This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
08/28/2018	\$ 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	2018/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	ss of the cable system on the last day of the counting perion	em the accounting period should s	•
	HOOD CANAL TELEPHONE CO. INC.			
				17862018/1
				1786 2018/1
				2010.1
	PO BOX 249			
	UNION, WA 98592			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic names already appear in space B. In line 2, give the mailing address of			
System	, IDENTIFICATION OF CABLE SYSTEM:			
System	1 DENTIFICATION OF CABLE STSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	UNION	WA		
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	Α	1
	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b.										
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
HOOD CANAL TELEPHONE CO. INC.			1786							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses										
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group,										
designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-commun	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
UNION	WA			First						
				Community						
				See instructions for						
				additional information						
				on alphabetization.						
				Add rows as necessary.						
		L		1						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

HOOD CANAL TELEPHONE CO. INC.

SYSTEM ID#

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	F	RATE
Residential:							
 Service to first set 	3,339	\$	75.95	RV Unit 2	306	\$	5.00
 Service to additional set(s) 				RV Unit 5	42	\$	3.00
 FM radio (if separate rate) 							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		-				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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name HOOD CANAL TELEPHONE CO. INC. 1786 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) **KOMO** 38 Ν No Seattle, WA KOMO-2 38 N-M No Seattle, WA See instructions for additional information KOMO-3 38 N-M No Seattle, WA on alphabetization. KING Ν No 48 Seattle, WA KING-2 48 N-M No Seattle, WA KING-3 48 N-M No Seattle, WA **KIRO** 39 No Seattle, WA Ν KIRO-2 N-M 39 No Seattle, WA N-M KIRO-3 39 No Seattle, WA **KCTS** 9 Ε No Seattle, WA 9 KCTS-3 Ε No Seattle, WA **KZJO** 25 No Seattle, WA ı KZJO-3 25 ı No Seattle, WA **KSTW** 11 No Seattle, WA **KCPQ** 13 Ν No Seattle, WA KCPQ-2 13 N-M No Seattle, WA KCPQ-3 13 N-M No Seattle, WA **KONG** 31 Ν Seattle, WA No

FORM SA3E. PAGE 3.					Account	VG 1 ENIOD: 2010/1
LEGAL NAME OF OWN					SYSTEM ID#	Name
HOOD CANAL			•		1786	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space (1) (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independe						
Note: If you are utilizin		•	EL LINE-UP	•	onamo mo apr	
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	
KTBW	14	E	No		Seattle, WA	
КВТС	27	E	No		Seattle, WA	
KWPX	33	l	No		Seattle, WA	
KUNS	50	N	No		Seattle, WA	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	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), 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 associated with a station according to its over-the-air designation. For example, report multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as reparately; 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 sta							
Note: If you are utilizing	ig multiple char	inei iine-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AC			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.			1786	Traine
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC bo not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream 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 multiful For the meaning of the Column 4: If the stiplanation of local service Column 5: If you have	G, identify every system during the ions in effect or 6.61(e)(2) and (6.5is, as explaine 5tations: With r CC rules, regular here in space only on a substand also in spationard associated with associated with ein each case ver entering the lecast), "E" (for not see terms, see pation is outside ce area, see paave entered "Ye entering the lecast," et al. (1997).	r television stane accounting in June 24, 1964), or 76.63 (r f espect to any titions, or auth G—but do list titute basis. It is in June 26, if the stane aring substitute sign. Do not reason a station according to the FCC has been station. It is whether the station. It is whether the station according to the local server age (v) of the servine column.	period, except period, except period, except period, except period, except period peri	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your construction of the Special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television statistington, D.C. This work station, an indefor network multic or "E-M" (for noncontrions located in the station, on the station, on the station of the stat	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	G Primary Transmitters: Television
cable system carried the carried the distant stat		-		•	ering "LAC" if your cable system capacity.	
For the retransmiss	ion of a distant	multicast stre	am that is not s	subject to a royalty	payment because it is the subject stem or an association representing	
the cable system and	a primary transı	mitter or an as	ssociation repre	senting the primar	ry transmitter, enter the designa- her basis, enter "O." For a further	
explanation of these th	ree categories,	see page (v)	of the general i	instructions locate	d in the paper SA3 form.	
				•	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AD		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name
HOOD CANAL	TELEPHON	E CO. INC.	ı			1786	- Trainio
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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		•	•	•	этэгтэг эр		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.			1786	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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Note: If you are utilizin				•		
		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 STATION	

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Note: II you are utilizii	ig multiple chai	•	•	•	channer inte-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

PRIMARY TRANSMITI In General: In space		/STEM:			SYSTEM ID#	Name			
In General: In space	TELEPHON	E CO. INC.			1786	ramo			
	TERS: 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 station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independe									
		•	•	•					
1. CALL	2. B'CAST	3. TYPE	EL LINE-UP 4. DISTANT?			1			
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				
SIGN			(Yes or No)	CARRIAGE	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name
HOOD CANAL	TELEPHON	E CO. INC.				1786	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space C carried by your cable's FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for 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	G, identify every system during the consistency of	y television standard accounting an June 24, 1944), or 76.63 (rd d in the next perspect to any attons, or auth G—but do list titute basis. In the standard account of the station account of the station account of the station. It is the station account of the station.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in of as assigned to annel 4 in Wash ation is a netwo	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This ork station, an indexided the television, an indexided the carried to the television, an indexided the television of the television of the television, an indexided the television, an indexided the television of the television of the television of television, an indexided the television of television, an indexided the television, an indexided the television of television, and the television of television of television of television, and the television of televisi	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial		G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see pation is outside ce area, see pation entered "Year entered "Year entered into on a part-tirion of a distant entered into on a primary transissimulcasts, also aree categories, e location of ea Canadian statio	oncommercial page (v) of the the local servage (v) of the es" in column on during the amulticast streen or before Jumitter or an act of enter "E". If a see page (v) ch station. Fons, if any, given	e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting peri ause of lack of a eam that is not s ane 30, 2009, be association repre you carried the of the general if r U.S. stations, e the name of the	or "E-M" (for nonco- ctions located in the distant"), enter "Ye- ions located in the mplete column 5, sod. Indicate by enta- ictivated channel of subject to a royalty etween a cable sys- senting the primal channel on any of instructions locate list the community me community with	s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	e	
		CHANN	EL LINE-UP	Al			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.			1786	Nume			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 multi-									
in the paper SA3 form.									
		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 STATION				

