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 subminating estatement 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 SYSTEM									
	SureWest TeleVideo dba Consolidated Communications Enterprise Services									
				6198520172						
				61985 2017/2						
	121 S 17th Street Mattoon, IL 91938-3987									
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the husine	ss and operation of the syst	em unless these						
С	names already appear in space B. In line 2, give the mailing address of									
System	IDENTIFICATION OF CABLE SYSTEM:									
	Consolidated Communications Enterprise Services									
	MAILING ADDRESS OF CABLE SYSTEM:									
	211 Lincoln Street (Number, street, rural route, apartment, or suite number)									
	Roseville, CA 95678									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comr	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	Sacramento	CA								
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.							
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	A	1						
_	Alliance	MD	В	2						
	Gering	MD	В	3						

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

FORIVI SAJE. PAGE 10.				1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
SureWest TeleVideo dba Consolidated Communications Enterprise	Services		61985						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first 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 basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Sacramento	CA	AB		First					
Antelope	CA	AA		Community					
Carmichael	CA	AB		Community					
Citrus Heights	CA	AA							
<u> </u>									
Elk Grove	CA	AB							
Fair Oaks	CA	AB		See instructions for					
Granite Bay	CA	AA		additional information					
Lincoln	CA	AA		on alphabetization.					
McClellan	CA	AB							
Natomas	CA	AB							
Orangevale	CA	AB							
Rancho Cordova	CA	AB		Add rows as necessary.					
Rocklin									
	CA	AB							
Roseville	CA	AB							
	• • • • • • • • • • • • • • • • • • • •								
	••••••								

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SureWest TeleVideo dba Consolidated Communications Enterprise Services

61985

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:						
 Service to first set 	20,515	\$	26.74			
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	314	\$	26.74			
Converter						
Residential	27,546					
Non-residential	840					
						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.

	BLO	CK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential					
Pay cable	\$ 26.74	Motel, hotel					
 Pay cable—add'l channel 	\$ 46.76	Commercial			Ī		
Fire protection		Pay cable			Ī		
•Burglar protection		 Pay cable-add'l channel 	Pay cable-add'l channel				
Installation: Residential		Fire protection			Ī		
First set	\$ 49.96	Burglar protection			Ī		
 Additional set(s) 		Other services:	[Ī		
• FM radio (if separate rate)		Reconnect	\$	19.99	Ī		
Converter		Disconnect	\$	49.95	Ī		
	 	Outlet relocation			Ī		
		Move to new address			Į		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 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 CARRIAGE (Yes or No) NUMBER STATION (If Distant) KSTV-LP 32 I No Sacramento, CA **KCRA** Sacramento, CA 3 n No See instructions for additional information **KQCA** 58 i No Sacramento, CA on alphabetization. **KOVR** 13 No Sacramento, CA n **KVIE** 6.1 е No Sacramento, CA KVIE-2 6.2 No Sacramento, CA е **KTXL** 40 Sacramento, CA i No **KXTV** 10.1 No Sacramento, CA n **KSPX** Sacramento, CA 29 i No **KMAX** 31 i No Sacramento, CA KSCO-LP 33 i No Fresno, CA **KTNC** 42 Concord, CA Yes 0 i

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 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 AB 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) KSTV-LP 32 I No Sacramento, CA **KCRA** Sacramento, CA 3 n No **KQCA** 58 i No Sacramento, CA **KOVR** No 13 Sacramento, CA n **KVIE** No 6.1 е Sacramento, CA KVIE-2 6.2 No Sacramento, CA е **KTXL** 40 No Sacramento, CA i **KXTV** 10.1 No Sacramento, CA n **KSPX** 29 i No Sacramento, CA **KMAX** 31 i No Sacramento, CA KSCO-LP 33 i No Fresno, CA **KTNC** 42 No Concord, CA i

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not 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"									
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Note: If you are utilizing	ig multiple chai			·	channer line-up.				
		I	EL LINE-UP						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	RS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), ro 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast). "I' (for independent). "I-M"									
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,		CHANN	EL LINE-UP	ΔD	·				
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 STA	TION			
	• • • • • • • • • • • • • • • • • • • •								

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
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Note: If you are utilizing	ig multiple chai				спаппетппе-ир.				
	1	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 STA	TION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name	
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(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 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 such as 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								
FCC. For Mexican or 0	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identife	•		
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	AF				
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 STATIC	N		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN						SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Hume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
PRIMARY TRANSMITTE In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	ers: TELEVISIO G, identify every system during the consine effect or i.61(e)(2) and (isis, as explaine estations: With a control or a substant and also in spar formation concirm. In station's call associated with a control or a substant associated with a control or	y television state accounting a June 24, 1964, or 76.63 (rad in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitute basis. The state action account of the station account of the station account of the station. The station account of the station account of the station account of the local server age (v) of the the local server in column on during the station or before Jumitter or an account of the station. For the station is seen page (v) ch station. For one, if any, given a station account of the station account of the station.	ation (including a period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: to it in space I (the ation was carried to the permitting to the permitten to the permitting to the permitten to the permitting to the permitting to the permitten to	translator stations (1) stations carrie e carriage of certa 1(e)(2) and (4))]; as carried by your ce e Special Statemed both on a substitute, see page (v) on a program services er-the-air designate column 1 (list each the television statifington, D.C. This interest in the station, an indefor network multicer "E-M" (for noncoptions located in the inplete column 5, sold. Indicate by entoctivated channel or ubject to a royalty tween a cable system in the primary channel on any of the network located in the original channel on any of the primary channel on any of the community with the carries of t	and low power television of only on a part-time basin network programs [so and (2) certain stations of able system on a substitute that and Program Log)—in the general instructions is such as HBO, ESPN, exion. For example, report in stream separately; for on for broadcasting over may be different from the pendent station, or a notast), "I" (for independent mmercial educational material educational material educational material educational material educational material educational material education is stating the basis on whice ering "LAC" if your cable capacity. The payment because it is to stem or an association respective or an association re	in stations) sis under ections ections earried on a tute program if the ome other is located etc. Identify it multi- example r-the-air in e channel encommercial it), "I-M" sulticast). r an ex- etch your e system the subject expresenting designa- era further icensed by the	G Primary Transmitters: Television
		CHANN	EL LINE-UP	۸G	·		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN						SYSTEM ID#	Name			
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Hume			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 with 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-ups.										
		CHANN	EL LINE-UP	AH						
1. CALL SIGN CHANNEL LINE-UP AH 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant) CHANNEL OF (USES OF NO) CARRIAGE (USES OF N										
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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									
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"									
Note: If you are utilizing	ig multiple chai		•		criariner line-up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					<u></u>	SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Nume		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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"									
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Note: If you are utilizing	ng multiple char		·		channel line-up.				
	1	CHANN	EL LINE-UP	AJ					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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"									
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial									
	<u> </u>	CHANN	EL LINE-UP	ΔK	· · · · · · · · · · · · · · · · · · ·				
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 STA	TION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN						SYSTEM ID#	Name	
SureWest Tele	Video dba C	onsolidate	d Communi	cations Enter	orise Services	61985	Nume	
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), 76.61(e								
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is ider	-		
Note: If you are utilizing	ng multiple char	•	•	•	channel line-up.			
	<u> </u>	CHANN	EL LINE-UP	AL	T			
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 STA	TION		
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 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).									
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Note: If you are utilizing			EL LINE-UP		onarmer 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 STA	TION			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name	
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,58](d)(2) and (4), 76,61(e)(2) and (4), 07,66.61(e)(2) and (4), 07,66.61(e)(
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is liced which the station is identification.	•		
Note: If you are utilizing				•		Ju.		
		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 STATIC	NC		
					<u> </u>			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
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 specifc FCC rules, regulations, or authorizations: Do not 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"									
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial									
		CHANN	EL LINE-UP	AO	·				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	I	1	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION			
	•								

