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						
02/27/2018	\$ 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	2017/02			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system on the last day of counting perioa	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Conway Corp			
			(0308452017/2
				030845 2017/02
				2011/02
	PO box 99			
	Conway AR 72033-0099			
	•			
С	INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of			
0		the system, if an	erent from the address give	п п эрасс В.
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b
Area	with all communities.	_		
Served	CITY OR TOWN	STATE		_
First				
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

- ORIVI SASE. PAGE 10.			OVOTEM IS#								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#								
Conway Corp			030845								
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.											
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in pare	ntheses								
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).											
When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.											
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#								
				First							
				Community							
				See instructions for							
				additional information							
				on alphabetization.							
				A -l -l							
				Add rows as necessary.							
				1							

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Conway Corp

SYSTEM ID#

030845

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential: • Service to first set	12,773	\$	64.00	Bulk rate	120	\$	25.17
Service to additional set(s)FM radio (if separate rate)							
Motel, hotel	2,127	\$	22.00				
Commercial	3,083	\$	19.00				
Converter							
Residential Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2					
CATEGORY OF SERVICE	CATEGORY OF SERVICE	RA	TE			
Continuing Services:		Installation: Non-residential				
• Pay cable	\$ 13	.50 • Motel, hotel		Premium Svcs:		
 Pay cable—add'l channel 		Commercial		НВО	\$	18.95
Fire protection		 Pay cable 	\$ 50.00	Showtime/TMC	\$	14.95
Burglar protection		 Pay cable-add'l channel 		Cinemax	\$	13.40
Installation: Residential		Fire protection		Starz	\$	10.95
First set	\$ 50	.00 • Burglar protection		Disney Family	\$	4.99
 Additional set(s) 	\$ 25	.00 Other services:		All 4 Premium Packages	\$	52.95
FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		 Move to new address 			·····	************

F	DRM SAJE. PAGE 3.	== 0= - · ·	·0.TEL:			OVOTEM ID#	:
	Conway Corp	ER OF CABLE SY	STEM:			SYSTEM ID# 030845	Name
PF	RIMARY TRANSMITTE	RS: TELEVISIO)N				
eace of the tick	General: In space Carried by your cable so Substitute program base Substitute program base Substitute Basis Sasis under specific FC Coo not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream as "WETA ETA-simulcast). ECOLUMN 2: Give the so community of licens in which your cable sy Column 3: Indicate so Column 3: Indicate so Column 4: If the stanation of local service Column 5: If you have a constant of the distant statis. For the retransmiss a written agreement e cable system and a con "E" (exempt). For static carried the distant statis a written agreement e cable system and a con "E" (exempt). For static carried the distant statis a written agreement e cable system and a con "E" (exempt). For static carried the distant statis are cable system and a con "E" (exempt). For static carried the distant statis are written agreement to cable system and a con "E" (exempt). For static carried the distant statis are written agreement.	G, identify even by stem during the consin effect or a fattons: With a care only on a substand also in spatformation concern. In station's call associated with a casociated	y television standard accounting in June 24, 19 4), or 76.63 (in din the next property to any attons, or auth G—but do listitute basis. In the standard account in a station account in a station. In the station in a station account in a stat	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that basis station report origination cording to its own be reported in contact as assigned to sannel 4 in Wash station is a network etwork), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i.e. "or general instruction is a network of the sannel of the s	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statem of both on a substitute, see page (v) of the program service er-the-air designation of the television statistically and the television statistically are the televisio	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
		Canadian statio	ns, if any, giv	e the name of th	ne community with	y to which the station is licensed by the n which the station is identifed. channel line-up.	
			CHANN	EL LINE-UP	AA		-
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	
K	ETS	2	E			Little Rock]
K	ARK	4	N			Little Rock/Pine Bluff, AR	See instructions for
K	ATV	7	N			Little Rock/Pine Bluff, AR	additional information on alphabetization.
K	THV	11	N			Little Rock/Pine Bluff, AR	on aiphiabetization.
K	LRT	18	I			Little Rock/Pine Bluff, AR	
K	VTN	25	I			Little Rock/Pine Bluff, AR	
K	ASN	24	I			Little Rock/Pine Bluff, AR	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Conway Corp					030845	
PRIMARY TRANSMITTE In General: In space General by your cable seried by your cable seried for rules and regulation 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis Seried for the station was carried of the station was carried for the station here, a basis. For further infinity the paper SA3 for Column 1: List each	is, identify every system during the ons in effect or .61(e)(2) and (eis, as explained tations: With r C rules, regulation and also in space to the control of the control	r television stane accounting I June 24, 198 4), or 76.63 (r d in the next pespect to any tions, or auth G—but do list itute basis. ce I, if the staterning substitusign. Do not r	period, except 31, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination	(1) stations carried carriage of certariage of certariage of certariage of certariage of certariage (2) and (4))]; as carried by your case Special Statement do both on a substitute, see page (v) on program services	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television
cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licension which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you ha cable system carried the carried the distant static For the retransmissiof a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	channel numble. For example stem carried the in each case ventering the least), "E" (for not see terms, see pation is outside to earea, see pation on a part-tiron of a distant entered into or primary transminulcasts, also ree categories, location of earandian statio	streams must ber the FCC her, WRC is Charle station. Whether the station whether the stater "N" (for no commercial page (v) of the charle local servinge (v) of the station or before Jumitter or an assistance of the servinge (v) of the station. For the servinge (v) of the station o	as assigned to annel 4 in Wash ation is a network, "N-M" (educational), or general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, instructive area, instructive area on that is not some 30, 2009, be association repression of the general in U.S. stations, e the name of the	the television stati- tington, D.C. This interest station, an inde- for network multicor "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the inplete column 5, so do. Indicate by entactivated channel of subject to a royalty etween a cable system of the primary channel on any of instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing the transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the which the station is identified.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						ACCOUNTIN	G PERIOD: 2017/02
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			S	YSTEM ID#	Name
Conway Corp						030845	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
carried by your cable sy FCC rules and regulation	ystem during thons in effect on 61(e)(2) and (4	ne accounting June 24, 198 4), or 76.63 (r	period, except 31, permitting the referring to 76.6	(1) stations carrie e carriage of certa	and low power television stat d only on a part-time basis un ain network programs [section and (2) certain stations carried	der ['] s	G Primary Transmitters:
Substitute Basis St basis under specifc FCG Do not list the station is station was carried of List the station here, a basis. For further infinite the paper SA3 for Column 1: List each each multicast stream a cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of license on which your cable system con which your cable system and a station, by (for independent multicated educational station, by (for independent multicated the column 4: If the state planation of local service Column 5: If you ha cable system carried the carried the distant station for the retransmission of a written agreement of the cable system and a tion "E" (exempt). For siexplanation of these three Column 6: Give the	tations: With more rules, regular here in space of only on a substand also in spacormation concern. In station's call station cannot be carried the in each case we entering the left ast), "E" (for no see terms, see pattern station is outside the area, see pattern ave entered "Yes edistant station on a part-timon of a distant tentered into or primary transmitulcasts, also ree categories, location of each anadian station on station in station of each anadian station in space categories, location of each anadian station in space call station in space categories, location of each anadian station in space call space call station in space call s	espect to any tions, or authors, or authors—but do list itute basis. ce I, if the staterning substitute isign. Do not read a station acceptate and the station. Whether the station. Whether the station. Whether the station age (v) of the gream and the basis became the process in column and the station or before Jumitter or an asset of enter "E". If y see page (v) ch station. For the local service is or before Jumitter or an asset of enter "E". If y see page (v) ch station. For the local service is greater than the station. For the station is given in the station is given in the station in the station. For the station is given in the station is given in the station in the station in the station is given in the station in the station in the station is given in the station in the station in the station is given in the station in the station in the station is given in the station in the station in the station is given in the station is given in the station in	distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its own be reported in commendation as assigned to fannel 4 in Wash ation is a network), "N-M" (if educational), of egeneral instructive area, (i.e. "origeneral instructive, you must cord accounting period as an that is not some 30, 2009, be association repression of the general in trust.	e Special Statemed both on a substitus, see page (v) of a program services er-the-air designal column 1 (list each the television statifington, D.C. This in the television slocated in the television slocated in the television slocated in the television slocated in the television should be the television of the television slocate list the community with the same statification of the television slocate list the community with	s". If not, enter "No". For an expaper SA3 form. Stating the basis on which you ering "LAC" if your cable system apacity. payment because it is the substem or an association represe y transmitter, enter the design her basis, enter "O." For a furt of in the paper SA3 form. to which the station is licensed which the station is identifed.	cher ed entify - cole air in annel mercial " st). K- r em oject enting ia- her	Television
,		CHANN	EL LINE-UP	AC	<u> </u>		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

