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	2017/2								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submi a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYST	TEM							
	Midcontinent Communications								
				564820172					
				5648 2017/2					
				2012					
	PO Box 5040								
	Sioux Falls, SD 57117-5040								
	INSTRUCTIONS: In line 1, give any business or trade names u	used to identify the husines	es and operation of the syst	em unless these					
С	names already appear in space B. In line 2, give the mailing ad								
System	IDENTIFICATION OF CABLE SYSTEM:								
	Sioux Falls, SD								
	MAILING ADDRESS OF CABLE SYSTEM:								
	PO Box 5040 2 (Number, street, rural route, apartment, or suite number)								
	Sioux Falls, SD 57117-5040								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b.	Identify only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Sioux Falls	SD							
Community	Below is a sample for reporting communities if you report mul	Itiple channel 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.

FORM SA3E. PAGE 1b.				_						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Midcontinent Communications			5648							
<b>Instructions:</b> List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.										
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).										
When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
Sioux Falls	SD	AA	1	First						
Baltic	SD	AA	1	Community						
Baltic-outs	SD	AA	1							
Brandon-outs	SD	AA	1							
Renner	SD	AA	1							
Shindler	SD	AA	1	See instructions for						
Sioux Falls-outs	SD	AA	1	additional information						
				on alphabetization.						
Crooks	SD	AA	2							
Crooks-outs	SD	AA	2							
Harrisburg	SD	AA	2	Add rows as necessary.						
Harrisburg-outs	SD	AA	2	,						
Lennox	SD	AA	2							
Lennox-outs	SD	AA	2							
Tea	SD	AA	2							
Tea-outs	SD	AA	2							
Madiana	CD.	A D	3							
Madison	SD	AB	3							
Colton	SD	AC	4							
Humboldt	SD	AC	4							
Trumbout	35	ΑΟ	<b></b>							
Canton	SD	AD	5							
		,,,,								


Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID#

5648

## 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.

BLG	OCK 1		BLOCK 2			
0475000000505000	NO. OF	DATE	04750000/ 05 050//05	NO. OF		DATE
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:						
Service to first set	34,128	\$ 19.95	High Def Converter	17,192	\$	16.00
<ul> <li>Service to additional set(s)</li> </ul>			Hospitals	1,007	\$	6.00
<ul> <li>FM radio (if separate rate)</li> </ul>			Nursing Homes	2,946	\$	5.00
Motel, hotel	1,433	\$ 5.25	Business Accounts	1,568	\$	19.95
Commercial	8,196	\$ 68.95				
Converter						
Residential	45,538	\$ 3.00			Ţ	
Non-residential					Ţ	
		 		1	T	

## 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	F	RATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential					
Pay cable	\$	16.00	Motel, hotel	\$	50.00	Digital 1	\$	12.00
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial	\$	50.00	Digital Variety	\$	3.50
Fire protection			Pay cable			Digital Espanol	\$	4.00
Burglar protection			Pay cable-add'l channel			Digital Sports & Variety	\$	9.00
Installation: Residential			Fire protection			Cinemax	\$	16.00
First set	\$	50.00	Burglar protection			Showtime	\$	16.00
Additional set(s)	\$	25.00	Other services:			Starz! & Encore	\$	16.00
• FM radio (if separate rate)			Reconnect	\$	75.00	TMC	\$	16.00
Converter			Disconnect					
			Outlet relocation	\$	25.00			
			Move to new address	\$	25.00			

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **Midcontinent Communications** 5648 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) KDLT-DT 47 Ν No SIOUX FALLS, SD (NBC) **KDLT-DT2** 47.2 I-M No SIOUX FALLS, SD (ANTENNA) See instructions for additional information **KELO-DT** 11 Ν No SIOUX FALLS, SD (CBS) on alphabetization. 11.2 I-M No **KELO-DT2** SIOUX FALLS, SD (MNT) 11.3 N-M No KELO-DT3 SIOUX FALLS, SD(WEATHER) KSFY-DT 13 Ν No SIOUX FALLS, SD (ABC) KSFY-DT2 13.2 I-M No SIOUX FALLS, SD (CW) I-M KSFY-DT3 13.3 No SIOUX FALLS, SD (ME TV) 15 Ε **KSMN-DT** Yes 0 **WORTHINGTON, MN (PBS)** KTTW-DT 7 No ı SIOUX FALLS, SD (FOX SD) KTTW-DT2 7.2 I-M No SIOUX FALLS, SD (THIS TV) **KUSD-DT** 34 Ε No VERMILLION, SD (PBS) **KUSD-DT2** 34.2 E-M No **VERMILLION, SD (PBS WORLD) KUSD-DT3** 34.3 E-M No VERMILLION, SD (PBS CREATE) **KUSD-DT4** 34.4 E-M No **VERMILLION, SD (PBS KIDS)** KTTW-DT3 7.3 I-M No SIOUX FALLS, SD (COZI TV)

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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CHANNEL 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					
KDLT-DT	47	N	No		SIOUX FALLS, SD (NBC)					
KDLT-DT2	47.2	I-M	No		SIOUX FALLS, SD (ANTENNA)					
KELO-DT	11	N	No		SIOUX FALLS, SD (CBS)					
KELO-DT2	11.2	I-M	No		SIOUX FALLS, SD (MNT)					
KELO-DT3	11.3	N-M	No		SIOUX FALLS, SD(WEATHER)					
KSFY-DT	13	N	No		SIOUX FALLS, SD (ABC)					
KSFY-DT2	13.2	I-M	No		SIOUX FALLS, SD (CW)					
KSFY-DT3	13.3	I-M	No		SIOUX FALLS, SD (ME TV)					
KSMN-DT	15	E	Yes	0	WORTHINGTON, MN (PBS)					
KTTW-DT	7	I	No		SIOUX FALLS, SD (FOX SD)					
KTTW-DT2	7.2	I-M	No		SIOUX FALLS, SD (THIS TV)					
KUSD-DT	34	E	Yes	0	VERMILLION, SD (PBS)					
KUSD-DT2	34.2	E-M	Yes	0	VERMILLION, SD (PBS WORLD)					
KUSD-DT3	34.3	E-M	Yes	0	VERMILLION, SD (PBS CREATE)					
KUSD-DT4	34.4	E-M	Yes	0	VERMILLION, SD (PBS KIDS)					
KTTW-DT3	7.3	I-M	No		SIOUX FALLS, SD (COZI TV)					
	T	T								

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

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

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CHANNEL LINE-UP AC										
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
KDLT-DT	47	N	No		SIOUX FALLS, SD (NBC)					
KDLT-DT2	47.2	I-M	No		SIOUX FALLS, SD (ANTENNA)					
KELO-DT	11	N	No		SIOUX FALLS, SD (CBS)					
KELO-DT2	11.2	I-M	No		SIOUX FALLS, SD (MNT)					
KELO-DT3	11.3	N-M	No		SIOUX FALLS, SD(WEATHER)					
KSFY-DT	13	N	No		SIOUX FALLS, SD (ABC)					
KSFY-DT2	13.2	I-M	No		SIOUX FALLS, SD (CW)					
KSFY-DT3	13.3	I-M	No		SIOUX FALLS, SD (ME TV)					
KTTW-DT	7	I	No		SIOUX FALLS, SD (FOX SD)					
KTTW-DT2	7.2	I-M	No		SIOUX FALLS, SD (THIS TV)					
KUSD-DT	34	E	No		VERMILLION, SD (PBS)					
KUSD-DT2	34.2	E-M	No		VERMILLION, SD (PBS WORLD)					
KUSD-DT3	34.3	E-M	No		VERMILLION, SD (PBS CREATE)					
KUSD-DT4	34.4	E-M	No		VERMILLION, SD (PBS KIDS)					
KTTW-DT3	7.3	I-M	No		SIOUX FALLS, SD (COZI TV)					
	T									

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID#
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

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

CHANNEL 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						
KDLT-DT	47	N	No		SIOUX FALLS, SD (NBC)						
KDLT-DT2	47.2	I-M	No		SIOUX FALLS, SD (ANTENNA)						
KELO-DT	11	N	No		SIOUX FALLS, SD (CBS)						
KELO-DT2	11.2	I-M	No		SIOUX FALLS, SD (MNT)						
KELO-DT3	11.3	N-M	No		SIOUX FALLS, SD(WEATHER)						
KSFY-DT	13	N	No		SIOUX FALLS, SD (ABC)						
KSFY-DT2	13.2	I-M	No		SIOUX FALLS, SD (CW)						
KSFY-DT3	13.3	I-M	No		SIOUX FALLS, SD (ME TV)						
KSIN-DT	28	Е	No		SIOUX CITY, IA (PBS)						
KTTW-DT	7	I	No		SIOUX FALLS, SD (FOX SD)						
KTTW-DT2	7.2	I-M	No		SIOUX FALLS, SD (THIS TV)						
KUSD-DT	34	Е	No		VERMILLION, SD (PBS)						
KUSD-DT2	34.2	E-M	No		VERMILLION, SD (PBS WORLD)						
KUSD-DT3	34.3	E-M	No		VERMILLION, SD (PBS CREATE)						
KUSD-DT4	34.4	E-M	No		VERMILLION, SD (PBS KIDS)						
KTTW-DT3	7.3	I-M	No		SIOUX FALLS, SD (COZI TV)						

