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						
02/21/2018	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting Period	2017/2						
Bowner	Instructions:     Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation.     List any other name or names under which the owner conducts the busin If there were different owners during the accounting period, only the owners a single statement of account and royalty fee payment covering the entire according to the conduction of the conduction of the covering the entire according to the conduction of the covering the system's II.  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM TEKSTAR COMMUNICATIONS, INC.	ess of the cable syste er on the last day of the counting period.	em. he accounting period should su	1938 1938 193820172			
				1938 2017/2			
	150 2ND ST SW PERHAM, MN 56573						
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address						
System	1 IDENTIFICATION OF CABLE SYSTEM:  DBA ARVIG	<u> </u>	<del>-</del>	<u>_</u>			
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)						
D	Instructions: For complete space D instructions, see page 1b. Identiwith all communities.	fy only the frst com	imunity served below and re	elist on page 1b			
Area Served	CITY OR TOWN	STATE					
First	PERHAM	MN					
Community	Below is a sample for reporting communities if you report multiple of	hannel line-ups in	Space G.				
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample	Alda	MD	Α	1			
Janiple	Alliance	MD	В	2			
	Gering	MD	В	3			
ļ							

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 this 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: 2017/2** FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1938 TEKSTAR COMMUNICATIONS, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN SUB GRP# STATE **PERHAM** MN First **AMOR TWP** MN Α 1 Community **CANDOR TWP** MN Α **DEAD LAKE TWP** MN 1 Α Α 1 DENT MN **EDNA TWP** MN Α 1 See instructions for **GORMAN TWP** MN additional information on alphabetization. **HOBART TWP** MN Α 1 **MAINE TWP** MN Α 1 OTTERTAIL TWP MN Α 1 **OTTO TWP** 1 MN Α Add rows as necessary **PERHAM TWP** MN **PINE LAKE TWP** MN Α **RICHVILLE** MN Α 1 **RUSH LAKE TWP** MN Α 1 STAR LAKE TWP MN Α 1 **VERGAS** MN Α **NEWTON TWP** MN Α **NEW YORK MILLS** MN **BATTLE LAKE** MN Α 1 CLITHERALL MN Α 1 **CLITHERALL TWP** MN Α **EVERTS** MN **GIRARD TWP** MN Α **NIDAROS TWP** MN Α 1 SVERDRUP TWP MN Α 1 **DORA TWP** MN **DEER CREEK** MN **HENNING** MN Α **HENNING TWP** MN Α 1 **BLUFFTON** 2 MN Α **BLUFFTON TWP** MN **BURLINGTON TWP** MN 3 **DETROIT TWP** 3 MN Α 3 **DETROIT LAKES TWP** MN Α **LAKEVIEW TWP** 3 MN Α

**LAKE EUNICE TWP** 

**CALLAWAY** 

**ERIE TWP** 

3

3

3

Α

Α

MN

MN

MN

RICHWOOD TWP	MN	Α	3
SHELL LAKE TWP	MN	Α	3
FOREST TWP	MN	Α	3
ROUND LAKE TWP	MN	Α	3
CARSONVILLE TWP	MN	Α	3
ULEN	MN	В	4
HAWLEY	MN	В	4
GARY	MN	В	5
TWIN VALLEY	MN	Α	6
WAUBUN	MN	Α	6
MAHNOMEN	MN	Α	6
OSAGE TWP	MN	Α	7
BERTHA TWP	MN	С	8
HEWITT	MN	С	8
STOWE PRAIRIE TWP	MN	С	8
STAPLES	MN	С	8
OSAKIS	MN	С	8
KEGO TWP	MN	D	9
LEECH LAKE TWP	MN	D	9
LONGVILLE	MN	D	9
SHINGOBEE	MN	D	9
TURTLE LAKE TWP	MN	D	9
WABEDO TWP	MN	D	9
MANTRAP	MN	D	9
AKELEY	MN	D	9
AKELEY TWP	MN	D	9
HENRIETTA TWP	MN	D	9
NEVIS	MN	D	9
NEVIS TWP	MN	D	9
CASS LAKE	MN	D	9
WADENA	MN	Е	10
PARK RAPIDS	MN	F	11
BIGFORK TWP	MN	G	12
BIGFORK CITY	MN	G	12
BOWSTRING TWP	MN	G	12