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

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Conway Corp					030845	
PRIMARY TRANSMITT	ERS: TELEVISIO)N				
In General: In space carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th	G, identify even system during tions in effect of 5.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a substand also in spanformation concorn. ch station's call associated with A-2". Simulcast e channel numbers in each case were entered "Ye entering the lecast), "E" (for neese terms, see pation is outside ice area, see pation on a part-ting simulcasts, also no a primary trans simulcasts, also nee categories	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the station. In the station account in the station. In the station account in the station. In the station account in the local server in column in during the station in during the station in during the station in the station account in the station in the sta	period, except period, except period, except period, except per period, except per period, per	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your case special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television of the t	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form.	G Primary Transmitters: Television
				•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AD		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3. LEGAL NAME OF OWN	NED OF CARLE SY	/QTEM:			SYSTEM ID#	
Conway Corp	NER OF CABLE ST	STEIWI.			030845	Name
	ERS: TELEVISIO	ON .				
carried by your cable is FCC rules and regulat (6.59(d)(2) and (4), 76 substitute program base Substitute Program bases on the station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream as "WETA" (Column 2: Give the some substitution of licensis on which your cable some Column 3: Indicate Educational station, by for independent multifor the meaning of the Column 4: If the station of local service Column 5: If you had be system carried the distant state For the retransmiss of a written agreement the cable system and ion "E" (exempt). For explanation of these the Column 6: Give t	G, identify every system during the control of the	y television standard and accounting in June 24, 194, or 76.63 (in d in the next respect to any ations, or auth G—but do listitute basis. In the standard area in a station acceptable with the station acceptable with the station. In the station acceptable with the local service and the station acceptable with the local service and the station. In during the service in column and unring the service in column and unring the service in the station and the station are basis becamulational station or before Jumitter or an acceptable with the station. For the station are page (v) of the service in column are basis becamulational station or before Jumitter or an acceptable with the station. For the station are page (v) of	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: tit in space I (the stion was carried the basis station to the period of the reported in origination to the reported in origination is a network of the period of the stion is a network, "N-M" (I educational), or egeneral instruct 4, you must corraccounting period ause of lack of a seam that is not some 30, 2009, be sociation repreyou carried the of the general in truct. Stations, e the name of the	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of both on a substitution, see page (v) on a program service er-the-air designation of the television statistication, D.C. This work station, an indefor network multicon "E-M" (for noncontrol located in the special program of the television statistical of the television statisti	paper SA3 form. stating the basis on which your sering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	Primary Transmitters: Television
		CHANN	EL LINE-UP	ΔF		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name	
Conway Corp					030845	Nume	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
Note: If you are utilizing		•	•	•			
	1	CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
		<u> </u>					
					<u> </u>		
					<u> </u>		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Conway Corp					030845		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind							
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Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AG			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
							
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FORM SA3E. PAGE 3.						GTEMOD. 2017/0	
LEGAL NAME OF OWN Conway Corp	NER OF CABLE SY	rSTEM:			SYSTEM ID# 030845	Name	
	EDG. TEI EVIGIO	NI.			030043		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space — Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here in space — Dut do list it in space I (the Special Statement and Program Log)—if the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering th							
		CHANN	EL LINE-UP	AH			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Conway Corp					030845		
PRIMARY TRANSMITTE							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, multicast), "" (for independent), "I-N" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the genera							
Note. II you are utilizii	ig multiple chai	•	•	•	спаппетше-ир.		
	1	CHANN	EL LINE-UP	Al			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(Tes or No)	(If Distant)			

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Conway Corp					030845	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO)N				
carried by your cable s FCC rules and regulati	system during the ions in effect or 6.61(e)(2) and (ne accounting n June 24, 198 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the str planation of local servi Column 5: If you he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the	Stations: With In CC rules, regular here in space only on a substand also in spatformation concurred. The station's call associated with associated with associated with associated with a centering the least), "E" (for no see terms, see pation is outside ce area, see pation is outside ce area, see pation is outside in edistant station of a distant at a centered into on a part-tipion of a distant at entered into on a primary trans simulcasts, also aree categories	respect to any tions, or auth G—but do list titute basis. Ince I, if the state erning substitute sign. Do not rear a station accept reams must be the FCC has streams must be the FCC has streams must be the station. In the local server age (v) of the the local server age (v) of the server in column and uning the server has because the station or before Jumitter or an ago on the station or server server age (v).	distant stations orizations: tit in space I (the ation was carried tute basis station report origination cording to its over be reported in containing to its over be reported in containing to its annel 4 in Wash ration is a network etwork), "N-M" (I educational), or general instruction area, (i.e. "or general instruction area, (i.e. "or general instruction area, in accounting period acco	e Special Statemed both on a substitute, see page (v) or a program services er-the-air designal column 1 (list each the television statifington, D.C. This light of the television statification is considered to the television of the television statification is considered to the television of th	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	Television
	Canadian statio	ns, if any, given nnel line-ups,	e the name of thuse a separate	ne community with space G for each	which the station is identifed.	
			EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Conway Corp					030845	Nume	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for in							
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IED OF CARLE ON	/STEM:			SYSTEM ID#	GT EMOD: 2017/0	
Conway Corp	ILR OF CABLE SY	O I EIVI.			030845	Name	
	ERS: TELEVISIO	DN .			3333.5		
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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried also in space. I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "H-M" (for independent multicast), "E" (for noncommercial educational in t							
		CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Conway Corp					030845		
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Substitute Basis Substitute Basis under specific FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA"	G, identify every system during the constant of the constant o	y television strate accounting in June 24, 1944), or 76.63 (from the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the state arning substitute isign. Do not reason account in a station accounting accounting the state account in a station account in a	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried ute basis station eport origination cording to its over	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitutions, see page (v) on program services er-the-air designar	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a suble system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example	G Primary Transmitters: Television	
WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each stat							
		CHANN	EL LINE-UP	AM			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						GTEMOD. 2017/0	
LEGAL NAME OF OWN Conway Corp	NER OF CABLE SY	rSTEM:			SYSTEM ID# 030845	Name	
	EDG. TEI EVIGIO	NI.			030043		
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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "-M" (for independ							
-	<u> </u>	CHANN	EL LINE-UP	ΔΝ	·		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3. LEGAL NAME OF OWN	JED OF CARLE SA	/CTEM:			SYSTEM ID#		
Conway Corp	NER OF CABLE 51	STEWI.			030845	Name	
PRIMARY TRANSMITT	FRS: TEI EVISIO)N			000.10		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	sion of a distant t entered into or a primary trans simulcasts, also nree categories	multicast stren n or before Ju mitter or an ac o enter "E". If , see page (v)	eam that is not s une 30, 2009, be ssociation repre you carried the of the general i	ubject to a royalty tween a cable sys senting the primar channel on any ot nstructions locate	payment because it is the subject		
	Canadian statio	ns, if any, giv nnel line-ups,	e the name of thuse a separate	ne community with space G for each	which the station is identifed.		
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					Account	GTEMOD. 2017/02	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Conway Corp					030845	- Tallo	
PRIMARY TRANSMITTE	RS: TELEVISIO)N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swETA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M' (for network multicast), "I' (for independent),"-I-M' (for independent multicast), "E' (for noncommercial educational) or "E-M' (for noncommercial educational) or "In t							
Note: If you are utilizing	g multiple char	•	•		channel line-up.		
		CHANN	EL LINE-UP	AP			
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
		0 11 11 11 11		(2 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Conway Corp					030845		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
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))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community			
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AQ			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
		<u> </u>					

FORM SA3E. PAGE 3.						,	
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Conway Corp					030845		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind							
				•	•		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AR			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
							
	-						
					<u> </u>		
	†				<u> </u>		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Conway Corp					030845	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubstitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried the distant stat. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the substitution of the substituti	G, identify even by stem during the ions in effect or ions. With in CC rules, regular here in space only on a substand also in spatformation concern. In the station's call associated with each case with each each case with each each each each each each each eac	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried the station was carried to the station was assigned to the station is a network of the stational, the stational of the stational of the stational was assigned to the stational of the statio	in (1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Spe	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
				•	which the station is identified.	
Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AS		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
	•					
	 	 				