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	- Tumo		
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),0 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 multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air 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									
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is ide	•			
Note: If you are utilizing	ng multiple char	• •	•		cnannei iine-up.				
		CHANN	EL LINE-UP	AP					
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 STA	TION			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
	Name							
SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985								
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), 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 rindependent multicast), "" (for independent multicast), "" (for independent multi								
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:				SYSTEM ID#	Name	
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational 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 "N								
Note: If you are utilizing		. ,		•	which the station is idea channel line-up.	ntirea.		
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION		

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	RS: TELEVISIO	ON							
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Note: If you are utilizing	ig multiple char			·	channer line-up.				
	I	CHANN	EL LINE-UP	AT					
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 STA	TION			

FORM SA3E. PAGE 3.							•		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	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), 07.66.16(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute 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: 1 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 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 noncommercial educational 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									
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Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.				
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATIO	N			
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FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN						SYSTEM ID#	Name			
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 multicast), "I" (for independent), "I-M" (for independent multicast).										
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Note: If you are utilizing	ig multiple chai			·	channel line-up.					
	T	CHANN	EL LINE-UP	AV	<u> </u>					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION				

FORM SA3E. PAGE 3.							•		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	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),0 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 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. - 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 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 independent), "I-M" (for independ									
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community		-			
Note: If you are utilizing				•					
		CHANN	EL LINE-UP	AW					
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	N			
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services 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.								6 PERIOD: 2017/			
LEGAL NAME OF OWNER OF				0 !	_		SYSTEM ID#	Namo			
SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985											
In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	sion program broadcast by a	distant station	ations, or a	uthorizations	. For a further	Substitute			
SPECIAL STATEMENT During the accounting per	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spaceled to be column 1: Give the title period, was broadcast by a under certain FCC rules, rescaled for futher informatitles, for example, "I Love Lolumn 2: If the programed column 3: Give the call column 4: Give the broatthe case of Mexican or Carcolumn 5: Give the morfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA titute progra tice, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE m was broad sign of the s adcast static hadian static hadian static re "S/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach additional nnetwork televition and that your authorization of use general cast live, enterstation broadcast live, enterstation broadcast live, if any, the when your system substitute program carrielisted program ons in effect du	te line. Use abbreviations al pages. ision program (substitute pur cable system substitute s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	wherever positions of the program) that, do for the program instruction basketball". Ito." Ito."	sible, if the during the ramming one located List spectonsed by the stiffied). The stiffied of	eir meaning i e accounting of another sta i in the paper ific program he FCC or, in , with the mo mes accurate should be n was require he listed pro	s ation r onth ely	Program Log			
S	SUBSTITUT	TE PROGRAM	1		EN SUBS		7. REASON				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES TO	FOR DELETION				
						_					
											
											
						_					
						_					
						_					
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						_					
						_					

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name				
Sui	eWest TeleVideo dba Consolidated Communications Enterprise Service	es		61985					
Inst all a (as pag	ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's sec dentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	condar	y transmi ute this an	ssion service nount, see 2,665,277.26	K Gross Receipts				
IIVIP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	f gross receipts)					
 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ${\tt k}$ ${\tt k}$ 3 below.	oe ente	ered on lir	ne 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	entere	ed on line	2 in block					
	ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be	e entered	on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.								
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 \$ 2,665,277.26								
	Enter the result here. This is your minimum fee.	\$		28,358.55					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.	imn 4, riod?	you must	check					
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	10,575.56					
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00					
	Line 3. Add lines 1 and 2 and enter here	\$		10,575.56					
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)	\$	28,358.55	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.			0.00	submitting additional deposits under				
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact				
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the				
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		29,083.55	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form for more information.)								

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	SureWest TeleVideo dba Consolidated Communications Enterprise Services	61985								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sto its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels	stations 12								
	on which the cable system carried television broadcast stations and nonbroadcast services	307								
N Individual to Be Contacted for Further	er Name Julie Poon Telephone 916-786-1034									
Information										
	Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number)									
	Roseville, CA 95678									
	(City, town, state, zip)									
	Email julie.poon@consolidated.com Fax (optional)									
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regu	lations.								
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I	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)] 									
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus of Typed or printed name: Michael Shultz Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	compatibility settings.								
	Date: February 27, 2018									

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

U.S. Copyright Office

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statellite Home Viewer Act of 1985 amended Title 17, section 11 f(g)(1)(A), of the Copyright Act by adding the following sentence. "In determining the lotal number of subscribers and the gross amounts paid to the cable system for the basic sender of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and disposed transmissions pursuant to section 119. For more information on when to exclude these amounts, see the note on page (viii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? Non YES, Enter the total here and list the satellite carrier(s) below. S INTEREST ASSESSMENTS You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here. Line 2 Multiply line 1 by the interest rate* and enter the sum here. Line 3 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L. (page 7). S (interest charge) *To view the interest rate chart click on www.copyright.gov/licensing/linterest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@ice.gov. *This is the decimal equivalent of 1366, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accountling period, and ID number as given in the original filling. Owner Address First community served	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE	EM ID#					
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X	SureWest TeleVideo dba Consolidated Communications Enterprise Services	61985	Name				
Name Mailing Address INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here	The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions						
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For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment	INTEREST ASSESSMENTS						
Line 2 Multiply line 1 by the interest rate* and enter the sum here		t.	Q				
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		- days					
space L, (page 7)		<u>-</u>					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served Accounting period	space L, (page 7)						
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	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	ie					
please list below the owner, address, first community served, accounting period, and ID number as given in the original filling. Owner Address First community served Accounting period	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
Address First community served Accounting period	please list below the owner, address, first community served, accounting period, and ID number as given in the original	ıl					
Accounting period							
	Accounting period						