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					0/07514 ID#	T		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
Midcontinent C	communicat	ions			5648			
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4)); 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, export 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 t								
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	AE				
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.						Т	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Midcontinent C	communicat	ions			5648		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.65/9(d)/2) and (4), 76.61(e)/(2) a							
Note: If you are utilizing			•	•	onarmor into ap.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	EL LINE-UP 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:	Wame Name			
Midcontinent C	ommunicat	ions			5648	3			
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 specife 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 inde									
	•								
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	a primary trans simulcasts, also aree categories e location of ea	mitter or an as o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the of the general in U.S. stations,	senting the primar channel on any ot instructions locate list the community	stem or an association representing y transmitter, enter the designa- her 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.				
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.						T	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Midcontinent C	ommunicat	ions			5648		
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), 76.616(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream 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 enter							
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	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		

FORM SA3E. PAGE 3.									
LEGAL NAME OF OW					SYSTEM ID#	Name			
Midcontinent (	Communicat	tions			5648				
PRIMARY TRANSMITT	ERS: TELEVISION	ON							
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc For Do not list the station	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								
basis. For further in the paper SA3 for Column 1: List ear each multicast stream cast stream as "WETA simulcast).  Column 2: Give the its community of licen on which your cable so Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the simulation of local serve Column 5: If you he cable system carried the distant stafe or the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these times as "WETA".	nformation concorm.  ch station's call associated with associated with A-2". Simulcast we channel numbers. For example ystem carried the in each case by entering the leaders, "E" (for notes a terms, see tation is outside rice area, see plave entered "Ye the distant station on a particular ton on a particular ton on a primary trans simulcasts, also hree categories	sign. Do not read a station acceptable with a station acceptable with a station acceptable with a station acceptable with a station. Whether the station whether the station whether the station and the station acceptable with a station acceptable with a station and the station acceptable with a station accep	eport origination cording to its own be reported in origination as assigned to earnel 4 in Wash ation is a network), "N-M" (I educational), or egeneral instructive area, (i.e. "or general instructive area, or accounting period asset of lack of a sem that is not a sense of lack of	ns, see page (v) on program service er-the-air designal column 1 (list each the television statistington, D.C. This park station, an indefor network multice or "E-M" (for nonceptions located in the program of the primal channel on any of the primal channel on the primal channel	f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" summercial educational multicast). the paper SA3 form. es a paper SA3 form. stating the basis on which your tering "LAC" if your cable system				
	Canadian statio	ons, if any, givennel line-ups,	e the name of thuse a separate	ne community with space G for each	which the station is identifed.				
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 OWNER OF CABLES				SYSTEM ID#	Name
Midcontinent Communica	ations			5648	
PRIMARY TRANSMITTERS: TELEVIS	ION				
In General: In space G, identify ever carried by your cable system during FCC rules and regulations in effect of 76.59(d)(2) and (4), 76.61(e)(2) and substitute program basis, as explair Substitute program basis, as explair Substitute Basis Stations: With basis under specific FCC rules, reguer Do not list the station here in space station was carried only on a substitute Basis Station was carried only on a substation was carried associated was tream as "WETA-2". Simulcas WETA-simulcast stream associated was tream as "WETA-2". Simulcas WETA-simulcast).  Column 2: Give the channel nurits community of license. For exampon which your cable system carried Column 3: Indicate in each case educational station, by entering the (for independent multicast), "E" (for For the meaning of these terms, see Column 5: If you have entered "cable system carried the distant staticarried the distant station on a part-For the retransmission of a distation a written agreement entered into the cable system and a primary trantion "E" (exempt). For simulcasts, al explanation of these three categories.	ery television state accounting on June 24, 19 (4), or 76.63 (19) (19) (19) (19) (19) (19) (19) (19)	g period, except 981, permitting the referring to 76.6 paragraph. The period of the pe	in (1) stations carried be carriage of certa- ine carriage of certa- ine (2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) of the page of the television station, and independent of the television station, D.C. This ork station, an indefer network multicor "E-M" (for noncontrol located in the interest of the television stations located in the interest of the television stations of the television station of the television of the tele	and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program and tent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify the stream separately; for example and for broadcasting over-the-air in may be different from the channel ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The stream separately is not example stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form. The station is licensed by	G Primary Transmitters: Television
Note: If you are utilizing multiple cha		•	•	charmer inte-up.	
1. CALL 2. B'CAST SIGN CHANNEI NUMBER	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYST	EM ID#	Name
Midcontinent C	Communicat	ions				5648	Name
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
In General: In space carried by your cable: FCC rules and regular 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis 5 basis under specifc F0 • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 fc Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the	G, identify ever system during to tions in effect of 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television st h June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substit sign. Do not r h a station acc streams must	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried rute basis station report origination coording to its over be reported in our	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).	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 as such as HBO, ESPN, etc. Identify tion. For example, report multinistream separately; for example on for broadcasting over-the-air in may be different from the channel	1	Primary Transmitters: Television
educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If you h cable system carried the distant state For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	e in each case of the cast, "E" (for not ese terms, see tation is outside ice area, see properties on a part-lition on a primary trans simulcasts, also hree categories e location of ea Canadian static	whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the concommercial street or or before Jumitter or an accommerce en generate "E". If the see page (v) ch station. Forns, if any, giv	etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct and the search of the search of the search of the search of the general in the search of the search	for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by enterior to a royalty ettween a cable sys- senting the prima channel on any of instructions locate list the community me community with	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designater basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by to which the station is identifed.		
Note: II you are utilizii	ng multiple chai	•	•	•	channel line-up.		
	1	CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FURINI SAJE. PAGE 3.					0)/07514	ID#	
Midcontinent C					SYSTEM 5	1D# 648	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the country of the cou	he accounting n June 24, 198 (4), or 76.63 (red in the next p	period, except 81, permitting th referring to 76.6° paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program		Primary Transmitters:
basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for 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 statio							Television
		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	NER OF CABLE SY	/STEM:			SYST	EM ID#	Name
Midcontinent C	Communicat	ions				5648	
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 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							
				•			
		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		

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN					SYSTEM ID#	Name
Midcontinent C	Communicat	ions			5648	Hamo
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further ir in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multi-For the meaning of the Column 5: If you h 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 Column 6: Give the carried the state that the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify even system during the ions in effect on 6.61(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 are carried the in each case was entered "Y", "E" (for neese terms, see ation is outside ice area, see prave entered "Y", he distant staticision on a part-life ision of a distant the entered into of a primary trans simulcasts, also ree categories e location of each	y television started by television started by television started by the accounting on June 24, 1984, or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. In the started by the started	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: a tit in space I (the referring to referring to 76.6 paragraph. It is in space I (the referring to referring to the report origination cording to its own be reported in the reported in the report of the report of the report origination as assigned to referred in the refe	(1) stations carried ecarriage of cert (1(e)(2) and (4))]; is carried by your one Special Statemed both on a substitute, see page (v) on program service (er-the-air designate column 1 (list each the television statington, D.C. This park station, an indefer network multiple or "E-M" (for noncetions located in the distant"), enter "You in slocated in the plete column 5, od. Indicate by enactivated channel subject to a royalty etween a cable sy essenting the primal channel on any of instructions located list the community.	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
Note: If you are utilizir		. ,		•		
		CHANN	EL LINE-UP	AN		-
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
Midcontinent C	ommunicat	ions			5648	ramo	
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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independe							
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rotor ii you aro utiii			EL LINE-UP				
		CHANN	EL LINE-UP	AU			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOMBER	OTATION		(II Distant)			
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FORM SA3E. PAGE	3.					
	WNER OF CABLE S				SYSTEM ID#	Name
Midcontinent	t Communicat	tions			5648	
PRIMARY TRANSMI	TTERS: TELEVISIO	ON				
carried by your cabl FCC rules and regu 76.59(d)(2) and (4), substitute program Substitute Basi	e system during t lations in effect of 76.61(e)(2) and ( basis, as explaine s Stations: With	he accounting n June 24, 196 4), or 76.63 (red in the next prespect to any	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters: Television
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Note: If you are util	Zing multiple chai		•		channer inte-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					0)/07514 ID#	1	
Midcontinent C					SYSTEM ID# 5648	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	system during the ons in effect or i.61(e)(2) and (sis, as explaine	he accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G  Primary  Transmitters:  Television	
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations:  1 Do not list the station here in space —but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for 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 "Yeo". 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 6: If you have entered "Yeo" in column 4, you must complete column 5, stating the basis on which y							
		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		

FORM SA3E. PAGE 3.					0)/07511 ID	<del>,</del> [
LEGAL NAME OF OWN					SYSTEM ID:	Name
Midcontinent C	communicat	ions			5648	3
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television state he accounting in June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions in a station account of the state of the state of the station. Whether the state of the local server in column on during the same basis becard in multicast stream or before Jumitter or an associated of the state of the s	g period, except 81, permitting the ferring to 76.6 paragraph. It is in space I (the fitting the ferring to 76.6 paragraph. It is in space I (the fitting the fitting that is a satisfied to the fitting that is a network of the fitting to the fitting that is a network of the fitting that is a network of the fitting that is a network of the fitting that is not some some fitting period and the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, be sesociation repreyou carried the fitting that is not some 30, 2009, and 30, 30, 30, 30, 30, 30, 30, 30, 30, 30,	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service the er-the-air designation of the television statistical program of the television o	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
					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	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>