FORM SA3E. PAGE 3.						GTEMOD. 2017/0
LEGAL NAME OF OWN Conway Corp	NER OF CABLE SY	rSTEM:			SYSTEM ID# 030845	Name
	EDG: TEI EVIGIO	NI.			030043	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis s basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	G, identify even system during the control of the c	y television standard and accounting in June 24, 194, or 76.63 (in d in the next respect to any ations, or auth G—but do listitute basis. In the standard area in a station acceptable with the station acceptable with the station. In the station acceptable with the local service and the station acceptable with the local service and the station. In during the service in column and unring the service in column and unring the service in the station and the station are basis becamulational station or before Jumitter or an acceptable with the station. For the station are page (v) of the service in column are basis becamulational station or before Jumitter or an acceptable with the station. For the station are page (v) of	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: at it in space I (the station was carried the basis station coording to its own be reported in the referring to the period of the general instructive area, (i.e. "or general instructive	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your case special Statement of both on a substitution, see page (v) on program service er-the-air designation column 1 (list each the television statisticity on the program service of the television statisticity of "E-M" (for noncontrol located in the distant"), enter "Ye ions located in the mplete column 5, and Indicate by enteriorated in the complete column 5, seen ting the primal channel on any of instructions located in the primal channel on any of instructions located list the community with the case of	es". If not, enter "No". For an ex- expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further red in the paper SA3 form. If the town of the station is licensed by the match which the station is identifed.	G Primary Transmitters: Television
,	-		EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
	<u></u>					

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	Name
Conway Corp					030845	Nume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried the cable system carried the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect on ions in estations: With ions in space only on a substand also in space only on a substand also in space only on a substand also in space only on a substand associated with ions in each case of ions is outsided to earea, see pave entered "Y in edistant static ion on a part-till ion of a distant is entered into on a primary trans is included in each case, also incree categories in location of each canadian static	y television sty the accounting in June 24, 19 4), or 76.63 (in the next prespect to any ations, or auth G—but do listitute basis. In a station acceptable of the station acceptable of the station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station. In a station acceptable of the station. In a station acceptable of the station. In a station acceptable of the station acceptable of the station. In a station acceptable of the station acceptable of the station acceptable of the station. It is see page (v) of the station acceptable of the station. It is see page (v) ch station. For one, if any, given acceptable of the station. It is see page (v) ch station. It is a see page (v) ch station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for it in space I (the ation was carried tute basis station to cording to its over the period of the general instruction is a network of the general instruction in the period of the general instruction is a network of lack of a seam that is not some sociation repression of the general instruction of the general i	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your case special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television of the televis	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper because it is the subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the enter which the station is identifed.	G Primary Transmitters: Television
	9	• •	•			
	4	CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
	••••••					
	•					
						
					<u> </u>	
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	†					

FORM SA3E. PAGE 3.					Accounting	G1 EMOD. 2017/02
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Conway Corp					030845	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you cable system carried the distant stat. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the	G, identify every system during the consine effect or 6.61(e)(2) and (6.5is, as explaine stations: With record only on a substand also in spatformation concern. The station's call associated with expression of the consideration is outside the consideration is outside the distant station on a part-tirion of a distant the entered into or a primary transistimulcasts, also aree categories, and (6.5is, as explained).	r television stane accounting in June 24, 1984), or 76.63 (r d in the next prespect to any tions, or auth G—but do list titute basis. In the stane arring substitute basis. In the stane arring substitute basis. In the stane acceptance of the station acceptance of the station. In the station acceptance where the FCC has the station. In the station acceptance where the station. In the station are basis because the station on during the station of the stat	period, except period, except period, except period, except period, except period peri	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your context of both on a substitute, see page (v) on a program service: the television statification, D.C. This in the television statification, D.C. This in the television statification, an indefor network multicar "E-M" (for noncontions located in the instant"), enter "Ye in located in the indicate by entitivated channel of the column 5, so the column 6, so the colu	es". If not, enter "No". For an expaper SA3 form. It stating the basis on which your ering "LAC" if your cable system capacity. It payment because it is the subject stem or an association representing the your capacity. It is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the subject stem or an association representing the payment because it is the p	Primary Transmitters: Television
				•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ig multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AV		
1. CALL SIGN	2. B'CAST CHANNEL	OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION		(If Distant)		
		•••••				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Conway Corp					030845	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bases Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the steplanation of local servin Column 5: If you had cable system carried the carried the distant stating the retransmiss of a written agreement the cable system and a tion "E" (exempt). For steplanation of "E" (exempt). For steplanation "E" (exempt).	G, identify every system during the ions in effect or 6.61(e)(2) and (6.5is, as explaine stations: With record only on a substant also in sparformation concern. The station's call associated with each case we entering the least), "E" (for no esse terms, see pation is outside ce area, see pation on a part-tirion of a distant static entered into or a primary transis simulcasts, also	y television standard accounting in June 24, 194, or 76.63 (in din the next present to any attions, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station. In the station account in a station account in a station account in a station. In the station account in a station account in a station account in a station. In the local service in a station account in a station ac	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the tition was carried ute basis station eport origination cording to its own be reported in the tition is a network), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, incompared to a same that is not some 30, 2009, be a sociation repreyou carried the	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of t	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Column 6: Give the	e location of ea Canadian statio	ch station. Fons, if any, givennel line-ups,	r U.S. stations, e the name of th	list the community ne community with space G for each	to which the station is licensed by the which the station is identifed.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	-			(
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ACCOUNTING PERIOD: 2017/02 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030845 **Conway Corp** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2017/02		
LEGAL NAME OF OWNER OF Conway Corp	CABLE SYST	EM:				SYSTEM ID# 030845	Name		
SUBSTITUTE CARRIAGE					a that your askle	overtone contribution of	ı		
substitute basis during the ac explanation of the programm	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.								
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? — Yes XNo									
Note: If your answer is "No log in block 2.			ge blank. If your answer is '	'Yes," you mu	ist complete the	program	Program Log		
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach additionannetwork televion and that your authorization of authorization of use general of a Basketball: dcast live, entestation broadcason's location (thons, if any, the when your system of a program carrialisted programons in effect du	al pages. ision program (substitute pour cable system substitutes s. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your ded by a system from 6:01:	rogram) that, d for the progreral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:20 mming that yo; enter the lett	during the accouramming of anot ns located in the List specific pronsed by the FCC tiffied). numerals, with the List the times ac 8:30 p.m. should our system was leter "P" if the liste	unting ther station e paper ogram C or, in the month ccurately d be required			
S	UBSTITUT	E PROGRAM	1		N SUBSTITUTI	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES	ION			
					<u> </u>				
					_				
					_				
					_				
					_				
					_				
					_				

ACCOUNTING PERIOD: 2017/02 FORM SA3E. PAGE 6.

Mana	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:							S	YSTEM ID#	
Name	Conway Cor	rp									030845	
J Part-Time Carriage Log	In General: The time carriage de hours your syst Column 1 (Column 5 of space Column 2 (Eourred during the Give the mont "4/10." • State the start television static "app." Example	• 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.–										
			DAT	ΓES	AND HOURS ()F F	PART-TIME CAF	RRIAGE				
		WHEN	I CARRIAGE O		RRED			\/\HEN	I CARRIAGE O	CCIII	RRED	
	CALL SIGN	VVIILIN		OUR			CALL SIGN	VVIILI		OUR		
		DATE	FROM		TO			DATE	FROM		TO	
										-=-		
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				_						_		
				_						_		
				_						_		
										-=-		

	SA3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#				
	way Corp		030845	Name			
Inst all a (as i page	PSS RECEIPTS Pructions: 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. DRTANT: You must complete a statement in space P concerning gross receipts.	ondary transmissio ompute this amou	n service nt, see 5,600,137.51	K Gross Receipts			
• Com • Com • If yo fee f • If yo acco	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. ur system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable paying this form and attach the schedule to your statement of account.	arts of the DSE Sc	hedule	Copyright Royalty Fee			
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b c 3 below.						
3 be							
	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	e is 1.064 percent					
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	•					
	This is your minimum fee.	\$	59,585.46				
	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri Yes—Complete the DSE schedule. No—Leave block 3 below blank and column of the property of the proof of	nn 4, you must che	eck				
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	<u>-</u>				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00				
	Line 3. Add lines 1 and 2 and enter here	\$	-				
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	59,585.46	Cable systems			
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing			
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the appropriate			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional fees.			