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 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 DSEs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		Ψ0,001.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2017/2

DSE SCHEDULE. PAG	LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:			SY	STEM ID#							
1	SureWest TeleVideo dba Consolidated Communications Enterprise Services												
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station.												
	Enter the sum here and in lin		s schedule.		1.00								
2	Instructions:		U - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	tal are all a									
_	In the column headed "Cal	i Sign": list the ca	il signs of all distant stations	s identified by t	ne letter "O" in column 5								
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
of DSEs for	mercial educational station, give the DSE as ".25."												
Category "O"			CATEGORY "O" STATION	IS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	KTNC	1.000											
		····											
		<u></u>											
Add rows as													
necessary.													
Remember to copy													
all formula into new													
rows.													
TOWS.													
		·····											
		····											
		·····											
		····											
		····											
		····											
		<u> </u>											

Name		wner of CABLE SYSTEM: leVideo dba Consol	idated Comm	unications Enter	prise Service	s	S	YSTEM ID# 61985
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should co Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all dista For each station, give to correspond with the infor For each station, give to Divide the figure in colu at least to the third decir For each independent calue as ".25."	he number of ho mation given in she total number umn 2 by the figural point. This is station, give the figuran 4 by the figur	urs your cable syste space J. Calculate or of hours that the stature in column 3, and the "basis of carriag" type-value" as "1.0." pure in column 5, and	m carried the stanly one DSE for each broadcast over the result in e value" for the standard for the standar	tion during the accounting each station. Her the air during the accord decimals in column 4. The	ounting period. his figure must locational station,	
Capacity		C	ATEGORY	AC STATIONS:	COMPUTATI	ON OF DSFs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3 JRS ED BY	. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE
						x		
						x x		
			÷		=	x	=	
			÷		=	x	=	
						x		
			÷		=	x	= =	
	Add the DSEs of	OF CATEGORY LAC S of each station. on here and in line 2 of p		dule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast or space I). Column 2: F at your option. T Column 3: E Column 4: E	ct on October 19, 1976 (ne or more live, nonnetw for each station give the This figure should correse Enter the number of days Divide the figure in colum	itution for a prog as shown by the ork programs dur number of live, spond with the in s in the calendar in 2 by the figure	ram that your systen letter "P" in column ing that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and gi	n was permitted to the property of space (); and the property of the property	o delete under FCC rule	2 of were deleted s than the third	rm).
	_	SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		4		=		4		=
				=				=
		:		=		=	-	=
		÷		=			-	=
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:		▶	0.00		
5 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 ●		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	1.00 0.00 0.00	
	TOTAL NUMBER	R OF DSEs						1.00

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

LEGAL NAME OF C							S'	YSTEM ID#	Name
SureWest Tele	eVideo dba Co	onsolidated	d Communi	cations Enterp	orise Servi	ces		61985	Nume
Instructions: Blo In block A:	ck A must be com	pleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
	"No," complete ble			FEL EVILOLON M	ADVETO				Computation of
Is the cable system	m located wholly o			TELEVISION M. aller markets as de		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	, 1981?		•					94.4.0	
<u></u>	iplete part 8 of the plete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
	oloto blooko b alia		N/ D. OADD		MITTED DO	\ <u></u>			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was nermitte	d to carry	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: T	ne 25, 1981. For for he letter M below r	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	asis on which you o elow pertain to tho orket quota rules [7	se in effect o	n June 24, 198		ı tc	
	C Noncommerio	cal educational data education (76.	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	.63(a) referrin	g to 76.61(d)			
	•	eviously carrie JHF station w	ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:				n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
	this schedule to	determine the	e DSE.)						
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN KTNC	BASIS G	1.00	SIGN	BASIS		SIGN	BASIS		
								1.00	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	e sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero,				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	line 4 by 0.0375	and enter s	um here				x		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)	1		0.00	

	SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985									
_	1		JED)	(CONTINU	ION MARKETS	A: TELEVIS	BLOCK			
6	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	3. DSE	2. PERMITTED BASIS	1. CALL SIGN	
mputation 3.75 Fee										
										••••
										••••
										••••
										••••
										••••
										••••
									••••••	••••
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										••••

Name	SureWest Tele			Communicat	io	ns Enterprise Ser	vices		S	48TEM ID# 61985		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Comparion block	or to June 25, call sign for ear the DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's the the DSE fig. B, column 3 (e) information you	1981, under forme ach distant station his station for a sing period and year arriage on which the regulations cited be mming: Carriage, ()(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 DSE for the curren ures listed in columof part 6 for this state ungive in columns	er FCC rules govidentifed by the gle accounting in which the car ne station was collow pertain to a part-time bearing to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and attion. 2, 3, and 4 musting the gle and 5	ver let perria arritho asi asi (1) (1) aurio lis	entifed by the letter "F" ning part-time and subter "F" in column 2 of priod, occurring between ge and DSE occurred ried by listing one of these in effect on June 24 iss, of specialty program)). 16.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two see accurate and is subjected.	stitute carri part 6 of the n January 1 (e.g., 1981) e following 1, 1981. Iming unde 0, or 76.63 (or explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedu	ene 30, 19 ections vi) of the should be	e entere		
		PERMITT	ED DSE FOR STA	TIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_	
	1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PE SIGN DSE PERIOD CARRIAGE DSE											
1	0.014	502		_				- C		DSE	П	
7 Computation of the	1	"Yes," comple	ete blocks B and C locks B and C blar	k and complete	•	art 8 of the DSE sched						
Syndicated Exclusivity			BLOC	K A: MAJOR	11	ELEVISION MARK	<u>EI</u>					
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?		
-	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8					
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3		
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places ble system?	s a grade B contou	r, in whole		Was any station listed nity served by the cab to former FCC rule 76	le system p .159)	orior to March 3	31, 1972	? (refe		
	X No—Enter zero a		th its appropriate per part 8.	milled DSE		Yes—List each st X No—Enter zero a			ate permi	lied DSE		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE		
			-									
				-			 					
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services	SYSTEM ID# 61985	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,665,277.26	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the 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		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the 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		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	;	SureWest TeleVideo dba Consolidated Communications Enterprise Services	61985
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1)	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in	
		section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)	
		Syndicated Exclusivity Surcharge	
		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 p	part
8		checked "Yes," use the total number of DSEs from part 5.	
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of		ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc e area," see page (v) of the general instructions.	;al
	001 1100	s died, ede page (1) of the general mondetene.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X 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)	26_
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶ 1	.00
		use the total number of DSES from part 3.).	.00
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts	
		(the amount in section 1)	.55
		D 5 4 0 00704 f	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		<u> </u>	
		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	<u>. </u>
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	
		Base Rate Fee	28,358.55
	1		

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

	AME OF OWNER OF CABLE SYSTEM: Vest TeleVideo dba Consolidated Communications Enterprise Services	SYSTEM ID# 61985	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		8
	(the amount in section 1) ► \$		
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadd be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
Space In Con	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe	oo to ovoludo	_
receipt	is from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant	to the same	and
station DSEs a	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.	e the number of	Syndicated Exclusivity Surcharge
•	If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7, you must	for Partially
also co	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b cable system is wholly located outside all major television markets, complete block A only.		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.	ation you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were I the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sy	stem's subscriber	
-	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a bers in the group.	all of the	
• lf:			
and 4 o	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it of this 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 6 of this schedule.	DIOCK B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general apper SA3 form.	instructions	
page. DSEs f	oute 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 (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necessal calculations on the form.	hat is, the total	

DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services 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.