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

SYSTEM ID# 1938

# Ε

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK 1					BLOCK 2			
	NO. OF			П		NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:								
<ul> <li>Service to first set</li> </ul>	13,716	\$	44.95					
<ul> <li>Service to additional set(s)</li> </ul>				1 [				
• FM radio (if separate rate)								
Motel, hotel	1,271	\$	44.95					
Commercial								
Converter								
Residential								
Non-residential								
		1		1 ľ		T	<u> </u>	

# 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.

	BLC	OCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	\$ 19.95	Motel, hotel		PAY CABLE	\$ 14.95
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		PAY CABLE	\$ 13.95
Fire protection		<ul> <li>Pay cable</li> </ul>		PAY CABLE	\$ 7.95
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	\$ 55.00				
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		<ul> <li>Reconnect</li> </ul>	\$ 55.00		
Converter		Disconnect			
		Outlet relocation	\$ 40.00		
	• Mc		\$ 55.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1938 TEKSTAR COMMUNICATIONS, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∉ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) **KXJB** 30 Ν No VALLEY CITY, ND WDAY 6 Ν No FARGO, ND See instructions for additional information wcco Ν 7 Yes 0 MINNEAPOLIS, MN on alphabetization. **KVRR** 15 Ν No FARGO, ND **KVLY** Ν 11 No FARGO, ND **KFME** 13 Ε Yes 0 FARGO, ND **KWCM** 10 0 APPLETON, MN Ε Yes KVLY-3 11.3 I-M No FARGO, ND WDAY-3 6.3 I-M No FARGO, ND WDAY-2 I-M No 6.2 FARGO, ND KVRR-2 15.2 I-M No FARGO, ND KXJB-2 VALLEY CITY, ND 30.2 I-M

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

1938

#### 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 progran 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 othe 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. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
30	N	No		VALLEY CITY, ND
6	N	No		FARGO, ND
7	N	Yes	0	MINNEAPOLIS, MN
15	N	No		FARGO, ND
11	N	No		FARGO, ND
13	E	No		FARGO, ND
6.2	I-M	No		FARGO, ND
11.3	I-M	No		FARGO, ND
6.3	I-M	No		FARGO, ND
15.2	I-M	No		FARGO, ND
30.2	I-M	No		VALLEY CITY, ND
	CHANNEL NUMBER  30 6 7 15 11 13 6.2 11.3 6.3 15.2	2. B'CAST CHANNEL NUMBER STATION  30 N  6 N  7 N  15 N  11 N  13 E  6.2 I-M  11.3 I-M  6.3 I-M  15.2 I-M	2. B'CAST CHANNEL NUMBER STATION STATION (Yes or No)  30 N NO  6 N NO  7 N Yes  15 N NO  11 N NO  13 E NO  6.2 I-M NO  11.3 I-M NO  15.2 I-M NO	CHANNEL NUMBER         OF STATION         (Yes or No)         CARRIAGE (If Distant)           30         N         No           6         N         No           7         N         Yes         O           15         N         No           11         N         No           13         E         No           6.2         I-M         No           11.3         I-M         No           6.3         I-M         No           15.2         I-M         No

G

Primary Transmitters: Television

		1
TEKSTA	R COMMUNICATIONS, INC. 1938	Name
LEGAL NAME	E OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
T OI (W O/ OL. I	AGE 6.	

#### PRIMARY TRANSMITTERS: TELEVISION

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**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 othe 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINELID C

		OHAIII	EL LINE-UP	J	
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
KSTC	45	ı	No		MINNEAPOLIS, MN
KPXM	41	ı	No		ST. CLOUD, MN
KSTP	5	N	No		MINNEAPOLIS, MN
wcco	7	N	No		MINNEAPOLIS, MN
KMSP	9	N	No		MINNEAPOLIS, MN
WFTC	29	l	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KTCA	2	Е	Yes	0	MINNEAPOLIS, MN
WUCW	23	<u> </u>	No		MINNEAPOLIS, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN

G

Primary Transmitters: Television

DDIMADV	TDANSMITTEDS: TELEVISION		
TEKS	TAR COMMUNICATIONS, INC.	1938	Name
LEGAL N	NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
1 01 (11) 07 (0	5E. 1 7.6E 6.		