		FORIVI SASE, FAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp	SYSTEM ID# 030845							
		333310							
R/I	CHANNELS								
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	Enter the total number of channels on which the cable	7							
	system carried television broadcast stations								
	Enter the total number of activated channels								
	on which the cable system carried television broadcast stations	04							
	and nonbroadcast services	81							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
Individual to	we can contact about this statement of account.)								
Be Contacted									
for Further	Name Gail Manion Telephone 501-4	150-6032							
Information									
	Address 1307 Prairie Street (Number, street, rural route, apartment, or suite number)								
	Conway, AR 72034								
	(City, town, state, zip)								
	Email gail.manion@conwaycorp.com Fax (optional) 501-450-6089								
	Tax (optional) out 100 octo								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation	ne							
O	The state of account must be certified and signed in accordance with copyright concertification	10.							
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 syste	m as identified							
	in line 1 of space B and that the owner is not a corporation or partnership; or	in as identified							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or	f the cable system							
	in line 1 of space B.	,							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained her	ein							
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	[10 0.3.0., 3ection 1001(1900)]								
	/s/Gail Manion								
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp								
	Typed or printed name: Gail Manion								
	Typed of printed finding. Oan marriori								
	Title: Controller								
	(Title of official position held in corporation or partnership)								
	Date: Fabruary 07, 0040								
	Date: February 27, 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephor numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Conway Corp	030845	
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.	the basic t include sub- ction 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made by satellite carriers to satellite dish owners? X NO	311511115510115	
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 un For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- 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 www.copyright.gov/licensing/interest-rate.pdf . For further assist 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 of please list below the owner, address, first community served, accounting period, and ID number as given in filing.		
Owner Address		
First community served Accounting period ID number		

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ACCOUNTING PERIOD: 2017/02

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that the color of the color of the color of the party of the color of the party of the part	

Note that local stations are not counted at all in computing DSEs. $\label{eq:DSEs}$

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6.384.00

ψο,οο 1.00										
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)

ACCOUNTING PERIOD: 2017/02

DSE SCHEDULE. PAGE 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp 030845									
ı										
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	 Add the DSEs of each station 									
	Enter the sum here and in line		0.00							
2	Instructions:									
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation	of space G (page 3).									
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
Otations	ONEE GIGIT	DOL	O/ LEE OI OI V	BOL	O/ IEE O'O'T	DOL				
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										
10W3.										
1										

Nama	LEGAL NAME OF OW	/NER OF CABLE SYSTEM:					S	YSTEM ID#
Name	Conway Corp							030845
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: I figure should co Column 3: I Column 4: I be carried out a Column 5: I give the type-va Column 6: I	the call sign of all distal For each station, give the irrespond with the information For each station, give the Divide the figure in colulate t least to the third decine For each independent solue as ".25." Multiply the figure in column.	ne number of hours mation given in space total number of hours in 2 by the figure in all point. This is the station, give the "typelumn 4 by the figure	your cable syster e J. Calculate on burs that the statin column 3, and g "basis of carriage-value" as "1.0." in column 5, and	n carried the stally one DSE for eon broadcast ovive the result in evalue" for the s For each network give the result in	tion during the accountine each station. er the air during the accordecimals in column 4. Ti	ounting period. his figure must ucational station,	
Capacity		С	ATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	JRS OI ED BY ST M OI	JMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	SE VALU	E	
			÷			x x		
			······			x		
			÷	=		x	=	
			÷			x x		
			_	_		v		
			÷	-		x	=	
	Add the DSEs of	of CATEGORY LAC Seach station. here and in line 2 of particles		.,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried by tions in effect Broadcast one space I). Column 2: Fo at your option. The Column 3: Er Column 4: Di	by your system in substition October 19, 1976 (as e or more live, nonnetworr each station give the his figure should correster the number of days wide the figure in columnis is the station's DSE (as expected).	tution for a program as shown by the lett book programs during number of live, nonespond with the information 2 by the figure in a (For more informatic	that your systemer "P" in column 7; that optional carri- network programs nation in space I. r. 365, except in 3; olumn 3, and given on rounding, se	was permitted to of space I); and age (as shown by a carried in substance the result in oce page (viii) of to	the word "Yes" in column titution for programs that blumn 4. Round to no les the general instructions in	2 of were deleted as than the third	m).
						ATION OF DSEs	1	
	1. CALL 2 SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷	••••••	=		4	-	=
							+	=
		÷				4	+	=
		÷ ÷				4	<u> </u>	= <mark></mark>
	Add the DSEs of	F SUBSTITUTE-BASI	S STATIONS:	,	▶	0.00		
5 Total Number of DSEs	number of DSEs at 1. Number of E 2. Number of E	OF DSEs: Give the amplicable to your system OSEs from part 2 ● OSEs from part 3 ● OSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to provide	0.00 0.00 0.00	
	TOTAL NUMBER	OF DSEs					•	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/02

LEGAL NAME OF C	OWNER OF CABLE	SYSTEM:					S	YSTEM ID# 030845	Name		
Instructions: Block	ok Δ must be sem	nlatad									
In block A:				7 - f 4b - DOE b		- d l - t		: 41	6		
 If your answer if schedule. 			•	7 of the DSE sche	edule blank al	na complete pa	art 8, (page 16) of	tne	O		
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of		
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee		
effect on June 24,		schedule—[PLETE THE REMA	AINDER OF F	PART 6 AND 7	•				
	lete blocks B and		30 110 1 00 M		, iii (BEICOL)	7.1.1.07.11.07					
			CK B. CARR	IAGE OF PERI	MITTED DS	Es					
Column 1:	List the call signs						tem was permitte	d to carry			
Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)											
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station BASIS OF (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]											
OANTAGE	B Specialty static C Noncommeric D Grandfathered	al educational at attached	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)					
	•	ant to individe	ual waiver of Fed on a part-tir	CC rules (76.7) ne or substitute ba contour, [76.59(d)(•		erring to 76 61(a)	(5)			
	M Retransmission				(5), 70.01(6)(), 70.03(a) 161	ening to 70.01(e)	(3)			
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE			
	<u> </u>										
		l l						0.00			
			1 OOK O: OO	MOUTATION OF	- 2 7 F F F F F			0.00			
			LOCK C. CC	MPUTATION OF	F 3.75 FEE						
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule							
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				-			
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.	×	0.00			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially		
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here						permited/ partially nonpermitted		
Line 6: Enter tota	al number of DS	Es from line	3				X	<u>-</u>	carriage? If yes, see part		
15	in - 0 "	-d (0 1 2	-1/ =			0.00	9 instructions.		
Line 7: Multiply I	ıne 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845											
		_	BLOCK	A: TELEVIS	ON MARKETS	S (CONTIN	UED)				
	CALL GN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6	
										Computation of 3.75 Fee	
									•••••		
									••••••		
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Name	LEGAL NAME OF OWN Conway Corp	IER OF CABLE	SYSTEM:						S	YSTEM ID# 030845		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identified by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. 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.											
	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 DSE											
	3.3.1	302		5		0, 11 11 10 10 1						
Computation of the Syndicated	,	"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		art 8 of the DSE schedi ELEVISION MARK						
Exclusivity Surcharge	• Is any portion of the	cable system w	rithin a top 100 majo	or television mar	ket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?		
	Yes—Complete	•				No—Proceed to			,			
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	(C: Compu	itation of Exem	pt DSE	3		
	Is any station listed in commercial VHF stati or in part, over the ca	on that places	, ,			Was any station listed nity served by the cab to former FCC rule 76	le system p					
	Yes—List each s X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st X No—Enter zero a			ate permi	tted DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE		
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	Exclusivity Surcharge
• Is any	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 DSE	
	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 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	SECTION 4: SECOND 50 TELEVISION MARKET	-
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	-
44	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 DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	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			SYSTEM ID#								
	<u> </u>	Conway Corp	030845								
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.									
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$									
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)									
Surcharge		C. Multiply line B by 3.000 and enter here									
		D. Enter 0.00089 of gross receipts (the amount in section 1)									
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.									
		F. Multiply line D by line E and enter here									
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)									
		Syndicated Exclusivity Surcharge	· · · · · · · · · · · · · · · · · · ·								
Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of particle checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local earea," see page (v) of the general instructions.	ow								
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS										
	• 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 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 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)									
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)									
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶									
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here									
		D. Multiply line B by line C and enter here									
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)									
		Base Rate Fee	0.00								

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/02

	AME OF OWNER OF CABLE SYSTEM: ay Corp	SYSTEM ID# 030845	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A F. (a. 0.04004 a f		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		_
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$	0.00	
	Dase Nate 1 ee		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadc be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chann	•	_
Space		ci iiic-ups iii	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation
	on, you must:	aramage or and	of Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee fo		Exclusivity
	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	ation you	Stations
Step 2	For each wholly distant and each partially distant station you carried, determine which of your subscribers were I the station's local service area. A subscriber located outside the local service area of a station is distant to that st the token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	stem's subscriber	
groups In each	section:		
• Give t	by the communities/areas represented by each subscriber group. The call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	II of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it f this schedule; or,	in parts 2, 3,	
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule.	block B,	
• Add tl	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
 Comp page. DSEs f 	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the protection of the group's complement of stations and total gross receipts from the subscribers in that group). You do not necalculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 030845 **Conway Corp** 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 OWN Conway Corp	NER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
	·····		<u></u>				<u></u>	and
			<u></u>			-		Syndicated Exclusivity
				-		-		Surcharge
						-		for
								Partially
								Distant
			<u>.</u>					Stations
			····				····	
••••••			••••			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				<u></u>	
				-				
						-		
		-				-		
	····						····	
••••••			••••			-		
			····				····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add	the base ra	te fees for each subs	scriber aroun	as shown in the hove	s above			
Enter here and in blo			group	55 III IIIO DOAC	_ 22010.	\$	0.00	