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name		
HOOD CANAL	TELEPHON	E CO. INC.	ı			1786	- Tumo		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent) multicast). For the meaning of these terms, see page (v) of the general instructions located in									
Trote: If you are utilizing	ig manipic onai	•	•	•	onamer me up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
HOOD CANAL	TELEPHON	E CO. INC.			1786	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent multicast). "									
,	. ,		•	• .	y transmitter, enter the designa- her basis, enter "O." For a further				
explanation of these th	ree categories	see page (v)	of the general i	nstructions located	d in the paper SA3 form.				
				•	to which the station is licensed by the which the station is identified.				
Note: If you are utilizing	g multiple char	nel line-ups,	use a separate	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AL					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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	<u> </u>								

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.			1786	ramo		
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 program basis, as explained in the next paragraph. Substitute program 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, a								
carried the distant stat	ion on a part-tir	ne basis beca	ause of lack of a	ectivated channel of	capacity.			
					r payment because it is the subject stem or an association representing			
,			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further			
					d in the paper SA3 form. to which the station is licensed by the			
FCC. For Mexican or 0 Note: If you are utilizing				•	which the station is identifed.			
Note. If you are utilizing	ig multiple chai	<u> </u>		<u> </u>	Charlier line-up.			
			EL LINE-UP					
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
SIGN	NUMBER	STATION	(Tes of No)	(If Distant)				
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name		
HOOD CANAL	TELEPHON	E CO. INC.	ı			1786	- Tumo		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent) multicast). For the meaning of these terms, see page (v) of the general instructions located in									
		•	•	•					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM II	Namo
HOOD CANAL	TELEPHON	E CO. INC.	ı		178	36
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable self-CC rules and regulated 76.59(d)(2) and (4), 76 substitute program beson Substitute Basis Self-Self-Self-Self-Self-Self-Self-Self-	G, identify every eystem during the constant of the constant o	y television strate accounting and June 24, 199 and 199 and 199 are spect to any strions, or auth G—but do list titute basis. In the state aring substitute sign. Do not man a station account as treams must over the FCC h	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination coording to its ow be reported in our was assigned to the	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the column 1 (list each the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify ain. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	existem carried the in each case we entering the lecast), "E" (for noise terms, see lation is outside ce area, see parave entered "You have entered "You have in a distant station of a distant entered into on a part-tilicion of a distant entered into on a primary transismulcasts, also ince categories de location of ea Canadian statio	ne station. whether the stater "N" (for no commercial page (v) of the the local servage (v) of the es" in column on during the same basis becamulticast streen or before Jumitter or an act of enter "E". If the see page (v) ch station. For no, if any, given	ration is a netwo etwork), "N-M" (i I educational), o e general instruc- vice area, (i.e. "c general instructi 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general in tr U.S. stations, e the name of the	ork station, an indefor network multicar "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel caubject to a royalty tween a cable system a cable system on any of instructions locate list the community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). he paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing the transmitter, enter the designation the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	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), 76.63 (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-rhe-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network,) "N-M" (for network multicast), "" (for independent), "I-M" (for independent) multicast), "E"									
Note: If you are utilizing	ig manapio onai	•	•	•	onamie me up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

	•								
	 								

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name	
HOOD CANAL	TELEPHON	E CO. INC.				1786	- Tumo	
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), 76.616(e)(2) and (4), 76.63 (ferring 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 pager 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 independent), "L-M" (for independent) multicast). "For for ho								
Note: If you are utilizing		. ,		•				
		CHANN	EL LINE-UP	AQ				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	•							

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTE	M ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.	i		•	1786	Name		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swell-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), "									
Trouble in your dire dimen	.9	•	•	•					
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				
					ļ				

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name		
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	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), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independe									
Trotor ii you aro atiiizii	ig manapio onai	•	•	•	oname me up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
	<u> </u>								
	•								
									

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.			1786	
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	exs: TELEVISION And I was a construction of the station of the sta	y television standard programme accounting an June 24, 194, or 76.63 (rd in the next) respect to any attions, or auth G—but do list ittute basis. Ince I, if the standard programme a station account of the standard programme account of the stand	ation (including period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the stion was carried ute basis station eport origination cording to its own be reported in the stion was assigned to station was as assigned to station was assign	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your consecutive Special Statement of both on a substitution, see page (v) on program services er-the-air designation of the television statistics.	a and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program and Program Log)—if the state basis and also on some other at the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example and for broadcasting over-the-air in any be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	entering the le cast), "E" (for no case terms, see pation is outside ce area, see pation entered "Ythe distant static on on a part-time ion of a distant entered into on a primary transisimulcasts, also ree categories e location of eacanadian statio	etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the a multicast stree nor before Ju mitter or an action enter "E". If see page (v) ch station. Fo ns, if any, giv- nnel line-ups,	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "or general instruct 4, you must cor accounting period accounting the second accounting the period a	for network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entactivated channel of subject to a royalty etween a cable system on any ot instructions locate list the community in ecommunity with space G for each	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	
	T	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 STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID	Namo
HOOD CANAL	TELEPHON	E CO. INC.	ı		178	6
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable self-CC rules and regulated 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Self-Basis under specific FC to not list the station station was carried the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the	G, identify ever system during to ions in effect or 6.61(e)(2) and (6.61(e)(2)	y television st he accounting n June 24, 19 4), or 76.63 (r d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta berning substit sign. Do not r n a station acc streams must	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination coording to its ow be reported in our was assigned to the	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the column 1 (list each the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify cion. For example, report multi- in stream separately; for example con for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	existem carried the in each case we entering the lecast), "E" (for noise terms, see ation is outside the case of t	ne station. whether the stater "N" (for no commercial page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an acceptage (v) ch station. Forns, if any, giv	ration is a netwo etwork), "N-M" (i I educational), o e general instruc- vice area, (i.e. "c general instructi 4, you must cor accounting perio ause of lack of a eam that is not s ine 30, 2009, be ssociation repre you carried the of the general in tr U.S. stations, e the name of the	ork station, an indefor network multicar "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel caubject to a royalty tween a cable system a cable system on any of instructions locate list the community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). he paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing transmitter, enter the designation the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AU		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE	M ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.	i			1786	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pasis Substitute Pasis Pas	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard page (v) of the local servage (v) of the local se	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, in the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the	(1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designation column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, one of the television statington on the television statington of the television statington, on the television statington of the television of	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		Primary Transmitters: Television
Note: If you are utilizing	ig manapio onai	•	•	•	onamie me 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 STATION		
	•						
							
