTEMS SYSTEMS SYSTEMS 62990							
ON OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP			11				
	RTH SUBSCRIBER		TI .		SUBSCRIBER GRO		
0 COMMUNITY/ AREA 0		AREA	COMMUNIT	0		Α	COMMUNITY/ AREA
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0.00 Total DSEs			Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	ıp <u></u> \$	Second Group	Gross Recei	0.00	\$	t Group	Gross Receipts First (
0.00 Base Rate Fee Second Group \$ 0.00	ıp \$	Second Group	Base Rate F	0.00	\$: Group	Base Rate Fee First (
	<u> </u>		Base Rate F	'	\$ SUBSCRIBER GRO		
	<u> </u>	SEVENTY-SIXT		OUP		ENTY-FIFTH	SEVE
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0		ENTY-FIFTH	SEVE
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	COMMUNITY/ AREA
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O	XTH SUBSCRIBER	SEVENTY-SIXTI	COMMUNIT	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	XTH SUBSCRIBER	SEVENTY-SIXTI	CALL SIG	OUP 0	SUBSCRIBER GRO	ENTY-FIFTH	SEVEI COMMUNITY/ AREA CALL SIGN
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE O DSE CALL SIGN DSE CALL SIGN DSE O DSE CALL SIGN DSE CALL SIGN DSE O DSE CALL SIGN DSE CALL SIGN DSE O DSE CALL SIGN DSE CALL SIGN DSE O DSE	XTH SUBSCRIBER	DSE DSE	COMMUNIT CALL SIGI	OUP DSE O.00	SUBSCRIBER GRO	DSE	SEVEI COMMUNITY/ AREA CALL SIGN Total DSEs
R GROUP SEVENTY-SIXTH SUBSCRIBER GROUP O COMMUNITY/ AREA O DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	XTH SUBSCRIBER	DSE DSE	COMMUNIT CALL SIGI	OUP DSE O.00	SUBSCRIBER GRO	DSE	SEVEI COMMUNITY/ AREA

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS SYSTEM ID# 62990							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	a Group	Gross Receipts Secon		•		•
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	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROU	roup	Base Rate Fee First G
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00	\$	d Group	Base Rate Fee Secon	JP		roup	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	Base Rate Fee First G SEVEN' COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP 0	SUBSCRIBER GROU	TY-NINTH	SEVEN' COMMUNITY/ AREA CALL SIGN
	O.00 JP O DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	TY-NINTH DSE	SEVEN' COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	\$ SUBSCRIBER GROU	d Group	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GROU	TY-NINTH DSE	Base Rate Fee First G SEVEN' COMMUNITY/ AREA

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1-CONNECTION COMMUNICATION SYSTEMS 62990							Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
EIGH	TY-FIRST	SUBSCRIBER GRO)UP	EIGH	TY-SECONE	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	••••••		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
					<u></u>			Syndicated
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	······				····			for Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	ΓY-THIRD	SUBSCRIBER GRO	DUP	EIGH	ITY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Page Pate Fee: Add th	o baca rat	e fees for each subs	scriber group	as shown in the boxe	s above			

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
				TE FEES FOR EACH				
EIGH1	ΓY-FIFTH	SUBSCRIBER GRO	UP	EIG	HTY-SIXTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	••••••		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs		II.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GRO	UP	EIGH	TY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	 	-						
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	 	-	<u></u>		<u> </u>			
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Total DSEs	<u>ı </u>		0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
•	·				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER MI-CONNECTION (EMS			S	62990	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GRO			NINTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							<u></u>	Syndicated
								Exclusivity
						+		Surcharge for
						+	<u></u>	Partially
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T / L DOF			0.00	T 1 1 DOE			0.00	
Total DSEs		•	0.00	Total DSEs	al Casua	•	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	a Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINET	Y-FIRST	SUBSCRIBER GRO	UP	NINET	Y-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>ı </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
					-	-		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# NECTION COMMUNICATION SYSTEMS 62990						Name	
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii —		I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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								Surcharge
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GRO)UP	N	NETY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	- ~F	·			- · · P	·		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in blood			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S'	YSTEM ID# 62990	Name
				TE FEES FOR EACH				
NINETY-S	EVENTH	SUBSCRIBER GRO	UP	NINE	TY-EIGHTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
					<u></u>			Partially
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		-	<mark></mark>					Stations
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Total DSEs	<u> </u>		0.00	Total DSEs	_	ļļ.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINET	Y-NINTH	SUBSCRIBER GRO	UP	ONE HU	JNDREDTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		I	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
C. COO NOCOIPLO TIMA O	. 545	.*		C.000 Roscipio i ouru	0.0up	· ·	3.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