LEGAL NAME OF OWNER Conway Corp	R OF CABL	E SYSTEM:				Sì	O30845	Name
BL				TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GROU			SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
					<u>-</u>	-		for
								Partially
								Distant
					<u>.</u>			Stations
			 		<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU			EIGHTH	SUBSCRIBER GROU	P 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>			
					<u>-</u>	-	·	
					<u>.</u>		<u></u>	
					<u>-</u>	-		
					<u>.</u>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABL	E SYSTEM:				Sì	O30845	Name
BL				TE FEES FOR EACH				
	NINTH	SUBSCRIBER GROU			TENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			 					Syndicated
					<u> </u>		<u></u>	Exclusivity Surcharge
							<u> </u>	for
								Partially
								Distant
							<u> </u>	Stations
			2.22		1		0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		11	TWELVTH	SUBSCRIBER GROU	P 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·		<u></u>	
			·				<u> </u>	
		-						
		-					<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABL	E SYSTEM:				S	YSTEM ID# 030845	Name
				ATE FEES FOR EACH				
	RTEENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
								Syndicated Exclusivity
	·				···			Surcharge
								for
								Partially
								Distant Stations
					···			Otations
					 			
Total DSEs		•	0.00	Total DSEs	<u>-</u> -		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
					О. О. Б	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	FTEENTH	SUBSCRIBER GROU		II		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			 			
	. 				 			
					 			
	·				 			
	·-				···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				П				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Conway Corp	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	NTEENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP O	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	_			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIV	DOL	OALL GIGIT	DOL	OALL GIGIV	DOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
						-		Exclusivity
	····		<u></u>		·····	-		Surcharge for
	···		-		••••	-		Partially
								Distant
								Stations
			<u> </u>					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		-				-		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	INTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	····		<u></u>			-		
	···		···		·····	-		
						-		
						-		
	····	-	<u></u>		·····	-	····	
	···		······································			-		
	<u></u>		<u> </u>				<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C. 300 Procepto Trilla	oup			Cross Resemble Fou	Отоир	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Conway Corp	IER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.01011	202	07.22 0.0.1	302	37.EE 373.T	202	07.122.01.01.1	332	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge for
	••••					-		Partially
								Distant
								Stations
						-		
						-	<u> </u>	
		-	····			•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GRO	DUP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
						-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	TY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<u> </u>					-		Syndicated
					····			Exclusivity
	<mark></mark>				·····	-		Surcharge for
					•••••	-		Partially
								Distant
								Stations
	<u></u>							
	<mark></mark>		<u></u>		<mark>.</mark>	-		
	<u></u>							
						 		
		•						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	i i		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>			-		
			<u></u>		<u></u>	-		
	<u></u>				·····	-		
••••••	<u>-</u>		<u></u>		•••••	-		
	···					-		
					•••••	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp 030845								
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	- SUBSCF	RIBER GROUP		
	TY-NINTH	SUBSCRIBER GRO		II		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.070.1	202	07.22 0.0.1	332	07.22 0.01.	1332	0/122 0.0.1	302	Base Rate Fee
								and
								Syndicated
				-				Exclusivity
			<u></u>		<u> </u>		····	Surcharge for
	·				<u></u>			Partially
								Distant
								Stations
			<u>.</u>					l
								l
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								l
								l
Total DSEs		_	0.00	Total DSEs			0.00	İ
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
								l
			0.00	Base Rate Fee Secon		\$	0.00	
THIRTY-FIRST SUBSCRIBER GROUP				II		SUBSCRIBER GROU	_	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
			<u>.</u>					l
		 	<u>-</u>	-	<u></u>			l
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					<u></u>			l
			<u></u>					l
Total DSEs			0.00	Total DSEs		I	0.00	1
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
The state of the s	P				oak			1
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp 030845									
				TE FEES FOR EAC			ID		
COMMUNITY/ AREA	11-111KD	SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GRO	0	9	
CALL SIGN	Dec	CALLSION	Dec	CALL SIGN	Dec	II CALL SICN	DOE	Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee	
			·					and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
	···				·····			Partially Distant	
								Stations	
								Otations	
							•••••		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Sec	ond Group	\$	0.00		
THIRTY-FIFTH SUBSCRIBER GROUP			UP	TH	HIRTY-SIXTH	SUBSCRIBER GROU	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u> </u>								
							····		
			•		•••••	-	····		
		-			····	-	····		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fou	rth Group	\$	0.00				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	EVENTH	SUBSCRIBER GROL		Ti .	Y-EIGHTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u> </u>	Exclusivity
							<u> </u>	Surcharge for
							<u> </u>	Partially
					•		<u> </u>	Distant
					•			Stations
Total DCCa			0.00	Total DOFa		Ц	0.00	
Total DSEs 0.00 Gross Receipts First Group \$ 0.00				Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-			
					•			
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					······································		<u> </u>	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Conway Corp	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
Bl	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FOR	TY-FIRST	SUBSCRIBER GRO		t e		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OTTEL OTOTA	DOL	OALL GIGIT	DOL	OTTEL GIGIT	DOL	O'NEE O'O'N	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
						-	····	for
			···			-	····	Partially Distant
	······································					-		Stations
			···		•••••			
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR ⁻	TY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-	·····	
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			······································		•••••	-		
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			<u></u>			-	····	
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						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	ry-FIFTH	SUBSCRIBER GROU		Ti .	RTY-SIXTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity
					<u>.</u>			Surcharge
					<mark>-</mark>		<u> </u>	for Partially
					·	-	<u> </u>	Distant
					·		<u> </u>	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	JP	FORT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u>.</u>			
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					·	-		
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third Group \$ 0.00		Gross Receipts Fourth	Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp 3YSTEM ID# 030845									
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC			ID		
COMMUNITY/ AREA	T Y-NINTH	SUBSCRIBER GRO	0	COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL GIGIT	DOL	CALL GIOIN	DOL	Of the order	DOL	OALL GIGIT	DOL	Base Rate Fee	
								and	
						-		Syndicated	
								Exclusivity	
							····	Surcharge for	
	···				····	-		Partially	
								Distant	
								Stations	
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					••••				
Total DSEs			0.00	Total DSEs	·		0.00		
Gross Receipts First Group \$ 0.00				Gross Receipts Seco	and Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00		
FIFTY-FIRST SUBSCRIBER GROUP			JP	FIF	TY-SECOND	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Four	th Group	\$	0.00			
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	Y-THIRD	SUBSCRIBER GROU		Ti .	Y-FOURTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-	 					Syndicated
					<u></u>	-	<u></u>	Exclusivity Surcharge
		-				-		for
								Partially
								Distant
							<u></u>	Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU	JP	FI	TY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				 		
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		-						
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٠		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
	···	-	<u>.</u>		·····		····	Partially Distant
						•		Stations
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Total DSEs 0.00				Total DSEs			0.00	l
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Seco	ond Group	\$	0.00	1	
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFTY-NINTH SUBSCRIBER GROUP						SUBSCRIBER GROU	UP	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
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								l
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								l
Total DSEs			0.00	Total DSEs		-	0.00	l
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	İ
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	1
Base Rate Fee: Add to			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN Conway Corp	ER OF CAB	LE SYSTEM:				S	930845	Name
E	LOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC				
	KTY-FIRST	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate F
	<mark></mark>				·····			and Syndicated
	···	 		1		•		Exclusivity
								Surcharge
								for
	<mark></mark>	<u> </u>			·····			Partially Distant
		H						Stations
	<mark></mark>	<u> </u>			·····			
	···		····					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
SIXTY-THIRD SUBSCRIBER GROUP				Ħ		1 SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Base Rate Fee: Add t Enter here and in bloc	he base ra	te fees for each sub-				\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GROU		Ti .	KTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			 					Syndicated
							<u></u>	Exclusivity Surcharge
								for
								Partially
								Distant
		-	 					Stations
Total DSEs				Total DSEs			0.00	
iross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	EVENTH	SUBSCRIBER GROU		11	Y-EIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							·	
							<u></u>	
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		Base Rate Fee Fourth	Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
BI	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SIX	TY-NINTH	SUBSCRIBER GRO		S	SEVENTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
					•••••			and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
			···			-		Partially Distant
	·-		···		·····	-		Stations
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					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
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			<u></u>					
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							<u></u>	
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Conway Corp	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
B	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	ITY-THIRD	SUBSCRIBER GRO		SEVEN	TY-FOURTH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<mark></mark>					and
			<mark></mark>				····	Syndicated
								Exclusivity Surcharge
			······································					for
		-						Partially
								Distant
		_						Stations
			<u> </u>					
			<mark></mark>					
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	···		. 		•••••	<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	NTY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs	L		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN	NER OF CABL	E SYSTEM:				S	YSTEM ID# 030845	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		- TOODOCKIDEN CINCK	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
					<u></u>			Syndicated Exclusivity
								Surcharge
								for
								Partially
		-						Distant Stations
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Total DSEs			0.00	Total DSEs		· I	0.00	İ
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GROU	IP		FIGHTIETH	I SUBSCRIBER GROU	IP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	1
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	ITY-FIRST	SUBSCRIBER GRO		t e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.070.1	202	0,122 0.011	302	07.22 0.0.1	332	0/122 0/0/1	302	Base Rate Fee
								and
								Syndicated
			<u> </u>					Exclusivity
			<u></u>					Surcharge for
	···				·····	-		Partially
						-		Distant
								Stations
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	<mark></mark>		<u></u>		<u></u>	-		
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	<u></u>		<u></u>		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGH	TY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>	_	<u></u>			<u> </u>		
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			-		•••••	H		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABL	E SYSTEM:				SY	STEM ID# 030845	Name
				TE FEES FOR EACH				
EIGHT COMMUNITY/ AREA	ry-FIFTH	SUBSCRIBER GROL	JP 0	COMMUNITY/ AREA	TTY-SIXTH	SUBSCRIBER GROUI	0	9
	I I	I			T	II		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
							<u> </u>	Distant
								Stations
Total DSEs	 		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GROU	JP	EIGHT	Y-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN Conway Corp	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	ITY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
	<u></u>			-				Exclusivity Surcharge
				·				for
								Partially
								Distant
		-						Stations
	<u></u>							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•							
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINE	ETY-FIRST	SUBSCRIBER GRO)UP	NINE	TY-SECONE	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
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	<u></u>		<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
•	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Conway Corp	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>							and
	<u></u>							Syndicated
	<u></u>						<u></u>	Exclusivity Surcharge
		-		1		•		for
								Partially
								Distant
								Stations
	<u></u>							
		-					<u></u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	•				·	·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	ETY-FIFTH	SUBSCRIBER GRO	DUP	N	NETY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
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	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	Jioup	4	0.00		Стоир	Ψ	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABL	E SYSTEM:				S	O30845	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
	EVENTH	SUBSCRIBER GROU		Ti .	TY-EIGHTH	SUBSCRIBER GROU	IP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u> </u>			and
					<mark></mark>			Syndicated
					<u> </u>			Exclusivity
					<u> </u>			Surcharge for
					-	-		Partially
		-				-		Distant
								Stations
					<u> </u>			
					<u></u>	-	<u>.</u>	
					<mark></mark>	<u> </u>		
					. 			
Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GROU	JP	11	JNDREDTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>	 		
					<u> </u>			
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					<u> </u>	 		
					<u></u>	-		
					<mark></mark>			
					<u> </u>			
					<u>-</u>			
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GRO	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
			···		·····			Syndicated Exclusivity
				·		-	····	Surcharge
	···		······································		••••			for
								Partially
								Distant
								Stations
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Total DSEs	-	.!	0.00	Total DSEs		-!-!	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
								