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Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	D		
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
кэтс	45	I	No		MINNEAPOLIS, MN
KPXM	41	I	No		ST. CLOUD, MN
KSTP	5	N	No		MINNEAPOLIS, MN
KCCW	12	N	No		WALKER, MN
KMSP	9	N	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KAWE	9	E	No		BEMIDJI, MN
WUCW	23	I	No		MINNEAPOLIS, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under 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 othe 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. Identificated 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	E	
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
wcco	7	N	No		MINNEAPOLIS, MN
KMSP	9	N	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KAWE	9	Е	Yes	0	BEMIDJI, MN
KSTC	45	I	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
WUCW	23	I	No		MINNEAPOLIS, MN
KPXM	41	I	No		ST. CLOUD, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN
KSTP	5	N	No		MINNEAPOLIS, MN

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under 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 progran 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 othe 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	F	
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
кэтс	45	I	No		MINNEAPOLIS, MN
KVRR	15	N	Yes	0	FARGO, ND
KSTP	5	N	No		MINNEAPOLIS, MN
wcco	7	N	No		MINNEAPOLIS, MN
KMSP	9	N	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KAWE	9	Е	No		BEMIDJI, MN
WUCW	23	l	No		MINNEAPOLIS, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN

G

Primary Transmitters: Television

	ACCOUNTIN	NG PERIOD. 2017/2
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
TEKSTAR COMMUNICATIONS, INC.	1938	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period except (1) stations carried only on a part-time basis FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [see	undei	G
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 ca substitute program basis, as explained in the next paragraph		Primary Transmitters:

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran 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 th∉ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

CHANNEL LINE-UP G									
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
KBJR-NBC	6	N	No		DULUTH, MN				
KQDS	21	N	No		DULUTH, MN				
WDSE	8	E	Yes	0	DULUTH, MN				
WDIO	10	N	No		DULUTH, MN				
KBJR-CBS	3	N	No		DULUTH, MN				

Television

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1938 TEKSTAR COMMUNICATIONS, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2017/2			
LEGAL NAME OF OWNER OF					S	YSTEM ID#	Name			
TEKSTAR COMMUNIC	ATIONS,	INC.				1938	Name			
SUBSTITUTE CARRIAGI	ify every no	nnetwork televi	sion program broadcast by	a distant stati			I			
substitute basis during the a explanation of the programm form.							Substitute			
1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special			
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
<b>Note:</b> If your answer is "No log in block 2.			ge blank. If your answer is	"Yes," you m	nust complete the progra	m				
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I	titute progra ace, please of every no distant stat gulations, c tion. Do no Lucy" or "NE	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball:	nal pages.  rision program (substitute our cable system substitute as. See page (vi) of the ge categories like "movies", of 76ers vs. Bulls."	orogram) that ed for the pro neral instructi r "basketball'	t, during the accounting gramming of another sta ons located in the paper	ation				
Column 3: Give the call	sign of the s adcast station	station broadca on's location (tl	er "Yes." Otherwise enter " asting the substitute progra he community to which the	am. e station is lic						
<b>Column 5:</b> Give the mor first. Example: for May 7 gives	nth and day ve "5/7."	when your sys	stem carried the substitute	program. Us	e numerals, with the mo					
to the nearest five minutes. stated as "6:00–6:30 p.m."				•		ery .				
			was substituted for progr			ed				
to delete under FCC rules a gram was substituted for pr										
effect on October 19, 1976										
9	IIDOTITIIT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				
	res or No	CALL SIGN	4. STATIONS LOCATION	AND DAT	- 10					
					_					
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TEKSTAR COMMUNICATIONS, INC. 1938 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time 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 **FROM** TO DATE FROM TO DATE