							
	<u> </u>						

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
HOOD CANAL	TELEPHON	E CO. INC.			1786	
PRIMARY TRANSMITTE In General: In space of carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried • List the station here, s	ers: TELEVISIO G, identify every ystem during the ons in effect on a.61(e)(2) and (a sis, as explained stations: With re CC rules, regula here in space only on a subst and also in spa formation conce	y television stane accounting a June 24, 1984), or 76.63 (red in the next prespect to any attions, or authors, or	ation (including and period, except and permitting the referring to 76.6 paragraph. If distant stations orizations: It it in space I (the station was carried	(1) stations carried carriage of certal (e)(2) and (4))]; as carried by your case Special Statement both on a substitution of the carried by the statement but on a substitution of the carried both on a substitution of the carried but on the carried but of the carried	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located	G Primary Transmitters: Television
column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local service Column 5: If you had cable system carried the carried the distant static For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	h station's call associated with -2". Simulcast see channel number. For example stem carried the in each case we entering the left cast), "E" (for not see terms, see particular association is outside carea, see particular association of a distant station of a distant entered into or a primary transmissimulcasts, also aree categories, a location of each canadian station."	n a station accepted as a station accepted as a station accepted as a station. Whether the station accepted as a station accepted as	cording to its over be reported in common as assigned to the annel 4 in Wash ation is a netwo etwork), "N-M" (if educational), of egeneral instruction area, (i.e. "or general instruction area, incommon accounting period accounti	er-the-air designate column 1 (list each the television statington, D.C. This park station, an indefor network multicor "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entertivated channel or activated channel or activated channel or any ot instructions locate list the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. y to which the station is licensed by the which the station is identifed.	
		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	

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1786 HOOD CANAL TELEPHONE CO. INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/
LEGAL NAME OF OWNER OF HOOD CANAL TELEP						(SYSTEM ID# 1786	Name
SUBSTITUTE CARRIAG	E: SPECIA	L STATEMEN	NT AND PROGRAM LO	;				
In General: In space I, iden substitute basis during the a explanation of the programment. SPECIAL STATEMEN	accounting pening that must T CONCER	eriod, under spe st be included in NING SUBST	ecific present and former FC n this log, see page (v) of the TTUTE CARRIAGE	C rules, regula e general instr	ations, or autuctions locat	thorizations. ted in the pa	For a further per SA3 form.	Substitute Carriage: Special
 During the accounting pe broadcast by a distant sta 		ır cable system	carry, on a substitute bas	is, any nonnet	twork televis	sion program	າ ⊠No	Statement and Program Log
Note: If your answer is "No log in block 2.	o", leave the	rest of this pag	ge blank. If your answer is	"Yes," you mu	ıst complete	the prograr		Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	e of every no a distant state egulations, o ation. Do no Lucy" or "NE m was broad sign of the sadcast station thand day ive "5/7." nes when the Example: a ter "R" if the and regulation rogramming	nnetwork televion and that your authorization of use general of BA Basketball: deast live, entertation broadcaph's location (thous, if any, the when your system of a program carrillisted program ons in effect during and the state of the st	ision program (substitute our cable system substitute our cable system substitute so. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refees." Otherwise enter fasting 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	ed for the progress of the progress of the progress of the program. Use cable system. 15 p.m. to 6:24 amming that yet; enter the lett	ramming of ns located in List specific nsed by the ntified). numerals, where the state of the system	another state of the paper of program FCC or, in with the more accurated hould be was required listed pro	nth 'y	
<u> </u>	SUBSTITUT	E PROGRAM	1	1 1	N SUBSTI		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION	

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HOOD CANAL TELEPHONE CO. INC.

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part

J

Part-Time Carriage Log

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

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

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

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

		DATES	S AND HOURS (OF PART-TIME CAR	RIAGE			
CALL SIGN -	WHEN	CARRIAGE OCC		CALL SIGN -	WHEN CARRIAGE OCCURRED			
	DATE	HOU FROM	RS TO		DATE	FROM	OURS	то
		_					_	
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
HC	OD CANAL TELEPHONE CO. INC.	1786	Name							
Ins all a (as pag	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 1,797,344.84									
IMF	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)								
CorCorIf youIf you	TRIGHT ROYALTY FEE Ictions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. Insur system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. Insur system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.		L Copyright Royalty Fee							
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	pe entered on line 1 of								
▶ If p	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be blow.	entered on line 2 in block								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be 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									
	Enter the result here.									
	This is your minimum fee.	\$ 19,123.75	_							
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 colu "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. x No—Leave block 3 below blank and continued the properties of the	mn 4, 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	\$ -								
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00								
	Line 3. Add lines 1 and 2 and enter here	\$ -								
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$ 19,123.75	Cable systems							
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		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	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	\$ 19,848.75	appropriate form for submitting the additional fees.							
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. general instructions located in the paper SA3 form for more information.)	(See page (i) of the	,							

	LEGAL NAME OF OWNER OF	CABLE S	YSTEM:	SYSTEM ID#									
Name	HOOD CANAL TELE	EPHON	E CO. INC.	1786									
	CHANNELS												
8.6	CHANNELS												
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations												
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.												
Chamileis	1. Enter the total number of channels on which the cable												
			adcast stations	22									
	oyotom camea tolome												
	2. Enter the total numb	per of a	etivated channels										
	on which the cable sy	ystem c	arried television broadcast stations	65									
	and nonbroadcast se	ervices .		65									
N	INDIVIDUAL TO BE C	ONTAG	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual										
IN	we can contact about the		· · · · · · · · · · · · · · · · · · ·										
Individual to													
Be Contacted													
for Further	Name Brooke C	Ogg	Telephone	360-898-2760									
Information													
	Address PO Box 2	249											
	(Number, street	et, rural ro	ute, apartment, or suite number)										
	Union, W	/A 98	592-0249										
	(City, town, stat	ite, zip)											
			f. Ol	0054									
	Email P	Accou	nting@hcc.net Fax (optional) 360-898	-3854									
	CERTIFICATION (This s	stateme	nt of account must be certifed and signed in accordance with Copyright Office re	gulations.									
0													
Certifcation	• I, the undersigned, here	eby cert	ify that (Check one, but only one, of the boxes.)										
	(Owner other than c	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or									
	(Agent of owner oth	ner than	corporation or partnership) I am the duly authorized agent of the owner of the cab	le system as identified									
	in line 1 of space	B and	that the owner is not a corporation or partnership; or										
	X (Officer or partner)	l am ar	officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as of	owner of the cable system									
	in line 1 of space		(,,,										
	Lhave average address t		1 of a company to and be controlled above and also are also of local to at all others and a fifteet a control	and break									
			t of account and hereby declare under penalty of law that all statements of fact contait to the best of my knowledge, information, and belief, and are made in good faith.	ned nerein									
	[18 U.S.C., Section 1001												
		Ī											
		Χ	/s/Richard Buechel										
	_	, ,											
			electronic signature on the line above using an "/s/" signature to certify this statement.	in the barrage of the Or									
			John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot										
				, , ,									
	Т	Typed o	r printed name: Richard Buechel										
	-	F:41 = ·	Drooidont										
	I	Fitle:	President (Title of official position held in corporation or partnership)										
			(2										
	5)oto:	August 29, 2019										
	ט	Date:	August 28, 2018										