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-	•				•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNI Conway Corp	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDR	ED FIFTH	SUBSCRIBER GRO		ONE HUNI	DRED SIXTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILLE OF OTT	502	OF REE GIGIT	BOL	O/ IEE O/O/I	502	OF ILL STORY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						-		for
			<u> </u>		·····			Partially Distant
	····				·····	-		Stations
						+		Otations
						<u>-</u>		
					•••••	-		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDF	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			······································					
			<u> </u>		•••••	-		
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					·····	1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Conway Corp	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
E	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDF	ED NINTH	SUBSCRIBER GRO		ONE HUND	RED TENTH	SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated
		-						Exclusivity
								Surcharge
								for
								Partially Distant
				1				Stations
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			····	·				
Total DSEs	!	!!	0.00	Total DSEs		!!	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	LEVENTH	SUBSCRIBER GRO		Ħ		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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			<u></u>					
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				1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	•		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIS	RTEENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
			<u>.</u>				····	Exclusivity Surcharge
	·		<u>.</u>			-		for
		=				-		Partially
								Distant
								Stations
			······			-		
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>-</u>		•••••			
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			<u>.</u>		·····		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW Conway Corp	NER OF CABL	E SYSTEM:				S	930845 030845	Name
ONE HUNDRED SEV	'ENTEENTH	COMPUTATION OF SUBSCRIBER GROU	JP	ii —	GHTEENTH	RIBER GROUP I SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
					<u></u>			Exclusivity
								Surcharge for
								Partially
								Distant Stations
								Ctutions
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU		
COMMUNITY/ AREA	············		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
				-	<u>-</u>			
		-						
T-+-I DOF-			0.00	T-+-1 DOF-			0.00	
Total DSEs	d Croup	¢	0.00	Total DSEs	h Crous	•	0.00	
Gross Receipts Third	л споир	<u>\$</u>	0.00	Gross Receipts Fourth	i Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	າ Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABL	E SYSTEM:				SY	STEM ID# 030845	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWENT	Y-SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
							<u></u>	for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
								
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Total DSEs			0.00	Total DSEs			0.00	
					0	•		
Gross Receipts Third G	roup	<u>*</u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN Conway Corp	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	ENTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED T	WENTY-SIXTH	SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<mark></mark>		<u></u>			-		and
	····				·····	-	····	Syndicated Exclusivity
								Surcharge
						-		for
								Partially
						-		Distant
								Stations
	····							
	····		<u></u>			-	····	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT		SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····					-	····	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEE	NTY-NINTH	SUBSCRIBER GROU		ONE HUNDRE	D THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
			<u> </u>					and Syndicated
			<u> </u>					Exclusivity
								Surcharge
								for
			<u></u>					Partially
			<u> </u>					Distant Stations
	···		<u></u>				····	Stations
			<u>-</u>					
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-FIRST	SUBSCRIBER GROU	P	ONE HUNDRED THI	RTY-SECONI	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	Group	•	0.00		th Crous	¢	0.00	
Gross Receipts Third (310up	\$	0.00	Gross Receipts Four	ші Сібир	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIS	RTY-THIRD	SUBSCRIBER GROUP	0	ONE HUNDRED TH	IRTY-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
	<u> </u>	_			·····	-		and
	<u> </u>				·····	-	<u></u>	Syndicated Exclusivity
	<u> </u>		·-			+		Surcharge
								for
								Partially
		-						Distant
								Stations
	<u></u>		······································					
	<u></u>		······································			-	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
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	<u>-</u>					-	<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
						_		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	R OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		TI .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01.01.1	202	0,422 0.0.1	202	07.22 0.0.1	202	07.122.01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
			<u> </u>		·····	-		for Partially
		<u> </u>	<u> </u>		·····			Distant
			·		•••••	-		Stations
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	RTY-NINTH	SUBSCRIBER GROUP	•	ONE HUNDREI	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Conway Corp	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FO	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED FOR	TY-SECONE	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		-						Partially
	···				<u></u>			Distant Stations
	···				<u></u>			Stations
	···				···			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	:h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Conway Corp	IER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
[BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC				
		SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122 01011	302	07.122.010.1	202	07.122.01011	202	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
			······································		·····		<u> </u>	Surcharge for
	····	-			•••••	-		Partially
								Distant
	<u></u>							Stations
		-						
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			•		•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	V CEVENTU	CLIBCODIRED CROLL		ONE HUNDRED EC		SUBSCRIBER GROUF)	
COMMUNITY/ AREA		SUBSCRIBER GROUP	0	COMMUNITY/ AREA		SUBSCRIBER GROUP	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	<u> </u>		<u>.</u>					for Partially
	··		<u>.</u>					Distant
	·	-	-					Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN Conway Corp	IER OF CABL	LE SYSTEM:				S	YSTEM ID# 030845	Name
				ATE FEES FOR EACH				
COMMUNITY/ AREA		SUBSCRIBER GROU	0 0	COMMUNITY/ AREA		I SUBSCRIBER GRO	JP 0	9
			T					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
				-				and
								Syndicated
	<u> </u>				<u></u>			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 030845	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROUI	P	†		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
						-		Syndicated Exclusivity
						-		Surcharge
		-						for
								Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWI Conway Corp	NER OF CAB	LE SYSTEM:				S	030845	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
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								for Partially
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				II				
			scriber group	as shown in the boxe	es above.	¢	0.00	
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LEGAL NAME OF OWI Conway Corp	NER OF CAB	LE SYSTEM:				S	030845	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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								Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Groun	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oroso receipto i not	Стоир	•		Cross receipts eed	ona Group	•		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add Enter here and in blo	Group the base ra	\$ te fees for each sub-	0.00	Gross Receipts Fou	rth Group	\$ \$	0.00	