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
Midcontinent C	ommunicat	ions			5648	rano	
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), "" (for independent,) "I-M" (for inde							
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Total in you are all		• •	EL LINE-UP	•	onamo, mo ap.		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	NUMBER	STATION	(Yes or No)	(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OW					SYSTEM ID#	Name	
Midcontinent (	Communicat	ions			5648		
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 basis as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  10 not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of ilcnese. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for noncommercial educational), or "E-							
Note: If you are utilize	ng multiple chai		·		charmer inte-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
	<u> </u>						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Midcontinent C	ommunicat	ions			5648	- Tumo
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
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 eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine and consine as explaine (a.s., as explaine (b.t.) and (c.t.) a	ne accounting I June 24, 198 4), or 76.63 (r d in the next p espect to any tions, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not r n a station acc streams must per the FCC h t, WRC is Cha	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination coording to its own be reported in or as assigned to 18.	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designation of the television statistics.	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 as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	entering the le cast), "E" (for no case terms, see pation is outside ce area, see paave entered "Ye ne distant static ion on a part-tricion of a distant entered into or a primary transsismulcasts, also aree categories, e location of eaccanadian statio	tter "N" (for no concommercial coage (v) of the the local services" in column on during the amulticast steem or before Jumitter or an associated "E". If you see page (v) ch station. Fo	etwork), "N-M" ('educational), of general instructional, of general instructional, of general instructional accounting perioduse of lack of a sam that is not some 30, 2009, be association repressor accounting the control of the general in the general in the same of the mame of the same of the	for network multic r "E-M" (for noncotions located in the listant"), enter "Ye ons located in the mplete column 5, sod. Indicate by entoctivated channel of ubject to a royalty tween a cable syssenting the primarchannel 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.  If payment because it is the subject stem or an association representing the transmitter, enter the designation in the paper SA3 form.  If not, enter "O." For a further do in the paper SA3 form.  If to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FURINI SAJE. PAGE 3.					0)/07514 ID#			
Midcontinent C					SYSTEM ID# 5648	Name		
PRIMARY TRANSMITT	ERS: TELEVISIO	)N						
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base	system during the consistence of	ne accounting n June 24, 199 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G  Primary  Transmitters:  Television		
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast).  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. In								
tion "E" (exempt). For explanation of these th <b>Column 6:</b> Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general in U.S. stations, the name of the use a separate	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n 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			
	<b>.</b>				ļ			

FORM SA3E. PAGE 3.						,		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
Midcontinent C	ommunicat	ions			5648			
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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial								
Note: If you are utilize	ig multiple chai			·	charmer inte-up.			
	T	CHANN	EL LINE-UP	AW				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 5648 **Midcontinent Communications** 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: 2017/2
LEGAL NAME OF OWNER OF Midcontinent Commun		EM:					S	YSTEM ID# 5648	Name
SUBSTITUTE CARRIAGE In General: In space I, ident					n that your	cable s	system c	carried on a	1
substitute basis during the average explanation of the programm  1. SPECIAL STATEMENT	ccounting pe ing that must CONCER	eriod, under spe at be included in NING SUBST	ecific present and former FC in this log, see page (v) of the TTUTE CARRIAGE	C rules, regula e general instr	ations, or a ructions loc	authoriza cated in	ations. F	or a further	Substitute Carriage: Special
During the accounting per broadcast by a distant state	tion?		•	-			Yes	⊠No	Statement and 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 mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every noi distant stati gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static adian static atth and day ye "5/7." es when the Example: a	ms m on a separa attach addition network televion and that your authorization to use general of the Basketball: Icast live, entestation broadcan's location (the series if any, the when your system substitute program carri	ate line. Use abbreviations al pages. ision program (substitute pour cable system substitutes. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls."  r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ded by a system from 6:01:	wherever pos rogram) that, d for the prog eral instructio "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y	sible, if the during the ramming ones located List spectonsed by the tiffied). In numerals List the time 8:30 p.m. our system	eir mea e accou of anoth d in the ific proo ne FCC , with th mes ac should n was n	aning is unting her station paper gram or, in he month becurately be	on h	
gram was substituted for pr effect on October 19, 1976.	ogramming			under FCC r		egulatio	ons in	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		CURRI TIMES —		FOR DELETION	
						_			
						_			
						_			
						_			

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midcontinent Communications

SYSTEM ID#

5648

## J

#### Part-Time Carriage Log

#### **PART-TIME CARRIAGE LOG**

**In General:** This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

**Column 1 (Call sign):** Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."
   12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE											
CALL SIGN	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN	I CARRIAGE C				
	DATE	HOURS FROM TO				DATE	FROM	IOUR	ts TO		
			_						_		
									_		
			_								
			_								
			_								
			_						_		
			_						_		
			_						_		
			_						_		
			_						_		

LEGA	L NAME OF OWNER OF CABLE SYSTEM:  continent Communications			SYSTEM ID# 5648	Name					
Inst all a (as i page	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)									
• Con • Con • If you fee to	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: aplete block 1, showing your minimum fee. aplete block 2, showing whether your system carried any distant television stations. uur 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. uur system did carry any distant television stations, you must complete the applicable paramanying this form and attach the schedule to your statement of account.	arts of	the DSE Sche	edule	L Copyright Royalty Fee					
bloc ▶ If pa 3 be		entere	d on line 2 in b	block						
2 in										
Block 2	This is your minimum fee.  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 colun "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perion in the column of th	nn 4, y od?	ou must chec	k						
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		\$	3,988.30						
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00						
	Line 3. Add lines 1 and 2 and enter here	\$		3,988.30						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		\$	90,002.57	Cable systems submitting additional					
	zero.  Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. <b>FILING FEE</b>									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		90,727.57	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (significant depayment instructions located in the paper SA3 form for more information.)	See pa	age (i) of the							

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID#								
Name	Midcontinent Communications	5648								
<b>M</b> Channels										
	1. Enter the total number of channels on which the cable									
	system carried television broadcast stations									
	Enter the total number of activated channels									
	on which the cable system carried television broadcast stations									
	and nonbroadcast services									
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
for Further Information	Name Wynne Haakenstad Telephone 952-844-2622									
	Address 3600 Minnesota Drive, STE 700 (Number, street, rural route, apartment, or suite number)									
	Edina, MN 55435									
	(City, town, state, zip)									
	Email wynne.haakenstad@midco.com Fax (optional)									
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable 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 herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]									
	X /s/Wynne Haakenstad									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.  (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the									
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.									
	Typed or printed name: Wynne Haakenstad									
	Title: Director of Programming  (Title of official position held in corporation or partnership)									
	Date: February 22, 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#	Nama					
Midcontinent Communications	5648	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyri lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cate service of providing secondary transmissions of primary broadcast transmitters, the system seribers and amounts collected from subscribers receiving secondary transmissions per For more information on when to exclude these amounts, see the note on page (vii) of the general SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?  X NO	ole system for the basic ystem shall not include sub- jursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion					
YES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address  Name Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late For an explanation of interest assessment, see page (viii) of the general instructions in the page.		Q					
Line 1 Enter the amount of late payment or underpayment	х	Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays						
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	(interest charge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	or further assistance please						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day la	te.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period ID number							

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

ACCOUNTING PERIOD: 2017/2

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

#### FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that the character and a contract of the contract of the party of	

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

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

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

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

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

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

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

#### **TOTAL OF DSEs**

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

#### THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

#### **EXAMPLE**:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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

		φο,σο 1.σσ			
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: 2017/2** 

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  SUM OF DSEs OF CATEGORY "O" STATIONS:  SYSTEM ID#					
1						
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.					
					1.25	
						1
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
_	of space G (page 3).	olgii . list tile ca	iii sigris or all distant station	is identified by	the letter O in column 5	
Computation	In the column headed "DSE			E as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, gi	ve the DSE as "				
Category "O"			CATEGORY "O" STATIO	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KSMN-DT	0.250	KUSD-DT	0.250	KUSD-DT2	0.250
	KUSD-DT3	0.250	KUSD-DT4	0.250		
				<mark>'''</mark>		
Add rows as				···		
necessary.				···		
Remember to copy				<mark></mark>		 
all formula into new						 
rows.				<mark></mark>		
				<u> </u>		
				<mark>'''</mark>		
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Name		WNER OF CABLE SYSTEM:  t Communications					S	YSTEM ID# 5648			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station.  Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25."  Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.										
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	6. DS	ìΕ								
						x					
						x					
			÷		=	x x	=				
			÷		=	x	=				
						x					
			÷	:	=	x	= =				
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of p		edule,		0.00					
Computation of DSEs for Substitute-Basis Stations	<ul> <li>Was carried tions in effections in effections.</li> <li>Broadcast or space I).</li> <li>Column 2: Fat your option.</li> <li>Column 3: EColumn 4: EColum</li></ul>	ct on October 19, 1976 ( ne or more live, nonnetw  For each station give the This figure should corresenter the number of days Divide the figure in colum	itution for a prog as shown by the ork programs du number of live, spond with the i s in the calenda nn 2 by the figur	gram that your systen e letter "P" in column iring that optional carr, nonnetwork program information in space I. r year: 365, except in the in column 3, and given in column 3, and gi	n was permitted to the property of space (); and the property of the property	to delete under FCC rule	2 of twere deleted as than the third	rm).			
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	ATION OF DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		4		=		4		=			
				=			+	=			
		4		=		-	+	=			
		÷		=		-	<u> </u>	=			
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:			0.00					
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of  2. Number of	R OF DSEs: Give the am applicable to your syster DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		poxes in parts 2, 3, and	4 of this schedul	e and add them to provide	1.25 0.00 0.00				
	TOTAL NUMBER	R OF DSEs					•	1.25			

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

LEGAL NAME OF C							S'	YSTEM ID# 5648	Name
Instructions: Bloo	ck A must be com	pleted.							_
If your answer if schedule.				7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M.	ARKETS				Computation of
_	1981?	outside of all i	major and sma		fined under s			gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Ju dule. (Note: T	part 2, 3, and 4 or ne 25, 1981. For fu ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carria 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ules and regued pursuant to on as defined at educations of station (76.0) or DSE sched ant to individuationally carries JHF station w	lations cited b to the FCC mand in 76.5(kk) (7 al station [76.5 65) (see paragule). Lual waiver of F and on a part-tir within grade-B	ne or substitute ba contour, [76.59(d)(	se in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 ), 76.61(b)(c), n) referring to 7 g to 76.61(d) randfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	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	
KSMN-DT	С	0.25							
KUSD-DT	С	0.25							
KUSD-DT2	M	0.25							
KUSD-DT3	M	0.25							
KUSD-DT4	M	0.25							
							•		
								1.25	
		В	LOCK C: CC	MPUTATION OF	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, l				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				×		permited/ partially nonpermitted carriage?
Line 6: Enter tota	al number of DS	Es from line	3				<u>.                                    </u>		If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