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ureWest TeleVideo dba Consolidated Communications Enterprise Services 61985										
B	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP					
	FIRST	SUBSCRIBER GRO	JP	SECOND SUBSCRIBER GROUP				9			
COMMUNITY/ AREA		County & Citrus	Heights	COMMUNITY/ AREA		acramento County					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
KTNC	1.00							Base Rate F			
								and			
								Syndicate			
								Exclusivit			
					•			Surcharge			
								for			
							<u></u>	Partially			
		-					<u></u>	Distant			
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Fotal DSEs	1 1		1.00	Total DSEs	1	<u> </u>	0.00				
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Gross Receipts First G	iroup	\$ 993	3,943.30	Gross Receipts Secon	d Group	\$ 1,67	71,333.96				
Base Rate Fee First G	roup	\$ 10	,575.56	Base Rate Fee Secon	d Group	\$	0.00				
	THIRD	SUBSCRIBER GRO	JP		FOURTH	SUBSCRIBER GROU	JP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
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Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00				
	3		0.00	B B. (5 . 5	0		0.00				
Base Rate Fee Third (эгоир	\$	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	bove.	\$	10,575.56				

N1	EGAL NAME OF OWNER OF CABLE SYSTEM: UreWest TeleVideo dba Consolidated Communications Enterprise Services 61985										
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9		SUBSCRIBER GROU	SIXTH			SUBSCRIBER GRO	FIFTH				
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G			
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	5			
) 	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
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 	0.00			Total DSEs	0.00			Γotal DSEs			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G			

GAL NAME OF OWNER OF CABLE SYSTEM: UreWest TeleVideo dba Consolidated Communications Enterprise Services 61985										
			ATE FEES FOR EA							
NINTE COMMUNITY/ AREA	I SUBSCRIBER GRO	OUP 0	TENTH SUBSCRIBER GROUP							
			COMMUNITY/ AREA 0							
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
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otal DSEs	11	0.00	Total DSEs		1	0.00				
	•	0.00		ond Croup	e e	0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00				
ELEVENTH	I SUBSCRIBER GRO	DUP		TWELVTH	I SUBSCRIBER GROU	JP				
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0				
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Fotal DSEs		0.00	Total DSEs			0.00				
	\$	0.00	Total DSEs Gross Receipts Fol	urth Group	\$	0.00				
Fotal DSEs Gross Receipts Third Group	\$			urth Group	\$					

GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ureWest TeleVideo dba Consolidated Communications Enterprise Services 61985										
			TE FEES FOR EAG							
THIRTEENTI COMMUNITY/ AREA	I SUBSCRIBER GRO	0 0	FOURTEENTH SUBSCRIBER GROUP							
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
										
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otal DSEs		0.00	Total DSEs	ļ.	!!	0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00				
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
	SUBSCRIBER GRO			SIXTEENTH	I SUBSCRIBER GROU	JP				
OMMUNITY/ AREA	COMMUNITY/ AREA 0									
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		0.00	Total DSEs	DSE		0.00				

EGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985										
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	ITEENTH	SUBSCRIBER GROU		EIG	P 0	9				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
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Total DSEs			0.00	Total DSEs	•		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			
NIN	ITEENTH	SUBSCRIBER GROU	JP	Т	WENTIETH	SUBSCRIBER GROU	Р			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts 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.	\$				

and Syndica Superior	LEGAL NAME OF OWNE SureWest TeleVide			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
COMMUNITY/ AREA O COMMUNITY/ AREA					11				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DATE OF Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DATE OF Base Rate Fee Group S 0.00 COMMUNITY/ AREA 0		TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	۵
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
Base Rate Fee First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COM				DSF				DSF	
Syndical Exclusive Surchar for Partial Distar Station Total DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gr	OALL OIGH	DOL	OTTLE CICIA	BOL	O'ALL GIGIT	BOL	OALL GIGIT	DOL	Base Rate Fe
Exclusing Surchait for Partial Distar Station Total DSEs									and
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for Partial Distar Station Total DSEs Gross Receipts First Group Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA									Exclusivity
Partial Distar Station Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O O O O O O O O O O O O O									Surcharge
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Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O O O.00 TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 Gross Receipts Second Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0			-						Stations
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O Gross Receipts Second Group \$ 0.00 TWENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 Gross Receipts Second Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									
Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group \$ 0.00 TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
TWENTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O O									
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs 0.00 Total DSEs 0.00	Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

Surevvest relevided dba	AL NAME OF OWNER OF CABLE SYSTEM: reWest TeleVideo dba Consolidated Communica BLOCK A: COMPUTATION OF BASE RA				<u> </u>	YSTEM ID# 61985
TWENTY-FIFTH COMMUNITY/ AREA	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	<u> 0</u>
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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otal DSEs	Ц	0.00	Total DSEs		1	0.00
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ross Receipts First Group	\$	0.00	Gross Receipts Sec	cona Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
TWENTY-SEVENTH	SUBSCRIBER GRO	UP	TWE	NTY-EIGHTH	I SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	H	<u></u>				
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otal DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00
	\$			urth Group	\$	
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$			·	\$	

LEGAL NAME OF OWN SureWest TeleVio		Consolidated Communications Enterprise Services 6198				YSTEM ID# 61985	Name	
				ATE FEES FOR EAC				
		SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DCCs			0.00	Total DCFa		11	0.00	
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Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECONE	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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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add s Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
THIE	RTY-THIRD	SUBSCRIBER GRO	DUP	THIF	RTY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fe
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Total DSEs		<u> </u>	0.00	Total DSEs		ļ.ļ	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		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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T-+-I DOF-			0.00	T-4-1 DOE-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE SureWest TeleVide			nmunicat	ions Enterprise Se	ervices	SI	STEM ID# 61985	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU		Ti .		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
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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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.	\$		