	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
TE	STAR COMMUNICATIONS, INC.			1938	Name			
Instr all a (as i page	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	ndary	transmis e this am	sion service ount, see  3,669,560.59	<b>K</b> Gross Receipts			
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	f gross receipts)				
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe:  Complete block 1, showing your minimum fee.  Complete block 2, showing whether your system carried any distant television stations.  If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee.  If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\varsigma$ 3 below.	e enter	ed on lin	e 1 of				
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be $\epsilon$ 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				
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.							
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	3,669,560.59				
	Enter the result here.							
	This is your minimum fee.	\$		39,044.12				
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and column to part 9, block A of the DSE schedule. If none, enter zero	nn 4, yo	ou must	check				
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			3,788.51				
	Line 3. Add lines 1 and 2 and enter here	\$		18,323.55				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	-	\$	39,044.12	Cable systems submitting additional			
	zero.  Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact			
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		39,769.12	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 pa	ige (i) of	the				

ACCOUNTING PERIOD: 2017/2

		FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TEKSTAR COMMUNICATIONS, INC.	SYSTEM ID# 1938
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	34 301
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 MARY DUNN Telephone 2	18.346.8271
	Address 150 ND ST SW (Number, street, rural route, apartment, or suite number)  PERHAM, MN 56573 (City, town, state, zip)  Email mary.dunn@arvig.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulated	iions.)
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  [Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	r of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained have 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)]	nerein
	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 button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will avoid enabling Excel's Lotus compating the "F" button will excell th	•
	Typed or printed name: David R. Arvig	
	Title: Vice President/COO  (Title of official position held in corporation or partnership)	
	Date: February 21, 2018	

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 the 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 telephon 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome					
TEKSTAR COMMUNICATIONS, INC.	1938	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the							
paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans made by satellite carriers to satellite dish owners?  X  NO	missions	Gross Receipts Exclusion					
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	Q					
Line 1 Enter the amount of late payment or underpayment		Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days						
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	est charge)						
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offor please list below the owner, address, first community served, accounting period, and ID number as given in the filing.							
Owner Address							
First community served							
Accounting period ID number							

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

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical 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 account (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

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

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station 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 particular 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 a television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge.

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

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable 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 station 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 Syndicated 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or 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 in
  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

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

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

1.064% of gross receipts

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

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:

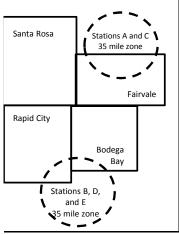
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carrie	d	Identification	of Subscriber Groups	_
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
1	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
	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 DSEs	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. PAG											
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID										
•	TEKSTAR COMMUNICA	TIONS, INC.				1938					
	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 thi	s schedule.		1.75	<u></u>					
	Instructions:										
2	In the column headed "Call	Sign": list the ca	II signs of all distant station	ons identified by t	the letter "O" in column 5						
Computation	of space G (page 3).	'r for each inden	endent station, give the D	NSE as "1 ()": 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" STATI	ONS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KFME	0.250	KWCM	0.250	WCCO	0.250					
	KTCA	0.250	KAWE	0.250	KVRR	0.250					
	WDSE	0.250									
Add rows as											
necessary.											
Remember to copy all formula into new											
rows.											
TOWS.											
				•••••							
				•••••							
				••••							
1	L	. <b></b>		L		<u> </u>					