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

		OWNER OF CABLE  Communication							YSTEM ID# 5648	Name
		_	BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)	1		_
	I. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
			•••••							
						<b> </b>				
•••••										
····			•							
••••										
<mark></mark>										
<mark></mark>										
						<b> </b>				
<mark></mark>										
						<b> </b>				
						<b> </b>				
				1						4

Name	LEGAL NAME OF OWN Midcontinent C								S	YSTEM ID# <b>5648</b>	
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.  IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.										
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
	SIGN	DOL	F	LINIOD		CARRIAGE		JOL		DOL	
Computation of the Syndicated	-	"Yes," comple	te blocks B and C	k and complete		art 8 of the DSE schedi					
Exclusivity Surcharge	Is any portion of the or	cable system w	ithin a top 100 majo	or television mar	rket	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
J	Yes—Complete	•				X No—Proceed to			ŕ		
	· ·				<b>—</b> 1						
	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	ion 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 peri 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	SN	DSE	
			TOTAL DSEs	0.00			<u> </u>	TOTAL DS	SEs .	0.00	
		<u>l</u>							-		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Midcontinent Communications	SYSTEM ID# 5648	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	8,458,887.87	7
Section 2			Computation
	A. Enter the total DSEs from block B of part 7	0.00	of the Syndicated
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		
	Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Numo	I	Midcontinent Communications	5648									
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.										
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)										
Syndicated 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										
		Syndroused Exercises, Sectional government of the section of the s										
8 Computation	You m 6 was • In blo	ctions:  ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of posterior 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.	art									
of		ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B bel	low									
Base Rate Fee	blank What i											
		What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local										
	were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.											
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS											
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the following sections.										
	L	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 <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.										
		A. Enter 0.01064 of gross receipts  (the amount in section 1)										
		B. Enter 0.00701 of gross receipts  (the amount in section 1) ▶										
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here										
		D. Multiply line B by line C and enter here ▶ _\$	_									
		E. Add lines A, and D. This is your base rate fee. Enter here										
		and in block 3, line 1, space L (page 7)	0.00									
		Base Rate Fee	0.00									

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

	AME OF OWNER OF CABLE SYSTEM: Ontinent Communications	SYSTEM ID# 5648	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. Enter 0.01064 of gross receipts  (the amount in section 1)   **State		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here <b>&gt;</b>		Base Rate Fee
I	D. Enter 0.00330 of gross receipts (the amount in section 1)		
İ	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee  \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
receipt exclusi  First: [ station DSEs a Finally NOTE: also co	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate feels from subscribers located within the station's local service area, from your system's total gross receipts. To take a con, you must:  Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.  If any portion of your cable system is located within the top 100 television market and the station is not exempt in purpose a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.	o the same the number of each group.	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
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 th will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compo groups	ating the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
• Identi • Give	section:  fy the communities/areas represented by each subscriber group.  he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to albers in the group.	l of the	
• If: 1) your and 4 c	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in fithis schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b	•	
part	6 of this schedule.		
• Calcu	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.  Idea gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in page SA3 form.	nstructions	
• Comp	paper SA3 form. ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (th		

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DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your

actual calculations on the form.

## LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 5648 **Midcontinent Communications** 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.

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

	EGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  SYSTEM ID#  5648										
BI	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP					
		SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	UP	0			
COMMUNITY/ AREA		alls		COMMUNITY/ ARE				<b>9</b> Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
				KSMN-DT	0.25			Base Rate Fee			
								and			
		-						Syndicated			
	·····		<b></b>		·····			Exclusivity			
			<b></b>					Surcharge for			
	······	-	<b>+</b>			_		Partially			
			***************************************			_		Distant			
								Stations			
		-									
		-	<b></b>								
		-	<b></b>								
			<b></b>								
Total DSEs	1		0.00	Total DSEs	<u> </u>		0.25				
Gross Receipts First G	roup	\$ 7,735,	467.83	Gross Receipts Sec	cond Group	\$ 4	43,153.40				
·					·						
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	1,178.79				
	THIRD	SUBSCRIBER GROU	P		FOURTH	SUBSCRIBER GRO	UP				
COMMUNITY/ AREA	Madiso	n		COMMUNITY/ ARE							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
KSMN-DT	0.25					_					
KUSD-DT	0.25										
KUSD-DT2	0.25		<b>-</b>		·····	_					
KUSD-DT3 KUSD-DT4	0.25 0.25		<b></b>			_					
1.005-514	0.20				•••••						
		-	<b></b>								
	<b>.</b>		<del> </del>								
	<b> </b>		<b>†</b>								
Total DSEs			1.25	Total DSEs			0.00				
Gross Receipts Third Group \$ 226,710.60				Gross Receipts Fou	urth Group	\$	53,556.04				
Base Rate Fee Third Group \$ 2,809.51			,809.51	Base Rate Fee Foo	ırth Group	\$	0.00				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	s above.	\$	3,988.30				

	YSTEM ID# 5648	3						LEGAL NAME OF OWNE  Midcontinent Con
		IBER GROUP	SUBSCRI	ATE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BI
0	JP	SUBSCRIBER GROU	SIXTH		JP	SUBSCRIBER GRO	FIFTH	
9 Computa	0			COMMUNITY/ AREA				COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate					ļ			
and	<u></u>					-		
Syndicat Exclusiv				·				
Surchar			-		1		<mark>-</mark>	
for	····							
Partiall						-		
Distant								
Station								
					ļ	-	·	
	<u></u>					-		
				·				
	<u></u>	<u> </u>		1	1		·	
	0.00	Ц	<u>.</u>	Total DCCa	0.00		<del>-</del> !	Total DCCs
				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	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	;
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····							
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	s	Group			<b>S</b>	Group	
		\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
E		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								Syndicated Exclusivity
								Surcharge
			<u></u>			-		for Partially
		-				-		Distant
			<u></u>					Stations
						-		
Total DSEs	ļ	l l	0.00	Total DSEs		Щ	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (		\$	0.00	Base Rate Fee Sec		\$	0.00	
COMMUNITY/ AREA	ELEVENTH	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	0 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	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  SYSTEM ID#  5648										
				TE FEES FOR EAC							
	RTEENTH	SUBSCRIBER GRO		tt -		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	DSL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fe			
								and			
								Syndicated			
								Exclusivity			
								Surcharge			
						-		for			
								Partially			
						-		Distant Stations			
		H				-		Otations			
		<b>-</b>									
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				
F	IFTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP				
COMMUNITY/ AREA			0	COMMUNITY/ ARE							
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	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00				
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$					

LEGAL NAME OF OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
				ATE FEES FOR EACH			ID.	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
	<u></u>							Surcharge for
								Partially
								Distant
	···							Stations
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	
	INTEENTH	SUBSCRIBER GROU		II		SUBSCRIBER GROU	JP <b>0</b>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
		<u> *</u>	3.00	Jaco Rato i ee i ouiti	Cloup	[ <del>*</del>	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TWEN	NTY-FIRST	SUBSCRIBER GRO	UP	TWEN	TY-SECOND	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computation			
CALL SIGN	DSE	CALL SIGN						of
	<del></del>		<del></del>					Base Rate Fee
	<del></del>	-	<del></del>			-		Syndicated
		-				-		Exclusivity
								Surcharge
						-		for
								Partially
	<u></u>	<b>-</b>				-		Distant Stations
	···		····			-	····	Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orodo ridoo,pio riilori	2.0up			o o o o o o o o o o o o o o o o o o o	ona onoap	<u> </u>		
Base Rate Fee First (		\$	0.00	Base Rate Fee Sec		\$	0.00	
	ITY-THIRD	SUBSCRIBER GRO		11		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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			<mark>.</mark>					
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	<u></u>		<u></u>			-	<u></u>	
	<del></del>	-	<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	
	-		-					
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

BI OCK	nications				3	YSTEM ID# 5648	Name		
			ATE FEES FOR EAC						
	FTH SUBSCRIBER		11		H SUBSCRIBER GROU		9		
COMMUNITY/ AREA		0	COMMUNITY/ AREA0				Comput		
CALL SIGN DS	E CALL SIGN	CALL SIGN DSE CALL SIGN DSE CALL SIGN DS							
							Base Rat		
							and		
				·····		····	Syndica Exclusi		
							Surcha		
							for		
							Partial		
							Distar		
	·····			·····			Station		
				·····					
-t-I D05-		0.00	T-4-1 DOE-			0.00			
otal DSEs	-	0.00	Total DSEs			0.00			
Fross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00			
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00			
TWENTY-SEVE	NTH SUBSCRIBER	GROUP	TWE	NTY-EIGHTH	H SUBSCRIBER GROU	JP			
OMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0			
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
·····			-			····			
otal DSEs	11	0.00	Total DSEs	•	-11	0.00			
	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
Fross Receipts Third Group									
Gross Receipts Third Group					i				