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name							
HOOD CANAL TELEPHONE CO. INC. 1786								
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."								
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions								
made by satellite carriers to satellite dish owners? X NO								
YES. Enter the total here and list the satellite carrier(s) below								
Name Name Mailing Address Mailing Address								
INTERFOL ACCECOMENTO								
INTEREST ASSESSMENTS You must complete this weeksheet for those revells newments submitted as a result of a late newment as undergownent.								
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.	Q							
	Interest							
Line 1 Enter the amount of late payment or underpayment	Assessment							
x								
Line 2 Multiply line 1 by the interest rate* and enter the sum here								
xdays								
Line 3 Multiply line 2 by the number of days late and enter the sum here								
x 0.00274								
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,								
space L, (page 7)								
* 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								
ID number								

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

ACCOUNTING PERIOD: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs.	

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 of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives

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
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

40,00							
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: 2018/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. 1786					
1						
	SUM OF DSEs OF CATEGORY "O" STATIONS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.					
					0.00	
	Instructions:					
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
	of space G (page 3).					
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."					
of DSEs for	mercial educational station, give	e the DSE as ".2		IO. DOE-		
Category "O"	CALL SIGN	DOE	CATEGORY "O" STATION CALL SIGN		CALL SIGN	DCE
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						

Nome	LEGAL NAME OF O	WNER OF CABLE SYSTEM:					502.0	SYSTEM ID#
Name	HOOD CANA	L TELEPHONE CO.	INC.					1786
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all distar For each station, give the orrespond with the information. For each station, give the Divide the figure in colust least to the third decime For each independent state as ".25." Multiply the figure in colusion. This is the station's	ne number of hours mation given in spa ne total number of mn 2 by the figure nal point. This is th tation, give the "tyl umn 4 by the figur DSE. (For more in	s your cable system of J. Calculate on hours that the star in column 3, and e "basis of carriagoe-value" as "1.0." e in column 5, and formation on rour	m carried the stanly one DSE for the result in ge value" for the 'For each netword give the result in ge value for the 'For each netword give the result inding, see page	ation during the ac each station. wer the air during to decimals in colur station. ork or noncommer in column 6. Rour (viii) of the general	the accounting perimn 4. This figure m reial educational stand to no less than the instructions in the	iod. ust ation, he
Supusity		C.	ATEGORY LA	C STATIONS:	COMPUTAT			
	1. CALL SIGN	2. NUMBEI OF HOU CARRIE SYSTEM	IRS C D BY S M C	IUMBER DF HOURS STATION DN AIR	4. BASIS O CARRIAO VALUE	GE	TYPE VALUE	6. DSE
			÷		= = =		=	
			÷			X	= =	
			÷		=	x	=	
			÷		=		=	
			÷		= =		=	
			÷		=	x	=	
	Add the DSEs of	OF CATEGORY LAC S' f each station. n here and in line 2 of pa		le,	▶		0.00	
Computation of DSEs for Substitute-Basis Stations	• Was carried tions in effer • Broadcast or space I). Column 2: F at your option. Column 3: E Column 4: L	the call sign of each state by your system in substict on October 19, 1976 (and or more live, nonnetwork or each station give the This figure should correstinter the number of days Divide the figure in column his is the station's DSE (tution for a prograr as shown by the le bork programs during number of live, not pond with the infor in the calendar ye n 2 by the figure in For more informat	n that your systen tter "P" in column that optional carr nnetwork program mation in space I ar: 365, except in column 3, and gi ion on rounding, s	n was permitted 7 of space 1); an iage (as shown by as carried in substance a leap year. we the result in case page (viii) of	to delete under Fod y the word "Yes" in stitution for progra column 4. Round to the general instru	CC rules and regulated column 2 of the same that were delet to no less than the tections in the paper	ed
			BSTITUTE-BAS					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBE OF PROGR	OF D	MBER 4. DSE DAYS ŒAR
		÷		=			÷	=
		÷		=			-	=
							÷	=
		÷		=			÷	= =
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. on here and in line 3 of pa		le,			0.00	
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the amo applicable to your system DSEs from part 2 • DSEs from part 3 • DSEs from part 4 •		s in parts 2, 3, and	4 of this schedu	le and add them to	0.00 0.00 0.00	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF C							S'	YSTEM ID#	Name
HOOD CANAL	. TELEPHONE	CO. INC.						1786	Nume
Instructions: 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
If your answer if	"No," complete blo			EL EVIOLON M	ADVETO				Computation of
Is the cable syster	m located wholly o			ELEVISION M.		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	1981?		•					9	
	iplete part 8 of the plete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7			
X No comp	note blooke b and				MITTED DO	\ <u></u>			
Column 1:	List the call signs			part 2, 3, and 4 or			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: Tl	ne 25, 1981. For fonde letter M below r	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	isis on which you o elow pertain to tho irket quota rules [7	se in effect o	n June 24, 198		j tc	
	B Specialty stati C Noncommeric	al educational at attached	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	E Carried pursus *F A station pre	ant to individe viously carrie JHF station w	ual waiver of Fed on a part-ting within grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.	<u>.</u>	0.00	
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter so	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	: 3				. X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	J