LEGAL NAME OF OWNE Conway Corp	R OF CABL	LE SYSTEM:				S	YSTEM ID# 030845	Name
BL				TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
		-						and
								Syndicated
			. 			 		Exclusivity Surcharge
			<u> </u>					for
		-	·····					Partially
								Distant
		-						Stations
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Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>		
Gross Receipts First Group \$				Gross Receipts Second Group \$ 0.0				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
El	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Add th	e base rat			as shown in the boxes		\$		

Name	030845	S			•	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNER Conway Corp	
				TE FEES FOR EACH					
9	IP	SUBSCRIBER GROU	RTEENTH	FOL		SUBSCRIBER GRO	RTEENTH	THIR	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
Exclusivity					.		·		
Surcharge for									
Partially		-							
Distant		-							
Stations									
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	0.00		Total DSEs		0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	IP	SUBSCRIBER GROU	XTEENTH	S	JP	SUBSCRIBER GRO	TEENTH	FIF	
	0	0 COMMUNITY/ AREA 0						COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00		_	Total DSEs	0.00				
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

						LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE Conway Corp
1				TE FEES FOR EACH				
− •	UP	SUBSCRIBER GROU	HTEENTH	EIG	JP	SUBSCRIBER GROU	NTEENTH	SEVEN
Omputation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge						-		
for	<u></u>							
Partially								
Distant	<u></u>				.		. 	
Stations	<u> </u>	-						
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<u>)</u>	0.00		ļ	Total DSEs	0.00		<u> </u>	Total DSEs
<u>) </u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU	VENTIETH	Τ\	JP	SUBSCRIBER GROU	NTEENTH	NIN
<u>o</u>	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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<u>)</u>	0.00			Total DSEs	0.00			Total DSEs
<u>) </u>	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Conway Corp	R OF CABL	LE SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EACH				
	Y-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
		-						Surcharge
						-		for Partially
						-		Distant
						-		Stations
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWENT	Y-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourth	h Group	\$	0.00	
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·	\$			•	\$		

Conway Corp	R OF CABL	E SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU			NTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-	<u></u>	and
						-		Syndicated Exclusivity
					<u>.</u>	-		Surcharge
								for
								Partially
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						-		Stations
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						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 0.00		Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	JP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
				COMMONT TO TAKE T			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
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CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
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CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
CALL SIGN	DSE	CALL SIGN			DSE	CALL SIGN		
Total DSEs	DSE	CALL SIGN			DSE	CALL SIGN		
Total DSEs		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
	roup		DSE	CALL SIGN Total DSEs	Group	CALL SIGN S S	DSE	

LEGAL NAME OF OWNE Conway Corp	R OF CABI	LE SYSTEM:				SY	STEM ID# 030845	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU		İ	HIRTIETH	SUBSCRIBER GROUI		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u> </u>	Exclusivity
							<u> </u>	Surcharge for
						-		Partially
								Distant
								Stations
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Total DSEs	DSEs _		0.00	Total DSEs				
Gross Receipts First Gr	oup	\$ 0.00		Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIR	Y-FIRST	SUBSCRIBER GROU	IP	THIRTY	-SECOND	SUBSCRIBER GROUI	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNE Conway Corp	R OF CABL	LE SYSTEM:				S	YSTEM ID# 030845	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	Y-THIRD	SUBSCRIBER GRO			/-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-						Syndicated
								Exclusivity Surcharge
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						-	····	Partially
		-						Distant
		-						Stations
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	 						<u></u>	
Total DSEs		0.00		Total DSEs				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GRO	UP	THIF	RTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DCFa			0.00	Total DOF-	<u> </u>		0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e base				Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWNER Conway Corp	R OF CABI	LE SYSTEM:	ро			SY	STEM ID# 030845	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Exclusivity
								Surcharge for
								Partially
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Total DSEs		0.00		Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP	ļ r	ORTIETH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

Name	YSTEM ID# 030845	S			· 	LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE Conway Corp	
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated				•••••			·		
Exclusivity Surcharge							·		
for	<u> </u>	-					·		
Partially	<u> </u>								
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	0.00		Total DSEs		0.00			otal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	'-FOURTH	FORTY	JP	SUBSCRIBER GRO	TY-THIRD	FORT	
	0	O COMMUNITY/ AREA					COMMUNITY/ AREA		
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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i	0.00			Total DSEs	0.00			Total DSEs	
		_	_		0.00	•	roup	Gross Receipts Third G	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	лоир	Gross Neceipis Third G	

Name	030845	S'				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE Conway Corp	
				TE FEES FOR EACH					
٥	IP	SUBSCRIBER GROU	RTY-SIXTH	FOF		SUBSCRIBER GRO	TY-FIFTH	FOR	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and				•••••					
Syndicated									
Exclusivity							·		
Surcharge for		 							
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	0.00		Total DSEs		0.00			tal DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr	
	IP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

							030845	Name
				TE FEES FOR EACH				
	IINTH S	SUBSCRIBER GRO		00144	FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u>.</u>	-		and
		••••••			<u>.</u>	-		Syndicated Exclusivity
			-		·	-		Surcharge
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Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First Group	<u>-</u>	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
	ſ							
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon		\$	0.00		
	FIRST S	SUBSCRIBER GRO		İ	/-SECOND	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	o <u> </u>	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Grouլ	, [\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				<u> </u>				

LEGAL NAME OF OWNE Conway Corp	R OF CABI	LE SYSTEM:	po.			SY	STEM ID# 030845	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		H	/-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
						-	<u>.</u>	Syndicated
						 		Exclusivity Surcharge
						-		for
								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIF	ΓY-FIFTH	SUBSCRIBER GROU	JP	FIF	TY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
				TE FEES FOR EACH					
9	IP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
Exclusivity	·	-			<u> </u>		·		
Surcharge for									
Partially		-							
Distant							·		
Stations						-			
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	IP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GRO	ΓΥ-NINTH	FIFT	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	-SECOND	SIXTY		SUBSCRIBER GRO	TY-FIRST	SIX	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated									
Exclusivity		-					·		
Surcharge for									
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	'-FOURTH	SIXTY	JP	SUBSCRIBER GRO	TY-THIRD	SIXT	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		-							
							·		
							 		
						 			
				Total DSEs	0.00			Total DSEs	
	0.00			TOTAL DOES	0.00				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

O 9 Computation of	LID.	IBER GROUP	SUBSCR	TE EEE 0 E 0 D E 4 0 L			LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
Computation	LID					COMPUTATION OF									
Computation	UP	SUBSCRIBER GROU	CTY-SIXTH	SIX		SUBSCRIBER GROU	TY-FIFTH	SIX							
E of	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN							
Base Rate Fe															
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Syndicated															
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Distant															
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<u>0</u>	0.00			Total DSEs	0.00			Total DSEs							
0	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G							
0	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr							
	UP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GROU	SEVENTH	SIXTY-S							
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA							
E	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN							
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0	0.00		1	Total DSEs	0.00			Total DSEs							
	0.00	s	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G							
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_	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G							

LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845									
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP			
		SUBSCRIBER GRO		Ti .		SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
						<u> </u>		Surcharge	
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Γotal DSEs	!	''	0.00	Total DSEs			0.00		
Gross Receipts First							0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	MUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Γotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Grou	p ase ra	\$	0.00	Gross Receipts Fou	rth Group	\$ \$	0.00		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL	
	JP	SUBSCRIBER GROU	/-FOURTH	SEVENT	JP	SUBSCRIBER GRO	ry-third	SEVENT	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and						-			
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	0.00		ļ	Total DSEs	0.00		<u> </u>	Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	NTY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	TY-FIFTH	SEVEN	
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
+	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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		Ш	1	Total DSEs	0.00		1	Total DSEs	
1	0.00								
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	

LEGAL NAME OF OWNER Conway Corp	R OF CABL	LE SYSTEM:	•			S	930845	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU				H SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			-					Base Rate Fee
								and
								Syndicated
								Exclusivity
		-						Surcharge
		-						for
								Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	quo	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
					Society occount Group			
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon				
SEVENT	Y-NINTH	SUBSCRIBER GROU	JP	ı	EIGHTIETH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	ı I	1	0.00	Total DSEs	1	-11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	-SECOND	EIGHTY		SUBSCRIBER GRO	TY-FIRST	EIGH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	SUBSCRIBER GRO	Y-THIRD	EIGHT	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
<u> </u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
		•			0.00				
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G	