LEGAL NAME OF OWNER  Midcontinent Comn						S	YSTEM ID# 5648	Name
BLC	OCK A: C	COMPUTATION O	F BASE RA	TE FEES FOR EAC				
	'-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP <b>0</b>	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computa			
CALL SIGN	DSE	CALL SIGN	DSE CALL SIGN DSE CALL SIGN	DSE	of			
								Base Rate
			<u>-</u>		<u></u>		<u></u>	and Syndicat
			<del></del>	·			<u></u>	Exclusiv
								Surchar
			<u> </u>		<u></u>			for
			<u> </u>					Partiall Distan
			<u></u>		·····		<u></u>	Station
			<u> </u>					
			<u></u>					
			<u></u>				<u></u>	
			<u>-</u>		····		<u></u>	
otal DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	un	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oroso recocipio i ilot Gio	чр			Cross receipts eee	ona Group			
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	Y-FIRST	SUBSCRIBER GRO		li		SUBSCRIBER GROU		
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>				<u></u>	
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			<u> </u>				<u></u>	
			<del></del>		·····		<u></u>	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					-			
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
				II				

LEGAL NAME OF OWI Midcontinent Co						S	YSTEM ID# 5648	Name	
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee and	
		-						Syndicated	
	<del></del>			-	<b></b>			Exclusivity Surcharge	
		-						for	
								Partially Distant	
								Stations	
		-			<del></del>		<u></u>		
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	-	\$	0.00	Base Rate Fee Seco		\$	0.00		
COMMUNITY/ AREA		SUBSCRIBER GROU	JP <b>0</b>	COMMUNITY/ AREA		SUBSCRIBER GRO	UP <b>0</b>		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<del></del>						<u></u>		
					<u></u>				
		-							
	····								
Total DSEs			0.00	Total DSEs		11	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 blo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE Midcontinent Com						S	YSTEM ID# 5648	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	EVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
								Syndicated
					<del></del>	-		Exclusivity
				·		<b>-</b>		Surcharge for
					<del></del>		<u></u>	Partially
		-				-		Distant
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				·		<u> </u>		
				·	<del></del>	<del>                                     </del>	····	
Total DSEs	<del>  </del>		0.00	Total DSEs		Į.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second		\$	0.00	
	Y-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI Midcontinent Co						S	YSTEM ID# 5648	Name
				ATE FEES FOR EAC		RIBER GROUP  SUBSCRIBER GROUP		
		SUBSCRIBER GRO		<del>                                      </del>	9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	·····	<b> </b>						Base Rate F
		H						and Syndicate
		H	•••••••••••					Exclusivit
								Surcharg
		  -						for
	·····	<u> </u>						Partially Distant
	·····		····					Stations
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		<del> </del>						
Total DSEs	<del>'</del>		0.00	Total DSEs	!		0.00	
	Croup	•	0.00		and Craun	•	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FO	RTY-THIRD	SUBSCRIBER GRO	DUP	FOR	RTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 5648	S						LEGAL NAME OF OWNE Midcontinent Com			
	ID	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU					
9	0					SOBSCRIBER GROU		COMMUNITY/ AREA			
Computation of	DSE	ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE						CALL SIGN			
Base Rate F and											
Syndicate			-								
Exclusivity											
Surcharge for			-			<u> </u>					
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	0.00			T / I DOE	0.00			F 1 1 DOF			
	0.00			Total DSEs	0.00			Total DSEs			
	0.00	\$	l Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr			
	0.00	\$	l Group	Base Rate Fee Secon	0.00	\$	oup	<b>3ase Rate Fee</b> First Gr			
		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH				
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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	0.00			T. 1505	0.00						
	0.00			Total DSEs	0.00			Total DSEs			
		•	C		Λ ΛΛ	•					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G			

LEGAL NAME OF OWN Midcontinent Co						S	YSTEM ID# 5648	Name		
				TE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation					
CALL SIGN	DSE	CALL SIGN								
ļ		ļ						Base Rate Fe		
	<u></u>							and		
			<del></del>					Syndicated Exclusivity		
		<u> </u>		-				Surcharge		
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								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			
F	IFTY-FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECONE	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	l 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	es above.	\$				

LEGAL NAME OF OWNE Midcontinent Com						S	YSTEM ID# 5648	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fee
								and
								Syndicated
						<u> </u>		Exclusivity
					<del></del>	-		Surcharge for
					···	-		Partially
						-		Distant
								Stations
							2.22	
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	
FIFT	ΓY-FIFTH	SUBSCRIBER GROU	JP	FI	IFTY-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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						<del>                                     </del>		
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

PUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  CORIBER GROUP  COMMUNITY/ AREA  COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  COMMUNITY/ AREA  COMPUTATION  COMMUNITY/ AREA  COMPUTATION  OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  COMPUTATION  OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  COMPUTATION  OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  COMPUTATION  OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP  OF B
0 COMMUNITY/ AREA 0 Computation LL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Formula and Syndicated Exclusivity Surcharge for Partially
LL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially
LL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially
and Syndicated Exclusivity Surcharge for Partially
Syndicated Exclusivity Surcharge for Partially
Exclusivity Surcharge for Partially
Surcharge for Partially
for Partially
Distant
Stations
0.00 Gross Receipts Second Group \$ 0.00
0.00 Base Rate Fee Second Group \$ 0.00
CRIBER GROUP SIXTIETH SUBSCRIBER GROUP
O COMMUNITY/ AREA O
LL SIGN DSE CALL SIGN DSE
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<u></u>
0.00   Total DSEs   0.00
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

Midcontinent Communic	ABLE SYSTEM: Cations				S	YSTEM ID# <b>5648</b>	Nan		
BLOCK A	A: COMPUTATION C	F BASE RA							
	ST SUBSCRIBER GRO		SIXTY-SECOND SUBSCRIBER GROUP				9		
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				Compu		
CALL SIGN DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE							
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				·····			and Syndica		
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Γotal DSEs		0.00	Total DSEs	•	•	0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
	<u>·</u>								
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SIXTY-THIF	D SUBSCRIBER GRO	OUP	SIX	TY-FOURTH	I SUBSCRIBER GROU	JР			
	RD SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE		I SUBSCRIBER GROU	JP <b>0</b>			
	CALL SIGN		ii .		CALL SIGN				
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
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COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
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COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0			
CALL SIGN DSE		0	COMMUNITY/ ARE.	Α		0			
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE			
CALL SIGN DSE	CALL SIGN	0.00	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE			
COMMUNITY/ AREA	CALL SIGN	0.00	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE			

LEGAL NAME OF OWNER Midcontinent Com						SY	5648	Name
				TE FEES FOR EACH				
SIXT COMMUNITY/ AREA	ry-FIFTH	SUBSCRIBER GROU	IP <b>0</b>	COMMUNITY/ AREA	TY-SIXTH	SUBSCRIBER GROUP	0	9
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
							ļ	Exclusivity
							<b></b>	Surcharge for
							<b></b>	Partially
								Distant
								Stations
							ļ	
							<b></b>	
	<b></b>							
							<b></b>	
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		\$	0.00	Base Rate Fee Second		\$	0.00	
	EVENTH	SUBSCRIBER GROU		İ	Y-EIGHTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
							<u> </u>	
							<b></b>	
		-						
							<b></b>	
							<b></b>	
							<b></b>	
							<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 a	bove.	\$		

Computation	JP		BLOCK A: (
COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  DSE  Base Rate For and Syndicated Exclusivity		SLIBSCRIBER CROL	
Computatio  CALL SIGN DSE CALL SIGN DSE of  Base Rate Form  and  Syndicated  Exclusivity	^	SOBSCRIBER GROU	SIXTY-NINTH
CALL SIGN DSE CALL SIGN DSE of Base Rate F and Syndicated Exclusivity	0		COMMUNITY/ AREA
and Syndicated Exclusivity	DSE	CALL SIGN	CALL SIGN DSE
Syndicated Exclusivity			
Exclusivity			
····   ·······························			
for			
Partially			
Distant			
Stations			
···   ································			
Total DSEs	0.00		Total DSEs
Gross Receipts Second Group \$ 0.00	0.00	\$	Gross Receipts First Group
Base Rate Fee Second Group \$ 0.00	0.00	\$	Base Rate Fee First Group
SEVENTY-SECOND SUBSCRIBER GROUP	JP	SUBSCRIBER GROU	SEVENTY-FIRST
COMMUNITY/ AREA 0	0		COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	CALL SIGN DSE
Total DSEs 0.00	0.00		Total DSEs
Gross Receipts Fourth Group \$ 0.00	0.00	\$	Gross Receipts Third Group
			in a second
Base Rate Fee Fourth Group \$ 0.00	0.00	\$	Base Rate Fee Third Group

LEGAL NAME OF OWN Midcontinent Co						S	YSTEM ID# 5648	Name
[	BLOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
			<del></del>				····	Surcharge
								for
								Partially
								Distant
			<u></u>		·····			Stations
					·····			
		-			••••			
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	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<del></del>	-		-	····	
	····	<b>-</b>	···		••••			
		<b>-</b>						
			<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	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Midcontinent Co						S	YSTEM ID# 5648	Name
	BLOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEVENTY	-SEVENTH	SUBSCRIBER GRO	UP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	^
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>			-		and Syndicated
	····		<del></del>					Exclusivity
	••••					<del>-</del>		Surcharge
		-				-		for
								Partially
								Distant
								Stations
	····		<del></del>			-		
	····		···					
	····					<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	
SEVEN	NTY-NINTH	SUBSCRIBER GRO	)UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u></u>					
			<u></u>			-		
						-		
	••••		<del></del>		•••••	-	••••	
		-						
						-	<u></u>	
	····		<u></u>			-	<u></u>	
	····		<del></del>				···-	
	····		···					
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 OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated Exclusivity
								Surcharge
								for Partially
						-		Distant
								Stations
Total DSEs	_		0.00	Total DSEs	_	Щ	0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First (		\$	0.00	Base Rate Fee Secon		\$	0.00	
EIGH COMMUNITY/ AREA	ITY-THIRD	SUBSCRIBER GROL	)P <b>0</b>	COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	JP <b>0</b>	
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	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