	61985	Iba Consolidated Communications Enterprise Services 6198						LEGAL NAME OF OWNE SureWest TeleVide
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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Exclusivity Surcharge								
for		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	¢	oup.	Gross Receipts First G
	0.00	3	u Group	Gioss Receipts Secoi	0.00	\$	oup	oloss Receipts Filst Gi
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-FOURTH	FORT	JP	SUBSCRIBER GROU	Y-THIRD	FOR1
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Tatal DOFa	0.00			Total DOCa
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

Name	481EM ID# 61985						LEGAL NAME OF OWNE SureWest TeleVide	
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	ΓY-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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	JP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GROU	EVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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N						LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communica BLOCK A: COMPUTATION OF BASE R		
				TE FEES FOR EAC				
1		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GROU	TY-NINTH	
Com	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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4								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Bross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	ase Rate Fee First G
=		\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU	-	
=							-	FIF
- - -	JP			FIFT	JP		-	FIF'
= - - -	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
-	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
-	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF'
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF'
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	Y-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	DSE	SUBSCRIBER GROU	Y-SECOND	CALL SIGN	JP 0	SUBSCRIBER GROU	TY-FIRST	CALL SIGN
	DSE O.00	SUBSCRIBER GROU	y-SECOND DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	TY-FIRST DSE	CALL SIGN CALL SIGN Cotal DSEs
	DSE	SUBSCRIBER GROU	y-SECOND DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	TY-FIRST DSE	CALL SIGN CALL SIGN Total DSEs
	DSE O.00	SUBSCRIBER GROU	Y-SECOND DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	TY-FIRST DSE Group	COMMUNITY/ AREA

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAG				
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.0.1	202	07.22 0.0.1	202	07.22 0.0.1	202	0/122 01011	302	Base Rate Fe
								and
								Syndicated
								Exclusivity
	<mark></mark>							Surcharge
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	<u></u>							Partially
	···					 		Distant Stations
	···					-		Stations
	···	-	•••••••••••••••••••••••••••••••••••••••			-		
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
o. 000 . 1000.ptoot .	2.0up				0.14 O.04p			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	OUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>							
			••••			1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add tenter here and in bloc	Group he base ra t	\$ te fees for each subs	0.00	Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise Se	ervices	SI	STEM ID# 61985	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	EVENTH	SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01011	302	07.122 01011		07.122 0.011	202	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
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					<mark></mark>			Surcharge
						-		for Partially
								Distant
					···		<u></u>	Stations
					<mark></mark>			
T			0.00				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	
FIFT	Y-NINTH	SUBSCRIBER GROU	JP		SIXTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			 		<u></u>	-		
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		-					<u></u>	
								
					···	-	<u></u>	
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.	\$		

Computation		SCRIE						
Computation			EACH	TE FEES FO	BASE RA	COMPUTATION OF	OCK A: (Bl
Computation	BSCRIBER GROUP	OND S			JP	SUBSCRIBER GROU	TY-FIRST	SIX
•••	0		AREA	COMMUNIT	0			COMMUNITY/ AREA
	CALL SIGN DSE			CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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for								
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		[]						
_	0.00	-		Total DSEs	0.00			Total DSEs
_	0.00	ıp _	Second	Gross Rece	0.00	\$	oup	Gross Receipts First G
	0.00	ıp	Second	Base Rate	0.00	\$	oup	3ase Rate Fee First G
	BSCRIBER GROUP	RTH S	SIXTY-		JP	SUBSCRIBER GROU	Y-THIRD	SIX
O	0		AREA	COMMUNIT	0			COMMUNITY/ AREA
	CALL SIGN DSE			CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN
		•••••						
	0.00			Total DSEs	0.00			Total DSEs
	0.00)	Fourth (Gross Rece	0.00	\$	roup	Gross Receipts Third G
_		-						•
	0.00)	Fourth (Base Rate	0.00	\$	roup	Base Rate Fee Third G

BLOCK A: SIXTY-FIFTH COMMUNITY/ AREA			ATE FEES FOR EAC	CH SUBSCE	DIRED CDOLID	
	SUBSCRIBER GRO					
DOMINION I I / AREA	COBCOTTIBLIT OF TO	0 0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	<u>JP</u> 0
						<u>U</u>
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						
			-		-	
Setal DCFs	Ц	0.00	Total DCFa			0.00
otal DSEs		0.00	Total DSEs			
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
SIXTY-SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	I SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			-			
		<u></u>				
		<u></u>				
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
•				-		
	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00
Base Rate Fee Third Group			11		-	

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAG				
	CTY-NINTH	SUBSCRIBER GRO		tt e		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
O/ LE OIOIV	DOL	CALL GIGIT	DOL	ONLE CICIA	DOL	O'NEE O'O'N	DOL	Base Rate Fe
								and
								Syndicated
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						-		for
	···							Partially Distant
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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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	OUP	SEVEN	ITY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>							
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Base Rate Fee: Add the Enter here and in block	Group the base ra t	\$ te fees for each subs	0.00	Base Rate Fee Fou	rth Group	\$ \$		

LEGAL NAME OF OWI SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
SEVE	NTY-THIRD	SUBSCRIBER GRO	DUP	SEVEN	ITY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
							<u></u>	Syndicated
						H		Exclusivity Surcharge
						+		for
								Partially
								Distant
								Stations
						-		
							<u></u>	
						 		
						 		
Total DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	DUP	SEV	'ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			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.	\$		

SureWest TeleVideo dba	Consolidated Co	mmunicat	ions Enterprise s			61985
	COMPUTATION O					
	H SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			·			
		<u></u>				
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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	s	0.00	Base Rate Fee Sec	ond Group	s	0.00
·	\$	0.00	Base Rate Fee Sec		\$	0.00
SEVENTY-NINTI	\$ H SUBSCRIBER GRO	DUP		EIGHTIETH	\$ I SUBSCRIBER GROU	UP -
SEVENTY-NINTI			Base Rate Fee Sec	EIGHTIETH		
SEVENTY-NINTI		DUP		EIGHTIETH		UP -
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI	1 SUBSCRIBER GRO	DUP 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	DSE
SEVENTY-NINTI COMMUNITY/ AREA CALL SIGN DSE	1 SUBSCRIBER GRO	0 0	COMMUNITY/ ARE	EIGHTIETH A	I SUBSCRIBER GROU	UP 0
SEVENTY-NINTI COMMUNITY/ AREA CALL SIGN DSE	1 SUBSCRIBER GRO	DUP 0	CALL SIGN	DSE	I SUBSCRIBER GROU	DSE
COMMUNITY/ AREA	CALL SIGN	DUP DSE DSE 0.000	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00