MMUNICATION SYSTEMS 62990							
K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
FIRST SUBSCRIBER GROUP ONE HUNDRED SECOND SUBSCRIBER GROUP	SUBSCRIBER GRO	SECOND			SUBSCRIBER GROU	ED FIRST	
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0		•••••	COMMUNITY/ AREA
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			Total DSEs	0.00			Total DSEs
\$ 0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
\$ 0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G
HIRD SUBSCRIBER GROUP ONE HUNDRED FOURTH SUBSCRIBER GROUP	SUBSCRIBER GRO) FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	ED THIRD	ONE HUNDRI
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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			Total DSEs	0.00			Total DSEs
			Total DSEs	0.00			

LEGAL NAME OF OWNE MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
				TE FEES FOR EAC				
ONE HUNDRE	D FIFTH	SUBSCRIBER GRO	UP	ONE HUND	RED SIXTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	tn Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee Third G Base Rate Fee: Add the Enter here and in block	e base rat	e fees for each subs				\$	0.00	

LEGAL NAME OF OWNER MI-CONNECTION (EMS			S	YSTEM ID# 62990	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	RED TENTH	I SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
								
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH.	SUBSCRIBER GRO	UP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER MI-CONNECTION (MS			S	YSTEM ID# 62990	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU			JRTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA	••••••	•••••	0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	ΙP	ONE HUNDRED S	IXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fourth	ı Group	3	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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SYSTEM ID# 62990 Name									
		TE FEES FOR EAC							
TH SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROUP	ENTEENTH				
Computati		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
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\$ 0.00	d Group	Base Rate Fee Seco	'	\$ SUBSCRIBER GROU	roup	Base Rate Fee First G			
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\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 TH SUBSCRIBER GROUP	d Group	Base Rate Fee Seco	JP		roup	Base Rate Fee First G			
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\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
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\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP 0	d Group VENTIETH	DASE RATE FEE SECONO ONE HUNDRED TO COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	roup NTEENTH	ONE HUNDRED NII COMMUNITY/ AREA CALL SIGN			
\$ 0.00 \$ 0.00 H SUBSCRIBER GROUP CALL SIGN DSE	d Group VENTIETH DSE	Base Rate Fee Seco ONE HUNDRED T COMMUNITY/ AREA CALL SIGN	JP 0 DSE	SUBSCRIBER GROL	DSE	ONE HUNDRED NII COMMUNITY/ AREA CALL SIGN Fotal DSEs			
\$ 0.00 S 0.00 H SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE 0.00	d Group VENTIETH DSE	Dase Rate Fee Seco	DSE O.00	CALL SIGN	roup NTEENTH DSE Group	Base Rate Fee First G ONE HUNDRED NII COMMUNITY/ AREA			

	GAL NAME OF OWNER OF CABLE SYSTEM: I-CONNECTION COMMUNICATION SYSTEMS 62990							Name
BI	OCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECONE	SUBSCRIBER GROUP	>	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	I SUBSCRIBER GROU)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

Name	YSTEM ID# 62990	J			EMS	NICATION SYSTE	R OF CABL	MI-CONNECTION (
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROUP	NTY-SIXTH	Ħ		SUBSCRIBER GROUP	ITY-FIFTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F			-					
and							····-	
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	0.00		d Group	Base Rate Fee Secon		\$	oup	
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	0.00	\$	d Group	Base Rate Fee Secon		\$	oup	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	IE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	IE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	IE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	IE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	NE HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	\$ SUBSCRIBER GROUP	oup SEVENTH	CALL SIGN
	0.00	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH DSE	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROUP	DSE DSE	Base Rate Fee First Gr NE HUNDRED TWENTY- COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Third G
	0.00	SUBSCRIBER GROUP CALL SIGN	d Group TY-EIGHTH DSE	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	SUBSCRIBER GROUP CALL SIGN	DSE DSE	CALL SIGN CALL SIGN Fotal DSEs