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	HOOD CANAL								S	48TEM ID# 1786	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FO A—Part-time spin 76.59(B—Late-night price 76.61(S—Substitute cargeners Column 5: Indicate Column 6: Compare in 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 I e the DSE figure 18, column 3 differentiation you information you	1981, under forme ach distant station in his station for a sin ig period and year rarriage on which the regulations cited by mming: Carriage, c)(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 for the current ures listed in column of part 6 for this state ou give in columns	r FCC rules gover dentifed by the gle accounting in which the car he station was to elew pertain to the ring to 76.61(e). C rules, sections regulations, or form. accounting per ins 2 and 5 and tition. 2, 3, and 4 mus	ver let per ria arr tho asi (1) s 7 aut	entifed by the letter "F" ring part-time and subter "F" in column 2 of priod, occurring between tige and DSE occurred ried by listing one of the ose in effect on June 24 is, of specialty program (b). 76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two one accurate and is subject to the subject of the smaller of the subject of the s	estitute carri part 6 of the n January 1 (e.g., 1981/ e following 4, 1981. nming unde), or 76.63 (er explanation 2, 3, and 4 o figures he	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	981 ne entere	
		PERMITT	ED DSE FOR STA	TIONS CARRI	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
1	1. CALL SIGN	2. PRIO		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT	6. P	ERMITTED DSE	
1				-							
											-
											•••
7 Computation of the	,	"Yes," comple	ete blocks B and C	•	pa	art 8 of the DSE sched	ule.				_
Syndicated			BLOC	K A: MAJOR	TE	ELEVISION MARK	ET				
Exclusivity											
Surcharge	l <u></u>	•		or television mar	ke	t as defned by section 7		rules in effect J	une 24,	1981?	
	Yes—Complete	: blocks B and	1 C .			No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	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				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each si		th its appropriate per part 8.	mitted DSE		Yes—List each st X No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
			-								
		ļ					 				
		 		 			 				
		 	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00	
1	I					İ					

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC.	SYSTEM ID# 1786	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,797,344.84	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	DE	
	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	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	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:	
		HOOD CANAL TELEPHONE CO. INC.	86
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge ▶ \$	<u>.</u> .
_		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part	
8	6 was	checked "Yes," use the total number of DSEs from part 5.	
Computation		ick A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	,	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		s a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
		e area," see page (v) of the general instructions.	
	- Did v	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	<u> </u>		
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
		(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	
		B. Enter 0.00701 of gross receipts	
		(the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	٦.
		Base Rate Fee	
		Εψ	<u> </u>

	IEDULE. PAGE 17.		1 PERIOD: 2018/1
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
HOOI	D CANAL TELEPHONE CO. INC.	1786	- Italiio
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
		_	
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	_	Dase Rate ree
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	Daso Nate 1 ce		
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcated be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	•
Space	G.	-	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a	•	Computation
•	on, you must:	avamage of time	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	o 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	the number of	Syndicated Exclusivity Surcharge
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
Step 1	Didentify 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.	tion you	for Partially Permitted Stations
Step 2	to that community. : For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo : the station's local service area. A subscriber located outside the local service area of a station is distant to that sta		
	ne token, the station is distant to the subscriber.)	mon (and, by	
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compu	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem'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 al bers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i	n parts 2, 3,	
2) any	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 b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calcu	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	nstructions	
Comp 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 for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1786 **HOOD CANAL TELEPHONE CO. INC.** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
							1700	
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUN	IP.	
COMMUNITY/ AREA	7 11 (01	23233 NIBER GROC	0	COMMUNITY/ ARE		SSSSSINSER GROUP	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			_					Base Rate Fe
								and
							····	Syndicated Exclusivity
			+	-				Surcharge
								for
								Partially
			-	.				Distant
		-						Stations
			-			<u> </u>		
			ļ					
			_					
						1	2.22	
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	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	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>		1					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$	0.00	

	BLE SYSTEM: NE CO. INC.				5	YSTEM ID# 1786	Name
BLOCK A	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	H SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
		<u></u>			-		Syndicate
		<u></u>				<u></u>	Exclusivit Surcharge
					-		for
							Partially
							Distant
							Stations
		<u></u>			-	····	
						····	
					-		
					<u> </u>		
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
orodo reddipto r not Group			aroos recorpto coo	ona Group	<u>*</u>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTI	H SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE		CALL SIGN		
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN	DSE		Α		DSE	
CALL SIGN DSE	CALL SIGN			Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group		DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN DSE		DSE	Total DSEs	DSE	CALL SIGN	0 DSE	

						1786	Name
AUAUT	: COMPUTATION C	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
	H SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
							Exclusivity Surcharge
		····					for
							Partially
							Distant
							Stations
		····					
			1				
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	
	H SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u></u>	
			1				
		····		·····			
			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 Fou		\$	0.00	

HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	•
COMMUNITY/ AREA	······································		0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
							<u></u>	Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
		SUBSCRIBER GROU		ii e		I SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
T			0.00				0.00	
Total DSEs	d Group	<u> </u>	0.00	Total DSEs	th Group	<u> </u>	0.00	
Gross Receipts Third	ι σιουμ	\$	0.00	Gross Receipts Four	ui Gioup	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OW HOOD CANAL T						S	YSTEM ID# 1786	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	UP	0
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
				-				Exclusivity Surcharge
								for
								Partially Distant
								Stations
Total DSEs		!	0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	•	\$	0.00	Base Rate Fee Seco		\$	0.00	
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

PHONE CO. INC. 1786	Name
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP	9
O COMMUNITY/ AREA O	3 Computat
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
Ba	Base Rate
	and
	Syndicat Exclusive
	Surcharg
	for
	Partially
	Distant
	Stations
\$ 0.00 Gross Receipts Second Group \$ 0.00	
\$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP	
O COMMUNITY/ AREA O	
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	

	ABLE SYSTEM: ONE CO. INC.				3	YSTEM ID# 1786	Name
BLOCK A	A: COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	H SUBSCRIBER GR	OUP	 		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
					-		Exclusivi
		·····		·····			Surcharg for
				·····			Partially
		••••					Distant
							Stations
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	
TWENTY-SEVENT	H SUBSCRIBER GR	OUP	TWE	NTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ ADE A							
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE	A	CALL SIGN	DSE	
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
CALL SIGN DSE		DSE	Total DSEs	DSE		DSE	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

EPHONE CO. INC. 1786	Name
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
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up \$ 0.00 Gross Receipts Second Group \$ 0.00	
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7-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP	
O COMMUNITY/ AREA O	
DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
oup \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
pup \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-THIRD SUBSCRIBER GROUP NITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	9
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te Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP	
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ceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

ACIOMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMMUNITY/ AREA COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-EIGHTH SUBSCRIBER GROUP COMPUTATION DEC CALL SIGN DSE CALL SIGN DSE Base Rate Fee Base Rate Fee COMPUTATION COMMUNITY/ AREA COMPUTATION DATE COMPUTATION DOE COMPUTATION DATE COMPUTATION TOTAL DSES COMPUTATION
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LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
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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	
FOF	RTY-THIRD	SUBSCRIBER GRO	UP	Ħ		I SUBSCRIBER GROU	JP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$ se fees for each subs	0.00		rth Group			

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA	
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Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
Total DSEs 0.00 Total DSEs 0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

Na	SYSTEM II 178						LEGAL NAME OF OWNE HOOD CANAL TEL
ATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
Q		FIFTIETH			SUBSCRIBER GROU	Y-NINTH	
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0.00 Base Rate Fee Second Group \$ 0.00	\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
BER GROUP FIFTY-SECOND SUBSCRIBER GROUP	SUBSCRIBER GROUP	'-SECOND	FIFT	JP	SUBSCRIBER GROU	TY-FIRST	FIF
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LEGAL NAME OF OWN HOOD CANAL TI						S	YSTEM ID# 1786	Name
[BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
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			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	IFTY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
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DI COLLA	ONE CO. INC.				3	YSTEM ID# 1786	Name
BLOCK A	A: COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ST SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
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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	
SIXTY-THIF	RD SUBSCRIBER GRO	OUP	SIX	(TY-FOURTH	SUBSCRIBER GROU	JP	
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Fotal DSEs		0.00	Total DSEs			0.00	
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Gross Receipts Third Group							
Gross Receipts Third Group						11	

						1786	Name
SIXTY-FIFTH	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
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otal DSEs	-	0.00	Total DSEs		-	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIYTY SEVENTH	SUBSCRIBER GRO	I ID	SI	/TV EIGHTH	I SUBSCRIBER GROU	ID	
SIXTT-SEVENTH	SUBSCRIBER GRO	UF	[] SI/				
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					_	YSTEM ID# 1786	Name
	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
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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	and Group	\$	0.00	
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP EVENTY-THIRD SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP	
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First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
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EVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP	
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0.00 Total DSEs 0.00	
Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
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Total DSEs		_	0.00	Total DSEs			0.00	
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Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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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	
		_						
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Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 1786	S						LEGAL NAME OF OWNE HOOD CANAL TEL	
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL	
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	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	SUBSCRIBER GRO	Y-THIRD	EIGHT	
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
							·····		
						-			
						-			
						-			
	<u> </u>						·····		
						-			
	<u></u>								
	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	

	ABLE SYSTEM: ONE CO. INC.				S	YSTEM ID# 1786	Name
BLOCK /	A: COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCR	RIBER GROUP		
	EIGHTY-FIFTH SUBSCRIBER GROUP EIGHTY-SIXTH SUBSCRIBER GROUP						
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN DSE						of	
							Base Rate F
							and
							Syndicate
				·····			Exclusivit
							Surcharge
			-				for Partially
			1				Distant
		····	•				Stations
		••••					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						1	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY-SEVEN	TH SUBSCRIBER GRO	OUP	ii		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							
			-				
			·				
Fotal DSEs		0.00	Total DSEs			0.00	
				urth Group			
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. 1786								
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	UP	0	
COMMUNITY/ AREA	NITY/ AREA 0			COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE CALL SIGN DSE CALL SIGN DSE					of			
								Base Rate Fee and	
		-						Syndicated	
				-				Exclusivity Surcharge	
								for	
								Partially	
					<u></u>			Distant Stations	
					<u></u>				
		-							
Total DSEs			0.00	Total DSEs		11	0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
	о.оцр				С. Сир				
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
NIN COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	NINET		SUBSCRIBER GROU	UP 0		
COMMONT IT AREA	`			COMMONT IT AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<u></u>				
		-							
		-							
					-				
		-							
					<u></u>				
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00		
S. 300 Propriet Tillio	. J. Jup	· ·		2.000 recorpto recurring	O. Oup		3.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$			

	YSTEM ID# 1786	8				LE SYSTEM: I E CO. INC.		HOOD CANAL TE
		IBER GROUP	H SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (Bl
9		NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA						
Computati	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate Exclusivit	<u></u>		<u></u>		<u> </u>	-		
Surcharg					<u>-</u>			
for						-		
Partially								
Distant			<u></u>		<u> </u>	-	<mark></mark>	
Stations			<u> </u>		.	-		
	····	_	<u>-</u>		·		<u>-</u>	
	<u></u>		<u> </u>					
	0.00	<u> </u>		T	0.00	1		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	ETY-SIXTH	NIN	UP	SUBSCRIBER GRO	TY-FIFTH	NINE
	0	COMMUNITY/ AREA C						COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>		<u> </u>					
			<u></u>		<u>.</u>			
						-		
		_						
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Total DSEs Gross Receipts Third G

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NINETY-SEVENTH SUBSCRIBER GROUP NINETY-SEVENTH SUBSCRIBER GROUP NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate an Syndia Exclusion For Partition Dist Stati
INITY/ AREA O COMMUNITY/ AREA O Computation SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rain Syndic Exclusion For Partic Dist
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ra an Syndic Exclusion Surch fo Parti
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Ra an Syndia Exclusion Surch For Parti Dist
an Syndic Exclusion Surch for the particular of
Syndic Exclusion Syndic Exclusion Surch Surch for Partic Dist
Exclusion Surch for Parti Dist
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0.00 Tatal DCFa
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP
INITY/ AREA
SIGN DSE CALL SIGN DSE CALL SIGN DSE
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.Es
eceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
ate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ED FIRST	SUBSCRIBER GRO	UP			SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0					Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fe
	···			-	·····		<u></u>	and Syndicated
		-		·	·····		····	Exclusivity
				-				Surcharge
								for
								Partially
								Distant
	···			·	····		<u></u>	Stations
	···				••••		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	11		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
			•••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	••••		····	
							<u></u>	
	···				••••		<u></u>	
		_						
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
- 111 . lossipto mila	- ·				очр	<u></u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP								9
COMMUNITY/ AREA			0	. COMMUNITY/ AREA 0				Computatio
CALL SIGN	DSE	CALL SIGN	DSE	DSE CALL SIGN DSE CALL SIGN DSE				of
								Base Rate F
		-						and
								Syndicated Exclusivity
				·				Surcharge
	<u> </u>	-	<u></u>					for
								Partially
	<u>.</u>	-						Distant
								Stations
	·		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO)UP	ONE HUNDI	RED EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>							
								