Midcontinent Communic	BLE SYSTEM: <b>ations</b>				S	YSTEM ID# <b>5648</b>	Name
			TE FEES FOR EAC				
	H SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Comput
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rat
			-	·····	-		and Syndica
					-		Exclusi
							Surcha
							for
					-		Partial Distar
			·	••••	-		Station
otal DSEs		0.00	Total DSEs	·		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
				·			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIGHTY-SEVENT							
	H SUBSCRIBER GRO		li		SUBSCRIBER GROU		
	H SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	JP <b>0</b>	
	CALL SIGN		li		CALL SIGN		
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
CALL SIGN DSE		0	COMMUNITY/ ARE.	Α		0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE	CALL SIGN	0.00	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA	CALL SIGN	0.00	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
				ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	HTY-NINTH	SUBSCRIBER GRO		<u> </u>		I 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
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
	<u></u>				<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	
NINI	ETY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	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>		<mark></mark>		<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ccc .tooopto milu	up	<u>-</u>			Стоир	<u>-</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWI Midcontinent Co						S	YSTEM ID# 5648	Name
	BLOCK A: (	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
 								and
		<b></b>						Syndicated Exclusivity
			····	1	······			Surcharge
								for
								Partially
		-						Distant
								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	ond Group	\$	0.00	
NIN	IETY-FIFTH	SUBSCRIBER GRO	DUP	N	INETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·	·····			
		<b>-</b>	····		•••••			
		<u> </u>						
	·····		····		·····			
		<b>-</b>	····		•••••			
	·····				·····			
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	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
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 (		\$	0.00	Base Rate Fee Secon		\$	0.00	
NINE COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GROU	JP <b>0</b>	ONE HU		I SUBSCRIBER GROU	JP <b>0</b>	
				COMMON TO THE CO				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs		1	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 t Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 5648	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
				-		-		Exclusivity Surcharge
								for
								Partially Distant
								Stations
						1		
Total DSEs	_	!	0.00	Total DSEs	-		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDR COMMUNITY/ AREA	ED THIRD	SUBSCRIBER GROU	)P <b>0</b>	ONE HUNDRE		SUBSCRIBER GROU	JP <b>0</b>	
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 Fourth	n Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	า Group	\$	0.00	
Base Rate Fee: Add to			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Midcontinent Com						Sì	STEM ID# 5648	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRE	ED FIFTH	SUBSCRIBER GROU		i e	RED SIXTH	SUBSCRIBER GROU	P	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA	***************************************		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fee
					<u></u>	-		and
					<u> </u>	-	<u></u>	Syndicated Exclusivity
						-		Surcharge
								for
								Partially
					<u></u>	-		Distant
						-		Stations
					<u></u>		<u></u>	
					<u>-</u>	-	<u></u>	
					<u></u>			
	<u> </u>							
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	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRE	ED EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<u></u>	-	<u></u>	
					<u> </u>	-		
					<del></del>	-	<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	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 Midcontinent Con						S	YSTEM ID# 5648	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRI	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	I SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe and
	·-	-	······································				····	Syndicated
	·				••••		····	Exclusivity
								Surcharge
								for
		-						Partially
	···			-			<u></u>	Distant Stations
							····	Otations
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		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	Gross Receipts Four	rth Group	\$	0.00	
					•			
Base Rate Fee Third C	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 Midcontinent Cor						S	YSTEM ID# 5648	Name
E	BLOCK A: (	COMPUTATION O	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TH	IRTEENTH	SUBSCRIBER GRO		ONE HUNDRED FO	DURTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
3.12.3.3.1				5.122 5.51				Base Rate Fee
								and
								Syndicated
								Exclusivity
		-				-		Surcharge
		_			·····	-	<u></u>	for
	····							Partially Distant
	····		······································		·····	-		Stations
	····	<b>-</b>						
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	
ONE HUNDRED F	IFTEENTH	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>		<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	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Midcontinent Con						S	YSTEM ID# 5648	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
				1	•••••		····	Surcharge
								for
								Partially
		-						Distant
							<u></u>	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 Second	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWENTIETH	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>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
S. SOS TROSCIPIS TIMU C	oup	<del>-</del>	3.00	S. See Rescipto i Oui	Croup	*		
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 boxe	s above.	\$		

LEGAL NAME OF OWNE Midcontinent Com						S	YSTEM ID# 5648	Name
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU		1		SUBSCRIBER GROUP		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
		-						for
								Partially
								Distant
						-		Stations
					····	-		
					····	-		
		-			••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP	)	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-				-		
					····	-		
	-		<u>.</u>			<del> </del>		
		-						
		-			····	-		
					····			
		-			••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	s above.	\$		

Name	YSTEM ID# 5648	S						LEGAL NAME OF OWNE Midcontinent Com
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BL
9		SUBSCRIBER GROUP	NTY-SIXTH			SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated	<u></u>							
Exclusivity Surcharge								
for						-		••••••
Partially								
Distant								
Stations								
	····							
					ļ			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	Group	Base Rate Fee Secon	0.00	\$	roup	<b>3ase Rate Fee</b> First Gi
		SUBSCRIBER GROUP	Y-EIGHTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
	0.00		1	Total DSEs	0.00			Total DSEs
		¢	Croup	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	\$	Group				очр	0.000 u

LEGAL NAME OF OWNE Midcontinent Con						S	YSTEM ID# 5648	Name
			BASE RA	ATE FEES FOR EACH				
ONE HUNDRED TWEN	NTY-NINTH	SUBSCRIBER GROUP	0	ONE HUNDRED COMMUNITY/ AREA	THIRTIETH	I SUBSCRIBER GROUP	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
						-		and Syndicated
								Exclusivity
						-	<u></u>	Surcharge for
								Partially
						-	<u></u>	Distant
						-		Stations
						-	<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	RTY-FIRST	SUBSCRIBER GROUP		ii .	TY-SECOND	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					ļ	-	<u></u>	
							<u></u>	
						-	····	
							<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourth	ı Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

lidcontinent Communications			S	YSTEM ID# <b>564</b> 8	Name
BLOCK A: COMPUTATION OF BASE RA	ATE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP	<u> </u>	TY-FOURTH	SUBSCRIBER GROUP		9
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	Comput
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					Base Rate
<u> </u>					and
					Syndica Exclusi
		<u>-</u>		····	Surcha
					for
					Partial
					Distar
					Statio
otal DSEs 0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00	Gross Receipts Secon	d Group	\$	0.00	
ase Rate Fee First Group \$ 0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP	'	
ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP  OMMUNITY/ AREA  0	ONE HUNDRED TH	IRTY-SIXTH	SUBSCRIBER GROUP	0	
	ii e	IRTY-SIXTH	SUBSCRIBER GROUP		
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA 0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE	

LEGAL NAME OF OWNE Midcontinent Con						S	YSTEM ID# 5648	Name
В	LOCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TH	IIRTY-EIGHTH	I SUBSCRIBER GROUP		٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fe
	<u></u>	-	<u></u>		·····			Syndicated
	<u> </u>	<b></b>	······································		••••	<u> </u>		Exclusivity
								Surcharge
								for
			<u> </u>					Partially Distant
	<u> </u>		<u></u>		·····			Stations
•••••••••••	<u> </u>	<b>-</b>	<u>-</u>		••••			Gtationo
			<u> </u>					
	<u></u>		<u></u>		<u>.</u>			
	<u></u>		<u></u>		·····			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	•	0.00	Gross Receipts Sec	and Croup	•	0.00	
Gioss Receipts Filst G	iloup	\$	0.00	Gioss Receipts Sect	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROU	P	11		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>		·····			
			<del>-</del>		•••••	<del>                                     </del>		
						<u> </u>		
	<u></u>		<u></u>			.		
			<u> </u>					
	<u> </u>	<b></b>	<u>-</u>		••••			
	<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 (	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 OWN Midcontinent Cor						S	YSTEM ID# 5648	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP		ii		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
ONLE GIGIT	BOL	OALL GIGIN	DOL	Office CICIV	DOL	O/ALL OIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
	···	-						for Partially
								Distant
								Stations
								l
								l
								l
								l
								l
T / 1005			0.00	T		1	0.00	İ
Total DSEs			0.00	Total DSEs				1
Gross Receipts First 0	eroup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	1
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	)	l
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	i
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l
								l
				.				l
	···	-						l
								l
								l
								l
								l
								l
								l
	···					-		l
		-						l
								l
								l
Total DSEs		_	0.00	Total DSEs			0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	1
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	1
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Midcontinent Com						Sì	STEM ID# 5648	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	TY-FIFTH	SUBSCRIBER GROUP		Ħ		I SUBSCRIBER GROUP		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
					<del></del>	<u>-</u>	<u></u>	Syndicated
					···		<del> </del>	Exclusivity Surcharge
					···		<u></u>	for
								Partially
								Distant
								Stations
						-	<u></u>	
					<del>  </del>		<u></u>	
					···	-	<u></u>	
					···	<u> </u>	<u></u>	
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	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-EIGHTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·					
					<del>  </del>		<u></u>	
					···	-	<del></del>	
							<del></del>	
						<u> </u>		
					<del></del>	-	<u></u>	
					···	-	<del></del>	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h 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 Midcontinent Com						Sì	STEM ID# 5648	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROL	JP	Ħ	D FIFTIETH	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
		-	 		<u></u>	-	<u> </u>	and
					<del></del>	-	<del></del>	Syndicated Exclusivity
						+	<del></del>	Surcharge
								for
		-						Partially
			 		<u></u>	-		Distant
					<u></u>	-	<u> </u>	Stations
					<del>-</del>		<u> </u>	
					<u>-</u>	-		
					<u> </u>			
	ļ							
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	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>	-		
					<u>-</u>	-		
					<del></del>	-	<u> </u>	
					<u>-</u>	-		
					<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	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Midcontinent Com						Sì	STEM ID# 5648	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		1		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
					····			
		-				-		
						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	
ONE HUNDRED FIFT	ΓY-FIFTH	SUBSCRIBER GROU		Ti .		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 G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Midcontinent Con						S	YSTEM ID# 5648	Name
BI	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<mark></mark>					Base Rate Fe
	·-		···					Syndicated
	·				••••			Exclusivity
								Surcharge
								for
								Partially
	<u> </u>			-	·····			Distant Stations
				·				Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDE	RED SIXTIETH	SUBSCRIBER GROUP		
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 C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Midcontinent Com			•			SY	STEM ID# 5648	Name
Bl				TE FEES FOR EACH				
		SUBSCRIBER GROU	JP			SUBSCRIBER GROUP	•	9
COMMUNITY/ AREA	Sioux F	alls		COMMUNITY/ AREA	Crooks			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
							<b></b>	
			ļ			-	<u> </u>	
						-	<u> </u>	
Total DSEs	!		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<b>\$</b> 7,735,	467.83	Gross Receipts Secon	d Group	\$ 44	3,153.40	
Base Rate Fee First Gi		\$	0.00	Base Rate Fee Secon	•	\$	0.00	
		SUBSCRIBER GROU	JP			SUBSCRIBER GROUP	0	
COMMUNITY/ AREA	Madiso	n		COMMUNITY/ AREA	Colton			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u> </u>				-		
							<b></b>	
							<u> </u>	
			ļ			-	<b> </b>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	<b>\$ 226</b> ,	710.60	Gross Receipts Fourth	Group	\$ 5	3,556.04	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
<u> </u>				II				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$	0.00	