	 	 	L

	LEGAL NAME OF 0	OWNER OF CABLE SYSTEM:						S	YSTEM ID#
Name	TEKSTAR COMMUNICATIONS, INC. 1938								
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 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 to correspond with the info 3: For each station, give to the call to the figure in colute at least to the third decire. 5: For each independent so value as ".25." 6: Multiply the figure in copoint. This is the station's	the number of hours mation given in space the total number of hours in 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure	your cable syster to J. Calculate or burs that the state or column 3, and g "basis of carriag s-value" as "1.0." in column 5, and	n carried the stat lly one DSE for e ion broadcast over jive the result in e value" for the s For each networ	tion during the each station. er the air duridecimals in cotation.	ing the accounting the accounting the accounting the accounting the accounting to the accounting the account	unting period. s figure must ational station,	
Capacity		C	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DS	SEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	JRS OI ED BY ST M OI	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	Ε	5. TYPE VALUE		E
			÷						
			÷ ÷						
			÷			x			
			÷	=	=	х		=	
			÷						
			÷			x		<del>-</del>	
Computation of DSEs for Substitute-Basis Stations	space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  Column 3: Enter the number of days in the calendar year: 365, except in a leap year.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third							m).	
		SU	BSTITUTE-BAS	IS STATION:	S: COMPUTA	TION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUM OF		3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷		=
		4					÷		=
		÷					÷		=
		÷		=			÷		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. um here and in line 3 of p	IS STATIONS:	<del>)</del> ,			0.00		=
5		ER OF DSEs: Give the am sapplicable to your system		in parts 2, 3, and	4 of this schedule	e and add ther	m to provide tl	he total	
Total Number	1. Number o	of DSEs from part 2 ●			1	•		1.75	
of DSEs		of DSEs from part 3 ●				-		0.00	
	3. Number o	of DSEs from part 4 ●			<b>)</b>	•	г	0.00	
	TOTAL NUMBE	ER OF DSEs					<u> </u>		1.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

	WNER OF CABLES						S	YSTEM ID# 1938	Namo
n block A: If your answer if schedule.		mainder of pa	·	of the DSE sched	lule blank and	d complete part	8, (page 16) of th	e	6
If your answer if	"No," complete blo			FEL EVILLION MA	ADVETO				Computation o
the cable eveter	n located wholly o			FELEVISION MA		ction 76 5 of E	C rules and regul	ations in	3.75 Fee
ffect on June 24,	1981?	schedule—D	•	LETE THE REMAI			oo rales and regal	auone m	
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulations of the contraction of the contracti	ns prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanat	tion of permitte	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre	eles and reguled pursuant to on as defined al educationa d station (76.6 r DSE schedu ant to individu viously carrie IHF station wi	ations cited be to the FCC mare in 76.5(kk) (76.555) (see paragrule). all waiver of FCd on a part-timithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b) )(1), 76.63(a) 3(a) referring stitution of gradies is prior to Jur	June 24, 1981, 76.61(b)(c), 7 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			orksheet on page 1	ı	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
KFME	C	0.25							
WDSE	С	0.25				<u> </u>	-		
						<b></b>			
						<del>-</del>	-		
			•			H		0.50	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	total number of								
ine 3: Subtract		. This is the	total number	of DSEs subject 7 of this schedule		rate.			
ne 4: Enter gro	ess receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represer partially
ne 5: Multiply l	ine 4 by 0.0375 a	and enter su	m here				x		permited/ partially nonpermitted carriage?
ne 6: Enter tota	al number of DSE	Es from line	3						If yes, see par 9 instructions
ine 7: Multiply l	ine 6 by line 5 ar	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

	R COI	MMUNICATIO	NS, INC.						/STEM ID# 1938	Name
			BLOCK	A: TELEVI	SION MARKETS	S (CONTIN	UED)			_
1. CAL		2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation o
										3.75 Fee
						<b></b>				
						<b></b>				
									•••••	
						<b></b>				
						<b></b>				
						<b></b>				

**ACCOUNTING PERIOD: 2017/2** 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TEKSTAR COMMUNICATIONS, INC. 1938 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Computating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute -Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage 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. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 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. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement 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 SIGN DSE **PERIOD** CARRIAGE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. of the Syndicated **BLOCK A: MAJOR TELEVISION MARKET 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: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes-List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TEKSTAR COMMUNICATIONS, INC.	SYSTEM ID# 1938	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,669,560.59	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  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 Distance of the part of th	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
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			EM ID#						
		TEKSTAR COMMUNICATIONS, INC.	1938						
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)							
of the Syndicated		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							
	Instru	ctions:							
8		nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part							
_		checked "Yes," use the total number of DSEs from part 5.  bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation	• If you	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.							
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below							
Dase Nate i ee		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							
	service	e area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• 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.)▶							
	Section								
	3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.							
		A. Enter 0.01064 of gross receipts  (the amount in section 1)							
		B. Enter 0.00701 of gross receipts  (the amount in section 1)							
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here							
		D. Multiply line B by line C and enter here							
		E. Add lines A, and D. This is your base rate fee. Enter here	<del></del>						
		and in block 3, line 1, space L (page 7)	0.00						
		Base Rate Fee	<u> </u>						