Manaa	LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS 62990								
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: C	ВІ	
9		SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GROUP	NTY-NINTH	ONE HUNDRED TWEN	
0 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
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_	0.00	\$	a Group						
_ _ _	0.00	\$		Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
_ _ _	0.00		d Group	Base Rate Fee Secon		\$ SUBSCRIBER GROUP	•		
	0.00	\$	d Group	Base Rate Fee Secon		<u></u>	•	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$	d Group	Base Rate Fee Secon		<u></u>	•	ONE HUNDRED THII	
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0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
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0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THII	
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0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA	0	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THI	
0	0.00	\$ SUBSCRIBER GROUP	d Group Y-SECOND DSE	Base Rate Fee Secon ONE HUNDRED THIRT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE DSE	ONE HUNDRED THII	

LEGAL NAME OF OWNER MI-CONNECTION (•			SY	62990	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GROUP		H	ΓY-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							<u></u>	Syndicated
								Exclusivity Surcharge
						-		for
								Partially
						-		Distant
								Stations
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED THIS	RTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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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	above.	\$		

LEGAL NAME OF OWNER MI-CONNECTION (•			SY	62990	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP			TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA	•••••	••••••	0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							ļ	Base Rate Fee
		 -						and
								Syndicated Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU		ONE HUNDRED	FORTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DOFa			0.00	Total DOE-	1		0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	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 MI-CONNECTION (EMS			S	62990	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED FOR	RTY-SECONI	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FOR	RTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS 62990								Name	
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP			
ONE HUNDRED FOR	TY-FIFTH	SUBSCRIBER GROUP)	ONE HUNDRED	FORTY-SIXTH	H SUBSCRIBER GROUP)	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE		CALL SIGN DSE CALL SIGN DSE				
·								Base Rate Fe	
								and	
					<u></u>			Syndicated	
								Exclusivity	
								Surcharge	
		-						for	
					<mark></mark>			Partially	
		-						Distant	
			<u> </u>		·····		••••	Stations	
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			······································		·····		····		
Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED FO	ORTY-EIGHTH	H SUBSCRIBER GROUP)		
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER MI-CONNECTION (EMS			SY	STEM ID# 62990	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED FORT	SUBSCRIBER GROU	P	0					
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs		ļļ.	0.00	
Gross Receipts First Gr	oun	\$	0.00				0.00	
Cross rescapto r met en	oup			Greece reconstructions	a Group	<u> </u>		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	/-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	••••••		0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-			.		<u>.</u>	
								
		-						
								
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Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							-	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM: MI-CONNECTION COMMUNICATION SYSTEMS 62990								
				TE FEES FOR EAC					
9	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP								
Computation	COMMUNITY/ AREA 0				OMMUNITY/ AREA 0				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN			
Base Rate F						-			
and									
Syndicated							···		
Exclusivity Surcharge									
for	····		·				···		
Partially	····		·			-	····		
Distant	••••••••••••			•					
Stations									
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	<u></u>						<mark></mark>		
1					0.00				
	Total DSEs 0.00							Total DSEs	
				Gross Receipts Second Group \$			Gross Receipts First Group \$		
	0.00	\$	d Group	Gross Receipts Seco	0.00	*	Тоир	orded reddolpto r not d	
		\$		Gross Receipts Seco	0.00	\$			
	0.00		d Group	Base Rate Fee Seco	0.00		roup	Base Rate Fee First G	
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G	
	0.00 0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	
	0.00 0.00 JP 0 DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	JP 0 DSE	\$ SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF COMMUNITY/ AREA CALL SIGN	
	0.00 0.00 JP 0 DSE	\$ SUBSCRIBER GROU	d Group TY-SIXTH DSE	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GROU	TY-FIFTH DSE	ONE HUNDRED FIF COMMUNITY/ AREA CALL SIGN Total DSEs	
	0.00 0.00 JP 0 DSE	\$ SUBSCRIBER GROU	d Group TY-SIXTH DSE	Base Rate Fee Seco ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	JP 0 DSE	\$ SUBSCRIBER GROU	TY-FIFTH DSE	Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA	

LEGAL NAME OF OWNE MI-CONNECTION			EMS			S	62990	Name	
				TE FEES FOR EAC					
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUP)	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP				9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation	
CALL SIGN DSE CALL SIGN DSE				CALL SIGN	of				
								Base Rate Fe	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
ONE HUNDRED FIF	ΓΥ-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRI	ED SIXTIETH	I SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs		11	0.00		
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Gross Receipts Third G	νουμ	\$	3.00	Gross Receipts Fou	тат Стоир	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name MI-CONNECTION COMMUNICATION SYSTEMS 62990 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 First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge 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.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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