	·-		···					
		-						
	<u></u>		<u></u>		·····			
	···	-	····	·				
			<mark></mark>					
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	
	ne base rat	te fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: HOOD CANAL TELEPHONE CO. INC. 1786								
ONE HUNDR		COMPUTATION OF SUBSCRIBER GROU	JP	II	RED TENTH	RIBER GROUP I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>				<u></u>			Base Rate Fee
	···				····			and Syndicated
								Exclusivity
								Surcharge
	···				 			for Partially
								Distant
	<u></u>							Stations
	<u></u>							
	···				···			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	
	LEVENTH	SUBSCRIBER GROU		ii .		I SUBSCRIBER GROU	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
								
	···				 			
	<u>.</u>				<u></u>			
Total DSEs	· ·		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
ONE HUNDRED THIS				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
						-		Syndicated
								Exclusivity
						-		Surcharge for
		_						Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
ONE HUNDRED FII COMMUNITY/ AREA	FTEENTH	SUBSCRIBER GROU	JP 0	ONE HUNDRED		SUBSCRIBER GROU	JP 0	
COMMONT IT AREA				COMMONT IT AREA	`			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
						-		
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber aroun	as shown in the hoxes	s above.			
Enter here and in block			5 1			\$		

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u></u>			Base Rate Fee
	<u></u>			-	·····			and Syndicated
	···			·	••••			Exclusivity
								Surcharge
								for
								Partially
								Distant
			······································		····			Stations
	·							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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	
	'F				- · P	<u>·</u>		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE		SUBSCRIBER GRO)UP	 		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fo
								and
	····							Syndicated
								Exclusivity
								Surcharge
		-						for
			<u></u>					Partially Distant
	····	-						Stations
	····		<u></u>					
		-						
			<u></u>					
F-4-1 DOF-			0.00	T-4-1 DOE-		1	0.00	
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 TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	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>					
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	
Sase Rate Fee: Add f			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CAHOOD CANAL TELEPHO					S	YSTEM ID# 1786	Name
BLOCK A	: COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWENTY-FIFT	H SUBSCRIBER GROU	Р	 		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				·····			Base Rate Fe
							Syndicated
	····	···					Exclusivity
							Surcharge
							for
							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	
NE HUNDRED TWENTY-SEVENT	H SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u></u>					
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		····					
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		····					
				·····			
Γotal DSEs		0.00	Total DSEs		Ш	0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
- IIIIIII	· · · · · · · · · · · · · · · · · · ·			2. 	<u>*</u>		
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
e Third Group		0.00	Gross Receipts Fou	rth Group	\$ \$	0.00	

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	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 HUNDRE	ED THIRTIETH	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
	···			·				Exclusivity Surcharge
••••••			<u>-</u>		••••			for
								Partially
								Distant
			<u> </u>					Stations
			<u> </u>					
	···		<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	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 THI	RTY-SECONE	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
			<u> </u>					
			<u></u>	·				
			<u></u>					
			<u> </u>					
	···		<u></u>					
	···		<u></u>					
			<u>-</u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•					-		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

							LEGAL NAME OF OWNE HOOD CANAL TEI
ION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RIBER GROUP	H SUBSCR	ATE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
<u> </u>	H SUBSCRIBER GRO		Ħ)	SUBSCRIBER GROUP	TY-THIRD	
Computati				0			COMMUNITY/ AREA
N DSE CALL SIGN DSE CALL SIGN DSE of	11			DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F and				-		-	
Syndicate		···		·			
Exclusivit		···					
Surcharg							
for							
Partially							
Distant Stations							
······································							
0.00 Total DSEs			Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00 Base Rate Fee Second Group \$ 0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP	H SUBSCRIBER GRO	HIRTY-SIXTH	ONE HUNDRED TH)	SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIS
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
N DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		 		<u> </u>			
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		···					
							
0.00 Total DSEs 0.00			Total DSEs	0.00		<u> </u>	Total DSEs
	\$	h Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third G
0.00 IGross Receipts Fourth Group \$ 0.00	-						_ , , , , , , , ,
0.00 Gross Receipts Fourth Group \$ 0.00			11		i.		

LEGAL NAME OF OWNE HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUI	P	ONE HUNDRED TH	IIRTY-EIGHTH	I SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Of ILL OIGH	DOL	07122 07014	502	OF ILLE CICIT	502	O/ LEE GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
						<u> </u>		Surcharge
								for
						<u> </u>		Partially Distant
			····			 		Stations
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROUI	D	ONE HUNDRE	D FORTIETH	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		I	0.00	Total DSEs		Ш	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	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU	Р	H		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	····							Base Rate Fe
	····	-						Syndicated
	····							Exclusivity
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		ļ						for
		-						Partially
					·····			Distant Stations
								Otations
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	RTY-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	
								
								
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUI	P	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		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 Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
D. D. (E. 5) (6)			0.00	D D (D)			0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED FORTY	7-SEVENTH	SUBSCRIBER GROUI		11		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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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 to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	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 Fe
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.01011	202	07.122 0.0.1	332	07.122 07011	202	07.122.01011	302	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FII	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	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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Total DSEs	-1		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN HOOD CANAL TE						S	YSTEM ID# 1786	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	/-SEVENTH	SUBSCRIBER GROU		TT .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
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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 F	FTY-NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		_			-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN HOOD CANAL TI						S	YSTEM ID# 1786	Name
I				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	DUP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
		te fees for each subspace L (page 7)	scriber group	as shown in the boxe	s above.	\$	0.00	

		NE CO. INC.					1786	
				TE FEES FOR EAC			LID	
COMMUNITY/ ARE		SUBSCRIBER GRO	0	COMMUNITY/ ARE		I SUBSCRIBER GRO	0 0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Γotal DSEs			0.00	Total DSEs	<u>.</u>		0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	OUP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		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	
	d Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Thir		\$	0.00	Gross Receipts Fou		<u>s</u>	0.00	
		\$				\$	•	

CRIBER GROUP 0 Computation LL SIGN DSE of	TENTH	TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		B
O Computation LL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant				SUBSCRIBER GROU	NINTH	
Computation LL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant			U		14114111	ON AN ALLIN LITE // A TOTAL
LL SIGN DSE of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant						OMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant						
Exclusivity Surcharge for Partially Distant					<mark></mark>	
Surcharge for Partially Distant					<u> </u>	
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0.00	and Group	Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
CRIBER GROUP	TWELVTH		JP	SUBSCRIBER GROU	LEVENTH	E
O	·	COMMUNITY/ AREA	0			OMMUNITY/ AREA
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0.00	th Group		_			