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF OWNER OF CABLE SYSTEM: TEKSTAR COMMUNICATIONS, INC.	SYSTEM ID# 1938	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts  (the amount in section 1)  ▶ \$		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here <b>&gt;</b>		base Rate ree
D. Enter 0.00330 of gross receipts  (the amount in section 1)		
E. Subtract 4.000 from total DSEs  (the figure in section 2) and enter here   ▶		
F. Multiply line D by line E and enter here \$		
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee  \$ \$	0.00	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broad he reported on a community by community basis (subscribes groups) if the cable system reported multi-		
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi- ups in Space G.		9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat receipts from subscribers located within the station's local service area, from your system's total gross receipts. To tathis exclusion, you must:		Computation of
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist	ant to the same	Base Rate Fee
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deter DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system	mine the number of see for each group.	Syndicated Exclusivity Surcharge for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exemple must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block and However, if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations  Step 1: For each community served, determine the local service area of each wholly distant and each partially distant carried to that community.	nt station you	for Partially Permitted Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are dis subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No system will have only one subscriber group when the distant stations it carried have local service areas that coincide	ote that a cable	
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your subscriber groups.	r system's	
In each section:		
<ul> <li>Identify the communities/areas represented by each subscriber group.</li> <li>Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant subscribers in the group.</li> </ul>	to all of the	
<ul> <li>If:</li> <li>1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gat and 4 of this schedule; or,</li> </ul>	ve it in parts 2, 3,	
<ul><li>2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule.</li></ul>	it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
<ul> <li>Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gen in the paper SA3 form.</li> </ul>	eral instructions	
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule or page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not your actual calculations on the form.	ıp (that is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1938 TEKSTAR COMMUNICATIONS, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						SY	STEM ID# 1938	Name
E		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		BER GROUP SUBSCRIBER GROUF	D	_
COMMUNITY/ AREA	Sub Gr	oup #1/Otter Tail (	Cty Cent	COMMUNITY/ AREA	Sub Gro	up #2/Otter Tail Ct	ty East	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KFME	0.25			KWCM	0.25			Base Rate Fee
KWCM	0.25			KFME	0.25			and
								Syndicated
	<u>-</u>							Exclusivity
	•••••••••••••••••••••••••••••••••••••••				••••	H	·	Surcharge
	•				····			for
	<del></del>					H		
	<u> </u>							Partially
						_		Distant
								Stations
	<mark></mark>						<u>_</u>	
	<mark></mark>		<b> </b>					
	<mark></mark>						<u>.</u>	
			<u> </u>					
	]							
Total DSEs			0.50	Total DSEs			0.50	
Gross Receipts First G	roun	s 1,328	,817.47	Gross Receipts Secon	Gross Receipts Second Group \$ 15,655.26			
Cross recorpts i list C	гоар	1,020	,017.47	Cross receipts occor	na Group		0,000.20	
Base Rate Fee First G	roup	\$ 7	,069.31	Base Rate Fee Second	nd Group	\$	83.29	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA	Sub Gr	oup #3/Becker Co	unty	COMMUNITY/ AREA	Sub Gro	up #4/Clay County	<u>/</u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCCO	0.25							
KWCM	0.25							
						_		
						_		
	<u> </u>							
		-						
	<u>-</u>						<u> </u>	
	<u>-</u>		ļ				_	
Total DSEs			0.50	Total DSEs			0.00	
Orono Baraday Third	Province:	. 4407		Orono Barada Fa di	h Crew	40	S 400 40	
Gross Receipts Third G	Froup	\$ 1,107	,246.53	Gross Receipts Fourt	n Group	\$ 10	06,400.18	
Base Rate Fee Third C	Group	\$ 5	,890.55	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes a	bove.	s 4	4,535.04	
Linei neie and in biock	. J, IIIIE I, S	pace L (page /)				Ψ I	7,000.04	