0 9 Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	SUBSCRIBER GROUP		TE FEES FOR EACH		COMPUTATION OF	OCK A: 0	DI
Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant		ITY-SIXTH	EIGH	ם			
Computation DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant					SUBSCRIBER GRO	TY-FIFTH	
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant							
Exclusivity Surcharge for Partially Distant							
Surcharge for Partially Distant							
for Partially Distant							
Partially Distant					-		
Distant					-		
Stations							
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	Y-EIGHTH	EIGHT	JP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00			Total DSCs	0.00			Fotal DSF a
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWNER Conway Corp	R OF CABL	LE SYSTEM:				SY	STEM ID# 030845	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			NINTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u> </u>	Exclusivity Surcharge
								for
		-						Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINET	Y-FIRST	SUBSCRIBER GROU	JP	NINETY	-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>	Ш	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							$\overline{}$	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABL	LE SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO		i t	Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
						-		Exclusivity
					<u></u>	-	·····	Surcharge
					····	-		for Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second Group \$ 0.00				
NINET	Y-FIFTH	SUBSCRIBER GRO	UP	NIN	ETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSCs			0.00	Total DSEs			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	
	·	\$				\$		

LEGAL NAME OF OWNER Conway Corp	LEGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
				TE FEES FOR EACH					
	EVENTH	SUBSCRIBER GRO			Y-EIGHTH	SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
		-						and	
								Syndicated	
							<u></u>	Exclusivity	
						-		Surcharge for	
						+		Partially	
						-		Distant	
		-						Stations	
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
NINET	Y-NINTH	SUBSCRIBER GRO	UP	ONE HU	NDREDTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
		e fees for each subse	criber group	as shown in the boxes a	above.	\$			

LEGAL NAME OF OWNER Conway Corp	R OF CABI	LE SYSTEM:	•			S	YSTEM ID# 030845	Name
				TE FEES FOR EACH				
	D FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
						<u> </u>		Exclusivity
		-						Surcharge
								for Partially
						-	<u></u>	Distant
							<u></u>	Stations
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Total DSEs	<u> </u>		0.00	Total DSEs	!		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDREI) FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Pate Fee: Add the	hase rat	e fees for each subsc	riber group	as shown in the boxes a	above.			

LEGAL NAME OF OWNER Conway Corp	R OF CABL	E SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EACH				
	D FIFTH	SUBSCRIBER GROU		i i	RED SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
								and
								Syndicated
							<u></u>	Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		••	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
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LEGAL NAME OF OWNE Conway Corp	R OF CAB	LE SYSTEM:	•			S	YSTEM ID# 030845	Name
BI	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRE	ED NINTH	SUBSCRIBER GRO	DUP	ONE HUND	RED TENTH	SUBSCRIBER GRO	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	<mark>.</mark>							Exclusivity
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Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
e Fee: Add th	ne base ra			Base Rate Fee Four		\$	0.00	

	030845	EGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
_				TE FEES FOR EACH						
	IP	SUBSCRIBER GROU	RTEENTH		JP	SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIR		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fe										
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Syndicated		_								
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs		
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr		
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr		
	IP	SUBSCRIBER GROU	XTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
'	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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 	0.00			Total DSFs	0.00			Total DSFs		
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G		

LEGAL NAME OF OWN Conway Corp	IER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
				TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED SEV	/ENTEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED	EIGHTEENTH	I SUBSCRIBER GROUF)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fe
	<u></u>	-						and
						<u></u>		Syndicated
		H				<u> </u>	<u></u>	Exclusivity
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		H					<u></u>	Partially
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Total DSEs		<u> </u>	0.00	Total DSEs		Į.	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED N	INTEENTH	SUBSCRIBER GRO	OUP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-	-				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add ater here and in bloo		te fees for each subs		as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABI	LE SYSTEM:	•			SY	STEM ID# 030845	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
							<u>.</u>	and
						-	<u> </u>	Syndicated
						<u> </u>	<u> </u>	Exclusivity Surcharge
						-		for
		-						Partially
								Distant
								Stations
		-				-	<u></u>	
					ļ	<u> </u>	<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-				-	<u></u>	
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						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Conway Corp	R OF CABI	LE SYSTEM:	po.			S	YSTEM ID# 030845	Name
				TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP		i i	NTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u></u>			Exclusivity
		-						Surcharge
					<u>.</u>		····	for Partially
						-		Distant
					<u>.</u>	+		Stations
						<u> </u>		
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gre	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						<u> </u>	<u></u>	
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Total DSEs		1	0.00	Total DSEs	1		0.00	
					_			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

LEGAL NAME OF OWNER Conway Corp	R OF CABI	LE SYSTEM:	ро.			SY	030845	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP			THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							.	Base Rate Fee
							<u>.</u>	and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
								
							<u> </u>	
Total DSEs	-	-	0.00	Total DSEs	!		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
							<u> </u>	
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Total DSEs	1		0.00	Total DSEs	ı		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$		

	YSTEM ID# 030845	S				LE SYSTEM:	R OF CABL	Conway Corp
		RIBER GROUP	SUBSCR	TE FEES FOR EACH				
0)	I SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED THIR)	SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THIR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant							<u> </u>	
Stations								
	0.00		•	Total DSEs	0.00	-	•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE Conway Corp	R OF CABI	LE SYSTEM:	ро.			SY	STEM ID# 030845	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP			TY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122 0.011	202	07.122.01011	301	G/ 122 G/G/1	302	07.22 070.1	202	Base Rate Fee
								and
								Syndicated
							ļ	Exclusivity
							ļ	Surcharge
								for Partially
								Distant
								Stations
								
	ļ						.	
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Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED I	ORTIFTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OF ILLE STORY	DOL	OF ILLE GIGIT	BOL	O/ ILL GIGIT	DOL	OF ILLE STORY	BOL	
								
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							<u> </u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes a	ibove.	\$		

LEGAL NAME OF OWNER Conway Corp	EGAL NAME OF OWNER OF CABLE SYSTEM: Conway Corp SYSTEM ID# 030845								
				TE FEES FOR EACH	SUBSCR	IBER GROUP			
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED FOR	Y-SECOND	SUBSCRIBER GROUP		Λ	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α 0			9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
		-				-		Stations	
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			.		.	-	<mark></mark>		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FOR	ΓY-FOURTH	SUBSCRIBER GROUP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-				-			
			-						
		-							
									
									
			<u> </u>		<u> </u>				
					<u> </u>				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
									
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
e Fee: Add the	e base rat			as shown in the boxes		\$	0.00		

LEGAL NAME OF OWI Conway Corp	NER OF CAB	LE SYSTEM:				S	YSTEM ID# 030845	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FORTY-SIXTH	I SUBSCRIBER GROUP)	C
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fe
		-						and
		 				<u> </u>		Syndicated
		H				<u> </u>	<u></u>	Exclusivity
						<u> </u>	<u></u>	Surcharge
							<u></u>	for
		H				-	<u></u>	Partially
			<u></u>				<u></u>	Distant
		H			·····			Stations
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	·····		····			-		
Γotal DSEs		<u> </u>	0.00	Total DSEs		Į.	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	TY-SEVENTH	SUBSCRIBER GROU	IP .	ONE HUNDRED F	ORTY-EIGHTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>				<u> </u>		
							<u></u>	
						-	<u></u>	
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							<u></u>	
Fotal DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

Conway Corp	R OF CABI	LE SYSTEM:				S	930845	Name
				TE FEES FOR EACH				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		H	FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-			<u>.</u>			Syndicated Exclusivity
					-	 	····	Surcharge
					·	-		for
						-		Partially
								Distant
								Stations
								
								
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	/-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN								
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN			DSE	CALL SIGN		
Total DSEs		CALL SIGN	0.00	Total DSEs		CALL SIGN	0.00	
		\$				CALL SIGN		
Total DSEs	roup		0.00	Total DSEs	Group		0.00	

0 9 Computation		SUBSCRI	TE EEEO EOO EAOU				
Computation	SLIBSCDIBED CDOLID				COMPUTATION OF		
Computation	SUBSCRIBER GROUP	FOURTH:	ONE HUNDRED FIFTY		SUBSCRIBER GROU	Y-THIRD	ONE HUNDRED FIFT
	0	COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee							
and							
Syndicated			••••••				
Exclusivity Surcharge							
for							
Partially							
Distant							
Stations					_		

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00_	0.00		Total DSEs	0.00			Total DSEs
00_	\$ 0.00	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
00	\$ 0.00	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	Y-SIXTH	ONE HUNDRED FIF	JP	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF
0	AREA				COMMUNITY/ AREA		
SE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			••••••				
00	0.00		Total DSEs	0.00			Total DSEs
00_	\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
7 1	s 0.00	Proup.	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

								LEGAL NAME OF OWNE Conway Corp
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BI
		SUBSCRIBER GROUP	TY-EIGHTH		0	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FIFTY
Omputation	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
_	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP	SUBSCRIBER GROU	TY-NINTH	ONE HUNDRED FIF
)	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN

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_	0.00			Total DSEs	0.00	,		Total DSEs
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C
							Group	

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Conway Corp 030845 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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