Name 9	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Midcontinent Communications  BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
				TE FEES FOR EACH				Bl
9		SUBSCRIBER GROU	SIXTH	000000000000000000000000000000000000000	UP	SUBSCRIBER GRO		COMMUNITY : 555
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	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	Y-EIGHTH	FOR COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	-SEVENTH	FORTY-S
	DSE	SUBSCRIBER GROU	Y-EIGHTH  DSE	FOR COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	-SEVENTH  DSE	FORTY-COMMUNITY/ AREA

LEGAL NAME OF OWNE Midcontinent Com			•			S	YSTEM ID# 5648	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GRO		00144	FIFTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-				-		and
		-				-	<u></u>	Syndicated Exclusivity
						-		Surcharge
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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	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO	JP	FIFTY	-SECOND	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	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	e fees fo			Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWNE Midcontinent Com						S	YSTEM ID# 5648	Name
				TE FEES FOR EACH				
	ry-third	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 Fe
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Total DSEs		!	0.00	Total DSEs	-	!!	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	FI	IFTY-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 DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
<b>Base Rate Fee</b> Third G	Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
	очр	\$	5.00		C.Oup	<u> </u>	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

0 9 Computation		IDED CDOUD					municat	
				TE FEES FOR EACH				
	UP	SUBSCRIBER GROU	Y-EIGHTH	FIFT		SUBSCRIBER GROU	SEVENTH	FIFTY-S
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
E of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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0	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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	UP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	Y-NINTH	FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	iroup	Base Rate Fee Third G

Name	YSTEM ID# 5648	S					R OF CABL	Midcontinent Com
				TE FEES FOR EACH				
9		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								
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Syndicated		-	<b>.</b>					
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	JP	SUBSCRIBER GROU	Y-FOURTH	SIXT	UP	SUBSCRIBER GRO	TY-THIRD	SIX
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 5648	S					R OF CABL	Midcontinent Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	<b>3ase Rate Fee</b> First Gi
	ID	SUBSCRIBER GROU	V EIGHTH	CIVI	ID	SUBSCRIBER GRO	OE) (ENITH	SIXTY
	JP <b>0</b>	0 COMMUNITY/ AREA		SIX	O1	SUBSCRIBER GRU	SEVENTH	OIXTT-C
			T-EIGHTH			SUBSCRIBER GRO	SEVENTH	
		CALL SIGN	DSE			CALL SIGN	DSE	
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	0 DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN  CALL SIGN  Total DSEs

Name	YSTEM ID# <b>5648</b>							LEGAL NAME OF OWNE  Midcontinent Com
		IBER GROUP	SUBSCRI	TE FEES FOR EAC	BASE RA	COMPUTATION OF	LOCK A: (	Bl
0	JP	SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	SIX
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				***************************************		-		
Exclusivity								
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	JP			SEVENT	UP			SEVEN
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA
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	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA
	JP <b>0</b>	SUBSCRIBER GROU	'-SECOND	SEVENT COMMUNITY/ AREA	UP <b>0</b>	SUBSCRIBER GROU	ITY-FIRST	SEVEN COMMUNITY/ AREA  CALL SIGN
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LEGAL NAME OF OWNE Midcontinent Com						S	YSTEM ID# 5648	Name
Bl	OCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
SEVEN <sup>-</sup>	TY-THIRD	SUBSCRIBER GRO	UP	SEVENT	Y-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	IY-FIFIH	SUBSCRIBER GRO		İ	VIY-SIXIH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs	1		0.00	
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Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

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				TE FEES FOR EACH				
SEVENTY-SE\	VENTH S	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROU	JP	۵
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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ase Rate Fee First Grou	ıp [	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVENTY-	-NINTH S	SUBSCRIBER GROU	JP	E	IGHTIETH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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ase Rate Fee Third Grou	up :	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
s 0.00 Gross Receipts Fo	\$ 0.00 Gross Receipts Fo	0.00 Gross Receipts Fo	Gross Receipts Fo			\$	0.00	

Name	YSTEM ID# 5648	S`					R OF CABL	Midcontinent Com
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	Bl
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Base Rate Fe		-						
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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	<b>Base Rate Fee</b> First G
	JP	I SUBSCRIBER GROU	/-FOURTH	EIGHT	UP	SUBSCRIBER GRO	ry-Third	EIGH <sup>-</sup>
	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
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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
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	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN  Total DSEs
		CALL SIGN				CALL SIGN		
	0.00	CALL SIGN		Total DSEs	0.00			Total DSEs

Name	7STEM ID# 5648						R OF CABL	Midcontinent Com
				TE FEES FOR EACH				
٥	IP	SUBSCRIBER GROU	HTY-SIXTH	EIGI		SUBSCRIBER GRO	TY-FIFTH	EIGH
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						<u> </u>		
and						<b> </b>		
Syndicated						H		
Exclusivity					<u>. </u>	H		
Surcharge								
for Partially	<u></u>	-			<u>-</u>		·	
Partially Distant					<u> </u>			
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Stations		-			<u></u>			
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		·						
	0.00			Total DSEs	0.00		<del>'</del>	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
	IP	SUBSCRIBER GROU	Y-EIGHTH	EIGH7	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						1		
		<b></b>						
	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	YSTEM ID# 5648						R OF CABL	Midcontinent Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH	COMMUNITY : 555		SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-	<u>.</u>			-		
Syndicated Exclusivity		-				-	·	
Surcharge		-					-	
for								
Partially			<u>.</u>					
Distant		-	<u>.</u>					
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	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	TY-FIRST	
								COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN

Name	YSTEM ID# 5648	S'					R OF CABL	Midcontinent Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	ry-third	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		<u> </u>						
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Exclusivity		<b></b>						
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Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	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	ETY-SIXTH	NIN	UP	SUBSCRIBER GRO	TY-FIFTH	NINE
	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
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	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
	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
	0.00	CALL SIGN		Total DSEs	0.00			Total DSEs Gross Receipts Third G

Name	STEM ID# 5648					LE SYSTEM: <b>tions</b>	municat	Midcontinent Com
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		 						
Syndicate	<u></u>						·	
Exclusivity Surcharge								
for	<u></u>	-				-		
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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	\$	roup	Base Rate Fee First G
	Р	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GRO	ΓY-NINTH	NINE
	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
	-	\$	Group			s.	GOUD	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

SUBSCRIBER GROUP 0		TE FEES FOR EACH		COMPUTATION OF		-
0	SECOND	ONE HUNDRE			.OON A. (	BL
		ONE HONDINE	JP	SUBSCRIBER GROU	ED FIRST	ONE HUNDRE
		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	<u> </u>	Total DSEs	0.00			Total DSEs
\$ 0.00	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
SUBSCRIBER GROUP	FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSF	DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN
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0.00	<u> </u>	Total DSEs	0.00		<u> </u>	Fotal DSEs
s 0.00	Group			<b>s</b>	roup	Gross Receipts Third G
· 3.30	J. 54p		3.30		- 22p	
\$ 0.00	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G
0.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ SUBSCRIBER GROUP  CALL SIGN  \$ \$ \$	and Group \$ (	Gross Receipts Second Group  Base Rate Fee Second Group  ONE HUNDRED FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  CALL SIGN  DSE  CALL SIGN  Total DSEs  Gross Receipts Fourth Group  \$  (A)  (B)  (CALL SIGN  (CALL	0.00 Gross Receipts Second Group \$ (0.00)  Base Rate Fee Second Group \$ (0.00)  ONE HUNDRED FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA  DSE CALL SIGN DSE CALL SIGN  DSE CALL SIGN DSE CALL SIGN  O.00 Total DSEs  Gross Receipts Fourth Group \$ (0.00)	\$ 0.00   Base Rate Fee Second Group   \$ (0)	Oup \$ 0.00   Base Rate Fee Second Group \$ ()  DITHIRD SUBSCRIBER GROUP   ONE HUNDRED FOURTH SUBSCRIBER GROUP    COMMUNITY/ AREA    DSE   CALL SIGN   DSE   CALL SIGN    DSE   CALL SIGN   DSE   CALL