	Consolidated Co	mmunicat	tions Enterprise \$	Services		YSTEM ID# 61985
	COMPUTATION O					
	T SUBSCRIBER GRO		Ħ		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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				•••••		
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
EIGHTY-THIRE	SUBSCRIBER GRO)UP	EIGH	TY-FOURTH	SUBSCRIBER GROU	JP
DMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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	1					
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otal DSEs		0.00	Total DSEs			0.00
otal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		H		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
ONLE CICIT	BOL	CALL GIGIT	DOL	ONLE CICIT	DOL	OALL GIGIT	DOL	Base Rate Fe
								and
								Syndicated
								Exclusivity
						<u> </u>		Surcharge
								for
						<u> </u>		Partially Distant
						 		Stations
			····		·····	-		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	
EIGHTY	'-SEVENTH	SUBSCRIBER GRO	OUP	EIG	HTY-EIGHTH	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	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.	\$		

LEGAL NAME OF OWNER SureWest TeleVide			ımunicat	ions Enterprise Se	rvices	SY	61985	Name
				TE FEES FOR EACH				
COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	0	COMMUNITY/ AREA	NINTIETH	SUBSCRIBER GROUP	0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated Exclusivity
							-	Surcharge
								for
								Partially Distant
								Stations
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	Y-FIRST	SUBSCRIBER GROU		1	'-SECOND	SUBSCRIBER GROUP	_	
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 Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	tions Enterprise Se	ervices	SI	STEM ID# 61985	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122						Base Rate Fee
								and
						-		Syndicated
					<u></u>		<u></u>	Exclusivity
						-		Surcharge for
						-		Partially
								Distant
		-						Stations
		-	 			-	<u> </u>	
							<u> </u>	
					<u></u>	1	<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	
NINE	ΓY-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<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	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Surewest Televideo dba C	LE SYSTEM: Consolidated Cor	nmunica	tions Enterprise S	Services		YSTEM ID# 61985
			TE FEES FOR EAC			
NINETY-SEVENTH COMMUNITY/ AREA	SUBSCRIBER GRO	JP 0	NIN COMMUNITY/ ARE		1 SUBSCRIBER GROU	JP 0
			COMMONT IT AIRE			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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Total DSEs		0.00	Total DSEs			0.00
cross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINETY-NINTH	SUBSCRIBER GRO	JP	ONE H	HUNDREDTH	I SUBSCRIBER GROU	JP
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>				
		0.00	Total DSEs			0.00
Fotal DSEs			П	rth Croun	\$	0.00
	\$	0.00	Gross Receipts Fou	rtii Group	Ψ	0.00
Fotal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	riii Group	<u>*</u>	0.00

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				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
OF ILL OF OTT	BOL	CALL GIGIT	502	OF LEE GIGIT	502	OF ILLE GIGIT	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
					·····			Distant
							····	Stations
						-		
			<u></u>			-		
		H				-		
						· · · · · · · · · · · · · · · · · · ·		
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDI	RED THIRD	SUBSCRIBER GRO	DUP	ONE HUNDF	ED FOURTH	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 blo			scriber group	as shown in the boxe	es above.	\$		

N								
	_					COMPUTATION OF		
-	1P 0	SUBSCRIBER GROU		ONE HUND COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ED FIFTH	
Con								COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base								
Syı						-	<u> </u>	
Ex								
Su								
. Pa								
. Si								
		_						
			<u></u>					
•								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	Ψ	iu Group	Horosa Mecelpis Seco				nuss incucipis i iisi u
	0.00	<u>*</u>	ild Group	Gross Necelpts Seco				oross receipts i list o
	0.00	\$		Base Rate Fee Second	0.00	\$	·	·
=	0.00		nd Group ED EIGHTH	Base Rate Fee Secon	JP	\$ SUBSCRIBER GROU	roup	Base Rate Fee First G
=	0.00	\$	nd Group ED EIGHTH	Base Rate Fee Seco			roup	sase Rate Fee First G
-	0.00	\$	nd Group ED EIGHTH	Base Rate Fee Secon	JP		roup	Base Rate Fee First G
=	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED SOMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED SOMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED SOMMUNITY/ AREA
-	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED SOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0.00	\$ SUBSCRIBER GROU	nd Group	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Seco ONE HUNDR COMMUNITY/ AREA CALL SIGN	JP 0 DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	SUBSCRIBER GROU	DSE	Base Rate Fee Second ONE HUNDR COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	ONE HUNDRED S

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
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
			<mark></mark>			-		Syndicated
		-	. 			<u> </u>		Exclusivity
	···		<mark></mark>			-		Surcharge
	···		<mark></mark>			-		for Partially
			<u></u>			-		Distant
			•			-		Stations
			<mark></mark>					
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_	<mark></mark>					
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			···			-		
			<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	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE SureWest TeleVid			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAG				
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.070.1	202	07.22 0.0.1	202	07.22 0.0.1	202	07.122.01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
	<mark></mark>					-		Surcharge
	<mark></mark>		<u> </u>		·····	-		for Partially
	···		······································		·····			Distant
	···					-		Stations
	<mark></mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
						-		
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		_						
	<mark> </mark>					-		
	<u></u>						<u></u>	
	<u></u>					-		
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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 the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE SureWest TeleVid			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
		-	······································		·····			Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs		!!	0.00	
		-				-	-	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	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	
					·····			
	···				·····			
				·				
	···			-				
				·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•				•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE SureWest TeleVide			nmunicat	tions Enterprise S	ervices	Sì	STEM ID# 61985	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU		ii —		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122						Base Rate Fee
								and
						-		Syndicated
					····			Exclusivity
						-		Surcharge for
		-				-		Partially
								Distant
			 			-		Stations
					····	-		
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP		
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 Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN SureWest TeleVio			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								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 Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY	'-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TW	ENTY-EIGHTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		<u></u>	-	·····			
			····					
	···							
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•		1		r	-		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
e Rate Fee: Add to			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SureWest TeleVic			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU		ONE HUNDRI	ED THIRTIETH	H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<u></u>					Syndicated
	···		<u></u>	-				Exclusivity Surcharge
			<u>-</u>	1				for
								Partially
								Distant
			<u> </u>					Stations
			<u> </u>					
	···		<u></u>					
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	P	ONE HUNDRED TH	IRTY-SECONE	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>		<u></u>					
	···		<u>-</u>					
			<u></u>					
			<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	
	P				·r	<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	es above.	\$		