F		ONS, INC.					1938	Name
				TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA	Sub Gro	oup #5/Norman (	County	COMMUNITY/ AREA	Sub Gro	up #6/Mahnomen	-Norman (	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WCCO	0.25			KWCM	0.25			Base Rate
				wcco	0.25			and
								Syndicate
	<del></del>		···					Exclusivi
	·····		···				····	Surcharg
	<del></del>						<del></del>	_
							<del></del>	for
							<u></u>	Partially
								Distant
								Stations
	<u> </u>		<u> </u>				<del></del>	
	<del>-</del>	<b></b>					····	
	<del>-</del>		··				<del></del>	
Total DSEs			0.25	Total DSEs			0.50	
Gross Receipts First G	roup	<b>\$</b> 11	,992.35	Gross Receipts Second	d Group	<u>\$</u>	57,288.54	
Base Rate Fee First G	roup	\$	31.90	Base Rate Fee Second	d Group	\$	836.78	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Sub Gro	oup #7/Becker C	ounty/Os	COMMUNITY/ AREA	Sub Gro	up #8/Todd Coun	ity	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	1	
<b>KWCM</b>					DSE		DSE	
VA CIAI	0.25			KTCA	0.25		DSE	
	0.25 0.25			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
KFME	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
	·			KTCA			DSE	
KFME	·		0.50	Total DSEs			0.25	
Total DSEs	0.25			Total DSEs	0.25		0.25	
	0.25		0.50		0.25			
tal DSEs	0.25			Total DSEs	0.25		0.25	

TEKSTAR COMMI		E SYSTEM: DNS, INC.					YSTEM ID# 1938	Name
Е	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	NINTH	SUBSCRIBER GRO	DUP		TENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA	Sub Gro	oup #9/Cass-Hu	bbard Co	COMMUNITY/ AREA	Sub Gro	up #10/Wadena C	ounty SE	9 Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KAWE	0.25			Base Rate
								and
								Syndicat
					1			Exclusiv
	-	-				-	···	Surcharg
		-					···	for
							<del> </del>	Partially
		-	····				···	Distant
							···	
			····		<del> </del>		<mark></mark>	Stations
			<u>.</u>		<del> </del>		···	
	<mark></mark>				<b> </b>			
	<u></u>				<b> </b>			
					<b> </b>			
	<u> </u>				<u> </u>			
otal DSEs			0.00	Total DSEs			0.25	
			-			-		
Gross Receipts First G	roup	<u>\$ 49</u>	9,427.12	Gross Receipts Second	d Group	\$ 1	10,601.15	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	28.20	
E	LEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Sub Gro	oup #11/Hubbar	d Cty - Pa	COMMUNITY/ AREA	Sub Gro	up #12/Itasca Cοι	inty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WDSE	0.25			
					1		•••••••••	
		-						
Total DSEs			0.00	Total DSEs			0.25	
	Stoup	25			Group		-	
	Group	<u>\$</u> 25	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.25	
Total DSEs	Group	\$ 25			Group	\$	-	
		\$ 25 \$			·	\$	-	
Gross Receipts Third G			3,074.37	Gross Receipts Fourth	·		16,570.73	
ross Receipts Third G			3,074.37	Gross Receipts Fourth	·		16,570.73	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group		16,570.73	
ase Rate Fee Third C	Group ne <b>base rate</b>	\$ e fees for each subs	0.00	Gross Receipts Fourth  Base Rate Fee Fourth	Group		16,570.73	

LEGAL NAME OF OWNE				mittod 0.70 Otal		SY	STEM ID# 1938	Name
В				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU		COMMUNITY/ADEA		SUBSCRIBER GROUP		9
COMMONT IT ANLA	OUD OI	oup #1/Otter Tail	oty Cen	COMMONT IT AREA	3ub 310	up #2/Otter Tail Ct	y Last	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	····							and Syndicated
								Exclusivity
								Surcharge
	<u></u>							for
								Partially Distant
								Stations
	<u>-</u>				ļ			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 1,328,	817.47	Gross Receipts Second	d Group	\$ 1	5,655.26	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р					
COMMUNITY/ AREA	Sub Gr	oup #3/Becker Co	ounty	COMMUNITY/ AREA	Sub Gro	up #4/Clay County		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WCCO	0.25			
						-		
							-	
	<b>-</b>				ļ			
Total DSEs			0.00	Total DSEs		_	0.25	
Gross Receipts Third G	iroup	\$ 1,107,	246.53	Gross Receipts Fourth	Group	<u>\$ 10</u>	6,400.18	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	997.50	
Base Rate Fee: Add th	e base rate	e fees for each subser	iber aroup a	as shown in the boxes al	oove.			
Enter here and in block			. J P C		-	\$	3,788.51	