LEGAL NAME OF OWNE Midcontinent Com						S'	YSTEM ID# 5648	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRE	D FIFTH	SUBSCRIBER GRO	JP	ONE HUNDF	RED SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
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		-				-		Stations
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						<del>                                     </del>		
Total DSEs	<u> </u>		0.00	Total DSEs		Щ	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE LUNDRED O	EVENTU	011000000000000000000000000000000000000	ID.	ONE LUNDOE	D FIGURE	OLIDOODIDED ODOL	ID.	
	EVENTH	SUBSCRIBER GRO		i i	DEIGHTH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>ı                                      </u>		0.00	Total DSEs	1	П	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			criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Midcontinent Com						S	YSTEM ID# 5648	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	JP	ONE HUNDRI	ED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> 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
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Total DSEs	<u> </u>		0.00	Total DSEs	ļ		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
<b>Base Rate Fee</b> First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>                                       </u>		0.00	Total DSEs	1	Ш	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	4	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Dusc Nate 1 ee 111110 G	Jup	\$	5.00		Jioup	<u> </u>	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

**Nonpermitted 3.75 Stations** 

9								LEGAL NAME OF OWNE  Midcontinent Com
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
	ROUP	SUBSCRIBER GROU	IRTEENTH	ONE HUNDRED FOU	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED THIR
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity			<u> </u>					
Surcharge								
for								
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00	0.00		•	Total DSEs	0.00	-	•	Total DSEs
<u>)0                                    </u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
<u> </u>	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	ROUP	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
0.	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
::: SE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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00	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
<u>00</u>								

	YSTEM ID# 5648							Midcontinent Com
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (	BL
_		SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED E		SUBSCRIBER GROUP	NTEENTH	ONE HUNDRED SEVE
<b>9</b> Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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_	0.00	П		Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	<del></del>							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED T	JP	SUBSCRIBER GRO	ITEENTH	ONE HUNDRED NIN
	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 DSEs
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   	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNE Midcontinent Com			•			S	YSTEM ID# 5648	Name
BL	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-SECONE	SUBSCRIBER GROUP	)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
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							<u></u>	Partially
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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 Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	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	
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	
se Rate Fee: Add th			riber group	as shown in the boxes	above.	\$		

Computation	ONE H		COMPUTATION OF	OCK A: 0	RI
O COMMUNITY/ AREA O Computation  E CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	H				
Computation  E CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant	COMMUI		SUBSCRIBER GROUP	ITY-FIFTH	ONE HUNDRED TWEN
E CALL SIGN DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant		0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant		DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant					
Exclusivity Surcharge for Partially Distant					
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Stations		·		<b> </b>	
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0.00 Total DSEs	Total DSI	0.00	<u> </u>	<del> </del>	Total DSEs
Oross Receipts Second Group \$ 0.00	Gross Re	0.00	\$	oup	Gross Receipts First Gr
Base Rate Fee Second Group \$ 0.00	Base Ra	0.00	\$	oup	Base Rate Fee First Gr
ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	ONE HUI	)	SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
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D Total DSEs	Total DSI	0.00			Total DSEs
Gross Receipts Fourth Group \$ 0.00	Gross Re	0.00	\$	roup	Gross Receipts Third G
Base Rate Fee Fourth Group \$ 0.00	Base Ra	0.00	\$	roup	Base Rate Fee Third G

							LEGAL NAME OF OWNER Midcontinent Com
1	BER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
	SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
0 Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee							
and							
Syndicated							
Exclusivity							
Surcharge							
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0.00	0.00	ļ	Total DSEs	0.00		<u> </u>	Total DSEs
0.00	\$ 0.00	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
0.00	\$ 0.00	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR
0	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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2 00	0.00	1	Total DSEs	0.00		<u> </u>	Total DSEs
0.00	<del></del>	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	\$ 0.00						

Name	YSTEM ID# 5648	S			•			LEGAL NAME OF OWNE  Midcontinent Com
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BL
0		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED THIR		SUBSCRIBER GROUP	TY-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>						<b> </b>	
Stations								
	<u></u>						·	
	<u></u>	-						
	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	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THIS	JP	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
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	YSTEM ID# 5648							LEGAL NAME OF OWNE Midcontinent Com
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BL
0	)	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THIF	)	SUBSCRIBER GROUF	SEVENTH	ONE HUNDRED THIRTY-
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	<u></u>							
for			<b></b>		<b></b>		<b> </b>	
Partially	<u> </u>	-	·					
Distant Stations		-	·····		<b> </b>		<b> </b>	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secor	0.00	\$	oup	<b>Base Rate Fee</b> First Gr
	UP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	Y-NINTH	ONE HUNDRED THIRT
	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
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		Total DSEs Gross Receipts Third G

Name	YSTEM ID# 5648	S						LEGAL NAME OF OWNER Midcontinent Com
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
•		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FORT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED 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								
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Surcharge								
for								
Partially								
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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	\$	oup	Base Rate Fee First Gro
		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FORT		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
l .								
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	0.00			Total DSEs	0.00			Total DSEs
	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

	5648	S			<u>,                                     </u>			LEGAL NAME OF OWNER Midcontinent Com
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FC		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
9 Computation	COMMUNITY/ AREA 0					Y/ AREA 0		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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 	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First Gro
_		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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			<u> </u>	Total DSEs	0.00		1	Total DSEs
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	0.00	<b>\$</b>	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	•	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

CORIBER GROUP  0 Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  CCRIBER GROUP 0	EGAL NAME OF OWNER  Midcontinent Comn						s	YSTEM ID# 5648	Name
O Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  O.00  O.00  CCRIBER GROUP  O					TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
Computation of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  CCRIBER GROUP 0	ONE HUNDRED FORTY	'-NINTH	SUBSCRIBER GROU		ii		SUBSCRIBER GROU		a
DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  CCRIBER GROUP 0	COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	_		
Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant Stations  0.00 0.00  0.00  CCRIBER GROUP 0	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00  CCRIBER GROUP 0	0/122 01011	502	07.22 0.0.1	302	0,122 0.011	202	07.22 0.0.1	302	
O.00 O.00 O.00 CCRIBER GROUP O									and
O.00 O.00 O.00 O.00 O.00 O.00 O.00 O.00									Syndicated
for Partially Distant Stations  0.00 0.00 0.00  CCRIBER GROUP 0									Exclusivity
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0.00  CCRIBER GROUP  0	otal DSEs			0.00	Total DSEs			-	
SCRIBER GROUP  0	Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
0	3ase Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	ONE HUNDRED FIFTY	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECOND	SUBSCRIBER GROU	JP	
ALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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0.00	otal DSEs			0.00	Total DSEs			0.00	
0.00	Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
0.00	Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	

LEGAL NAME OF OWNER Midcontinent Com						S'	YSTEM ID# 5648	Name
				TE FEES FOR EACH				
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GROU		ONE HUNDRED FIFTY	/-FOURTH	SUBSCRIBER GROU		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
		-				<u> </u>		and
		-				-		Syndicated
						H		Exclusivity Surcharge
						<del>-</del>	····	for
		-						Partially
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		-						Stations
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Total DSEs	<u> </u>		0.00	Total DSEs		Щ	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-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-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 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	
Rate Fee: Add the			riber group	as shown in the boxes a	above.	\$		

Name	YSTEM ID# 5648							LEGAL NAME OF OWNE Midcontinent Com
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
<b>9</b> Computation		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FIF	)	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FIFTY-
	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 Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	SIXTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	Y-NINTH	ONE HUNDRED 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	\$	roup	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Midcontinent Communications** 5648 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name **Midcontinent Communications** 5648 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

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C	Ca. Wo	ble rksheet	Total amount of remittance		Number of SAs r	ec'd	Initials
			Date of remittance		Check EFT		FILING FEES
Cable ID#						Amount	Initials
Examined by		Reviewed by	Date examination completed		Allocation number		
Space A Accounting Period							
	Jai	nuary 1 - June 30, 2017	]		July 1 - December 31, 2017		
	Le	tter sent			Information received		
	☐ Ac	cepted	1		Phone call/Date/Contact		
Space B Owner							
	Le	tter sent	-		Information received		
	Ac	cepted	1		Phone call/Date/Contact		
Space D Area Served			_				
	Le	tter sent	1		Information received		
	☐ Ac	cepted	1		Phone call/Date/Contact		
Space E Secondary Transission							
Service Subscribers:	Le	tter sent			Information received		
and Rates	☐ Ac	cepted	[	F	Phone call/Date/Contact		
Space G Primary Transmitters:							
Television	Le	tter sent			Information received		
	Ao	cepted			Phone call/Date/Contact		
Space H Primary Transmitters:							
Radio	☐ Ac	cepted			Phone call/Date/Contact		

Space I Substitute

		Carriage
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	☐ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
	Information received	
Letter sent	Information received	
Letter sent	Information received	Channels Space O
Letter sent  Accepted	Information received Phone call/Date/Contact	Channels Space O
Letter sent  Accepted  Letter sent	Information received  Phone call/Date/Contact  Information received	Channels Space O
Letter sent  Accepted  Letter sent	Information received  Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of
Letter sent  Accepted  Letter sent  Accepted	Information received  Phone call/Date/Contact  Information received  Phone call/Date/Contact	Space O Certification  Space P Statement of
Letter sent Accepted  Letter sent Accepted  Letter sent Letter sent	Information received  Phone call/Date/Contact  Information received  Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of
Letter sent Accepted  Letter sent Accepted  Letter sent Letter sent	Information received  Phone call/Date/Contact  Information received  Phone call/Date/Contact  Information received	Space O Certification  Space P Statement of Gross Receipts  Space Q Interest