Name	YSTEM ID# 61985	S	rvices	ions Enterprise Se	nmunicat			LEGAL NAME OF OWNE SureWest TeleVide
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROUP	TY-FOURTH			SUBSCRIBER GROUP	TY-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				•••••				
Syndicated								
Exclusivity Surcharge	<u></u>		-					
for								
Partially						-		
Distant						-		
Stations						-		
	<u></u>							
	····	-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	ıd Group	Gross Receipts Secor	0.00	\$	าดเมต	Gross Receipts First Gr
			. а Отоар	0.000 . 1000.ptd 0000.			Cup	e. 606 - 1.606 p.6 - 1.61 e.
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	IRTY-SIXTH	ONE HUNDRED TH		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIS
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····							
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	<u></u>							
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	····	_		•••••		-		
	0.00			T 1 1 DOE	0.00			T 1 1 DOE
				Total DSEs	0.00			Total DSEs
	0.00		_					
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

LEGAL NAME OF OWNI SureWest TeleVio			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	/-SEVENTH	SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	···	-	<u></u>					Surcharge for
		-	<u>-</u>					Partially
								Distant
								Stations
			<u> </u>					
			<u>-</u>					
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
, , , , , , , , , , , , , , , , , , ,		<u>-</u>				·*		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>					
			-					
			<u>-</u>					
			<u></u>					
			<u>-</u>					
		-	-					
			<u> </u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ccc .tooopto mila	W	<u>-</u>			Стоир	<u>*</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWI SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIT	DOL	ONLE GIGIT	DOL	O'ALL GIGIT	DOL	O'NEE O'O'N	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			<u></u>					Distant
			<u></u>			-		Stations
						-		
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		•				· · · · · · · · · · · · · · · · · · ·		
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	ORTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	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	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.	\$		

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	ORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<mark></mark>					-		Syndicated
						<u> </u>		Exclusivity
			<u></u>			-		Surcharge
	····					-		for Partially
	····							Distant
						-	••••	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	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u></u>			-		
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	<mark>.</mark>		<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 Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise Se	ervices	SY	STEM ID# 61985	Name
				TE FEES FOR EACH				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		l		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							-	Exclusivity
					···	-	<u>-</u>	Surcharge for
		-						Partially
								Distant
								Stations
						-	<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		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	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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		-			···	-		
							<u>-</u>	
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 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 OWNE SureWest TeleVid			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
		-	<u></u>					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 Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I 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		Ш	0.00	
	- rous	·	0.00		urth Crous	¢	0.00	
Gross Receipts Third (эгоир	4	0.00	Gross Receipts Fou	iiii Gioup	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

	BLE SYSTEM: Consolidated Co	mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985
			ATE FEES FOR EAC			
ONE HUNDRED FIFTY-SEVENTI	1 SUBSCRIBER GROU				1 SUBSCRIBER GROUP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						<u></u>
						<u></u>
		<u></u>				<u></u>
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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
ONE HUNDRED FIFTY-NINT	1 SUBSCRIBER GROU	P	ONE HUND	RED SIXTIETH	H SUBSCRIBER GROUF)
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>				
		l				
Fotal DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	S	0.00
Fotal DSEs Gross Receipts Third Group	\$			urth Group	\$	

LEGAL NAME OF OWNE SureWest TeleVid			nmunicat	ions Enterprise Se	rvices	SY	STEM ID# 61985	Name
Bl				TE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA	Placer	County & Citrus I	leights	COMMUNITY/ AREA	Sacram	ento County		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
	.				ļ			
	. <mark>.</mark>				ļ			
Total DSEs			0.00	Total DSEs			-	
Gross Receipts First G	roup	\$ 993,	943.30	Gross Receipts Secon	d Group	\$ 1,67	1,333.96	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA		0		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
								
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							<u>-</u>	
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$	0.00	

Composition	LEGAL NAME OF OWNE SureWest TeleVide			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
COMMUNITY AREA 0 COMMUN	BL				TE FEES FOR EAC				
CALL SIGN DEC CA		FIFTH	SUBSCRIBER GRO				I SUBSCRIBER GROU		9
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α			Computation
Total DSEs Gross Receipts First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNI		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Synd Synd Second Synd Synd Synd Synd Synd Second Synd Syn									Base Rate Fee
Total DSEs									and
Total DSEs						·····			Syndicated
Total DSEs Gross Receipts First Group SEVENTH SUBSCRIBER GROUP CALL SIGN DSE CALL SIGN CALL SIGN DSE C				<u>-</u>		·····	-	····	Exclusivity Surcharge
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCMMUNITY/ AREA OCMUNITY/ AREA OCMMUNITY/				 		•••••			for
Total DSEs									Partially
Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG									Distant
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN				<u></u>					Stations
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN				<u> </u>					
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN			-						
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Gross Receipts First Group Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN									
Base Rate Fee First Group SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	Total DSEs			0.00	Total DSEs			0.00	
SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE	Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DS	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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 D		SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
Total DSEs O.00 Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		ROUP RIBER GROUP 0 L SIGN DSE 0 0.00 0.00 0.00 RIBER GROUP	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				<u> </u>					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				<u></u>					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			-						
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				<u> </u>				<u></u>	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00				<mark></mark>					
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third G	Group	\$		Gross Receipts Fou	ırth Group	\$	0.00	
	Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee: Add th	e base rat	e fees for each subs	criber group	as shown in the boxe	es above.			

LEGAL NAME OF OWNE SureWest TeleVide			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
BL				TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
			<u></u>		<u></u>			Exclusivity
		-	<mark></mark>				····	Surcharge
		-	. 		····			for Partially
								Distant
			<u></u>		••••	•		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
El	EVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Total DSEs				Total DSEs			•	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third G Base Rate Fee: Add th Enter here and in block	e base rat	e fees for each subs				\$	0.00	

	BLE SYSTEM: Consolidated Co	mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	COMPUTATION O						
THIRTEENTI	H SUBSCRIBER GRO	DUP	F	OURTEENTH	SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
							Syndicated
							Exclusivity
		<u></u>					Surcharge
		<u></u>		<mark></mark>			for
		<u></u>				<u></u>	Partially
		<u></u>					Distant
						····	Stations
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		···				····	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTEENTI	H SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0.00 0.00 0.00 0.00 0.00	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						<u> </u>	
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		····				0.00 0.00	
						<u></u>	
Total DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE SureWest TeleVide			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAG				
SEVEN	NTEENTH	SUBSCRIBER GRO	UP	E	IGHTEENTH	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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		-					····	Distant
		-						Stations
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	·							
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Total DSEs	11		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	NTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		OUP BER GROUP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u> </u>	
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			<u></u>				<u> </u>	
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	·				·····		0.00 0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third G	e base rat					\$	0.00	