**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNE				initiod 0.70 Otal		SY	STEM ID# 1938	Name
В				TE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU oup #5/Norman C		COMMUNITY/ AREA		SUBSCRIBER GROUP oup #6/Mahnomen -		9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs				
Gross Receipts First G	roup	<b>\$</b> 11,	992.35	Gross Receipts Second	d Group	<u>\$ 15</u>	7,288.54	
Roos Roto Eoo Eirot Co	roup		0.00	Base Rate Fee Second	d Croup		0.00	
Base Rate Fee First G		\$		Dase Rate Fee Second		\$	1	
		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA	Sub Gr	oup #7/Becker Co	unty/Os	COMMUNITY/ AREA	Sub Gro	oup #8/Todd County	<u>y</u>	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
wcco	0.25							
					ļ			
	·							
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 44,	633.25	Gross Receipts Fourth	Group	\$ 11	7,853.64	
Base Rate Fee Third G	Group	\$	418.44	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes at	oove.	\$		

**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:  TEKSTAR COMMUNICATIONS, INC.  1938							Name	
E				TE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA	Sub Gr	oup #9/Cass-Hub	bard Co	COMMUNITY/ AREA	Sub Gro	up #10/Wadena Co	ounty SE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL GIGIT	DOL	ON LEE GIGIT	DOL	O' LEE GIGIT	DOL	O/ IEE OFOT	BOL	Base Rate F
							<u>-</u>	and
***************************************						-	<u>-</u>	Syndicated
						<del> </del>	<u>-</u>	Exclusivity
							<u>-</u>	Surcharge
						-	<u>-</u>	for
						H	<del>-</del>	Partially
						H	<u>-</u>	Distant
						H	<u> </u>	Stations
						H		Ottationio
	<u></u>		<b> </b>				<u>-</u>	
			<b> </b>				<u>-</u>	
	<del> </del>							
	<u></u>		<b> </b>		<b> </b>		<u>-</u>	
	····						<u>.  </u>	
			0.00				0.00	
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts First G	roup	\$ 499	,427.12	Gross Receipts Secon	d Group	\$ 1	0,601.15	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	IP					
COMMUNITY/ AREA	Sub Gr	oup #11/Hubbard	Cty - Pa	COMMUNITY/ AREA	Sub Gro	up #12/Itasca Cou	nty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KVRR	0.25							
			]					
			]					
			]					
			1					
Total DSEs			0.25	Total DSEs	•		0.00	
					_		-	
Gross Receipts Third C	Group	\$ 253	,074.37	Gross Receipts Fourth	Group	<u>\$ 1</u>	6,570.73	
Base Rate Fee Third C	Group	\$ 2	,372.57	Base Rate Fee Fourth	Group	\$	0.00	
							,	
Base Rate Fee: Add th Enter here and in block			iber group a	as shown in the boxes al	oove.	\$		

ACCOUNTING PERIOD: 2017/2

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	TEKSTAR COMMUNICATIONS, INC.	1938							
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and Syndicated Exclusivity Surcharge. Indicate which major television maby section 76.5 of FCC rules in effect on June 24, 1981:	· · · · · · · · · · · · · · · · · · ·							
Computation of	☐ First 50 major television market	Second 50 major television market							
Base Rate Fee	INSTRUCTIONS:								
and	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 this schedule.								
Syndicated Exclusivity	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							
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none en								
for Partially Distant Stations	Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	· · · · · · · · · · · · · · · · · · ·							
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
1									
	Line 1: Enter the VHF DSEs  Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF 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 this subscriber group	total number of DSEs for this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY 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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the							
	total number of DSEs for	total number of DSEs for							
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY							
	SURCHARGE Third Group	SURCHARGE Fourth Group\$							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page								