								SureWest TeleVide
	ID.	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-FIRST	COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate								
Exclusivi Surcharg	<u></u>							
for								
Partially						-		
Distant						-		
Stations								
						-		
	0.00			Total DSEs	0.00			otal 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			Page Bate Eag First Cr
					0.00	\$	oup	base Rate Fee First Gr
	JP	SUBSCRIBER GROU	′-FOURTH			SUBSCRIBER GROU		
	JP 0	SUBSCRIBER GROU	′-FOURTH					TWENT
		SUBSCRIBER GROU	Z-FOURTH	TWENT	JP			TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	COMMUNITY/ AREA
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT
	0			TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	Y-THIRD	TWENT COMMUNITY/ AREA CALL SIGN
	DSE		DSE	TWENTY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	Y-THIRD DSE	TWENT

			V1000				eo dba C	SureWest TeleVide
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROU	ITY-SIXTH	COMMUNITY/ AREA	0	SUBSCRIBER GROU	Y-FIFTH	COMMUNITY/ AREA
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I	302	07.22 0.011	562	07.22 0.011	202	07.22 0.011	302	0.122 0.0.1
and						-		
Syndicate								
Exclusivit								
Surcharg for								
Partially	···					-		
Distant								
Stations								
	<u> </u>					-		
								
		<u> </u>						
	0.00			Total DSEs	0.00			otal 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			Base Rate Fee First Gr
						\$	oup	
	Р	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP	SUBSCRIBER GROU	-	
	0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0		-	TWENTY-S
		SUBSCRIBER GROU	Y-EIGHTH DSE				-	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0	SUBSCRIBER GROL	EVENTH	TWENTY-S
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LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
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	P 0	SUBSCRIBER GROUP	FOURTH	ONE HUNDRE	JP 0	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	P 0	SUBSCRIBER GROUP	FOURTH	ONE HUNDRE	JP 0	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	P 0	SUBSCRIBER GROUP	FOURTH	ONE HUNDRE	JP 0	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	P 0	SUBSCRIBER GROUP	FOURTH	ONE HUNDRE	JP 0	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	P 0	SUBSCRIBER GROUP	FOURTH	ONE HUNDRE	JP 0	SUBSCRIBER GROU	D THIRD	ONE HUNDRE COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRE

Name	YSTEM ID# 61985		rvices	ions Enterprise Se	nmunicat			LEGAL NAME OF OWNE SureWest TeleVid
<u> </u>				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RED SIXTH			SUBSCRIBER GRO	ED 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		•	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	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<mark></mark>					-	<mark></mark>	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	COMPUTATION	E D 10= = :	TE EEE0 === = :		IDED CDCL		
ONE HUNDRED NINT	A: COMPUTATION C TH SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	9 Compute
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
							Base Rate
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
reconstant met endap	<u>*</u>			5.14 5.54p	<u>·</u>		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED ELEVEN	TH SUBSCRIBER GRO	DUP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs		0.00	Total DSEs			0.00	
		0.00	Total DSEs	th C			
otal DSEs ross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

	61985		vices	ions Enterprise Se	nmunicat	onsolidated Con	R OF CABL O dba C	Surevvest relevious
				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	RTEENTH	ONE HUNDRED FOL	JP 0	SUBSCRIBER GROU	TEENTH	ONE HUNDRED THIR COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	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	XTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	.				4			
	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

				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	GHIEENIH	COMMUNITY/ AREA	0	SUBSCRIBER GROUP	NIEENIH	ONE HUNDRED SEVE
Computati of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and						-		
Syndicate						-		
Exclusivit Surcharg	-							
for	<u>-</u>							
Partially								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Cross Dessints Coss	0.00	•		
	0.00	<u>*</u>	a Group	Gross Receipts Secon		\$	oup	Bross Receipts First Gr
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	ONE HUNDRED T	0.00 JP 0	SUBSCRIBER GROU	oup TEENTH	ONE HUNDRED NIN COMMUNITY/ AREA CALL SIGN
	0.00 P 0 DSE	\$ SUBSCRIBER GROU	d Group VENTIETH DSE	Base Rate Fee Second ONE HUNDRED TO COMMUNITY AREA	0.00	SUBSCRIBER GROU	DSE	Base Rate Fee First Gr ONE HUNDRED NIN COMMUNITY/ AREA

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise Se	ervices	S	YSTEM ID# 61985	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
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								Distant
								Stations
					···			
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 TWEN	TY-THIRD	SUBSCRIBER GROUP		ii		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 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.	\$		

	4985 61985		rvices	ions Enterprise Se	nmunicat		eo dba C	
				TE FEES FOR EACH				
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 Fe								
and						-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
)	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	ENTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs		<u> </u>	0.00	Total DSEs		Ш	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	
		SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	····						<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 blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
[BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ LE OIOIV	DOL	ONEE GIGIT	DOL	O'ALL GIGIT	DOL	O'NEE O'O'N	DOL	Base Rate Fee
								and
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		Ц						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			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.	\$		

NI	YSTEM ID# 61985	S	rvices	ions Enterprise Se	nmunicati			LEGAL NAME OF OWNE SureWest TeleVide
				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED THIRTY-
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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Exclusivity								
Surcharge								
for		-						
Partially Distant								
Stations	<u> </u>	-					-	
Gtations		-						
	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	FORTIETH	ONE HUNDRED	JP	SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED THIRT
	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			Fotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

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				TE FEES FOR EACH				
9	0	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FORT	0	SUBSCRIBER GROUP	ı Y-FIRST	ONE HUNDRED FOR
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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Exclusivit Surcharge	-							
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Distant						-		
Stations								
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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
		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	0.444 04044	DSE	CALL SIGN	DSE	CALL SIGN
			DOE	CALL SIGN	DOL			
			DSE	CALL SIGN	DOL			
			DSE	CALL SIGN	502			
			DSE	CALL SIGN	502			
			DSE	CALL SIGN	502			
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			DSE	CALL SIGN				
			DSE	CALL SIGN				
	0.00		DSE	Total DSEs	0.00			Total DSEs
	0.00	\$				\$	roup	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER SureWest TeleVide			•	ions Enterprise Se	ervices	SY	STEM ID# 61985	Name
			BASE RA	TE FEES FOR EACH				
	RTY-FIFTH	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ii		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	1		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.	\$		

Name	61985		vices	ions Enterprise Se	nmunicat	LE SYSTEM: Consolidated Con		SureWest TeleVide
				TE FEES FOR EACH				
9	ONE HUNDRED FIFTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0					SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED FORT COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	DOL	O'NEE GIGIN	DOL	OALL GIGIT	DOL	OALL CIGIT	DOL	O/ILE OIGIV
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Surcharge for								
Partially		-						
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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 Gro
)	SUBSCRIBER GROUP	-SECOND	ONE HUNDRED FIFTY	JP	SUBSCRIBER GROU	Y-FIRST	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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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 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 SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 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. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 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. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-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 TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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