Mana	48TEM ID# 1786							LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
<u> </u>		SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	
O Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Base Rate F								
and								
Syndicate		-					<u></u>	
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0	0.00 JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FI COMMUNITY/ AREA
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0	0.00 JP 0	SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FTEENTH	FI COMMUNITY/ AREA
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00 0E	0.00 JP O DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	FI COMMUNITY/ AREA

Name	YSTEM ID# 1786	31				E CO. INC.	EPHON	HOOD CANAL TEI
				TE FEES FOR EACH				
q		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GROU	ITEENTH :	
Q Computa of Base Rate and Syndica Exclusiv Surchar for Partiall Distan	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Sase Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Sase Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	Base Rate Fee First Gr NIN COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	ase Rate Fee First Gi NIN OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group VENTIETH	Base Rate Fee Secon T COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TOUP	CALL SIGN
	0.00 DSE 0.00	SUBSCRIBER GROU	d Group VENTIETH DSE	Total DSEs	0.00 JP	SUBSCRIBER GROUND CALL SIGN	DSE	NIN COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 DSE	\$ SUBSCRIBER GROU	d Group VENTIETH DSE	Base Rate Fee Secon T COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First Gr NIN COMMUNITY/ AREA

HOOD CANAL TEL		LE SYSTEM: I E CO. INC.				S	YSTEM ID# 1786	Name
				TE FEES FOR EACH				
	Y-FIRST	SUBSCRIBER GRO			Y-SECOND	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O/ IEE OFOTT	DOL	OF REE GIGIT	502	O/ IEE OTOTY	202	OF ILL STORY	DOL	Base Rate Fe
								and
		_						Syndicated
								Exclusivity
								Surcharge
								for
		-			<u> </u>		<u></u>	Partially
		-			<u></u>		<u></u>	Distant
		-	<u> </u>		<u></u>		····	Stations
			<u></u>		. 		····	
			-		-			
			<u> </u>					
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO	UP	TWENT	Y-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
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	ļ 	-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
	oup	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	<u>s</u>	0.00	
Total DSEs Gross Receipts Third G	·	\$			·	\$		

Name	YSTEM ID# 1786	S'						HOOD CANAL TE
				TE FEES FOR EACH				
9		SUBSCRIBER GROL	ITY-SIXTH			SUBSCRIBER GROU	ITY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity		<u> </u>						
Surcharge for		-			<u>.</u>		<u></u>	
Partially		-			·		···	
Distant	····				·			
Stations	•••••	-				-		
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		-	ļ		 		<mark></mark>	
			<u> </u>					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
		\$	d C	Base Rate Fee Secon	0.00	\$	roun	Base Rate Fee First G
=	0.00							
=	JP	SUBSCRIBER GROU		TWENT	UP	SUBSCRIBER GROU		TWENTY-
	•							TWENTY-
	JP			TWENT	UP			TWENTY-
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROI	SEVENTH	TWENTY-S
	JP 0 DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROI	DSE	TWENTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.00	SUBSCRIBER GROU	Y-EIGHTH DSE	TWENT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROI	DSE	TWENTY-S

Name	YSTEM ID# 1786	S				E CO. INC.	R OF CABL	HOOD CANAL TEI
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	HIRTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	Y-NINTH	TWENT
Computat								
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and		-	<u>.</u>					
Syndicate								
Exclusivi								
Surcharg		-				-		
for Partially		-						
Distant								
Stations		-						
		-						
	0.00			Total DSEs	0.00			otal DSEs
	_				0.00	_	roun	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	iross Receipts First Gi
	0.00	\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		-oup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	iase Rate Fee First Gr
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	THIR
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	THIR
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	THIR
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	Base Rate Fee First Gr THIR'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	THIR
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST	THIR
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIRT COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN

Name	YSTEM ID# 1786	S'				E CO. INC.		LEGAL NAME OF OWNE HOOD CANAL TEL
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	Y-THIRD	
Q Computat of Base Rate and Syndicate Exclusivi Surcharg for Partially Distant Stations	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
		-						
		-						
		-						
		-						
Stations		-						
		-						
	0.00			Total DSEs	0.00			otal DSEs
l	0.00	-			0.00			
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First Gr
		\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
		\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		-oup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	Base Rate Fee First Gr
	0.00 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	Base Rate Fee First Gr
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR'
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR'
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR'
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR'
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR COMMUNITY/ AREA
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	0.00 0.00	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First Gr THIR'
	0.00 0.00 DSE	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA CALL SIGN
	0.00 0.00 DSE 0.00	SUBSCRIBER GROU	d Group	THI COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GROU	DSE DSE	THIR' COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 0.00 DSE	\$ I SUBSCRIBER GROU	d Group	Base Rate Fee Secon THI COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE DSE	Base Rate Fee First Gr THIR'

	YSTEM ID# 1786					LE SYSTEM: I E CO. INC.		HOOD CANAL TE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		-	<u></u>					
and								
Syndicated							<u>.</u>	
Exclusivity								
Surcharge	<u></u>		<u>.</u>		<u>.</u>		<u>.</u>	
for Partially		-	<u>.</u>					
Distant		-	·				·	
Stations		H	·····		 		<u>-</u>	
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		H	·		<u> </u>	-		
		-				-		
	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	FORTIETH		UP	SUBSCRIBER GRO	TY-NINTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		I CALL CICAL			DOE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	DSE	CALL SIGN	DSE	Total DSEs	0.00			Total DSEs
		\$				\$	Group	Total DSEs Gross Receipts Third G

NI	YSTEM ID# 1786					E CO. INC.	R OF CABL	HOOD CANAL TEI
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROL	TY-FIRST	
Computat of Base Rate and Syndicate Exclusive Surcharg	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
_	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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1	0.00	<u> </u>	<u> </u>	Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	oross Receipts First Gi
	_	\$		Gross Receipts Secon Base Rate Fee Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		-oup	a se Rate Fee First Gr
-	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	Base Rate Fee First Gr
	0.00 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	Base Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	TY-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	TY-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	TY-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	TY-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	TY-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	TY-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group 7-FOURTH	Base Rate Fee Secon FORT	0.00 JP	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gr FORT COMMUNITY/ AREA
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group	FORT' COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	TOUP TY-THIRD DSE	FORT COMMUNITY/ AREA CALL SIGN

6 Name	YSTEM ID# 1786					E CO. INC.		LEGAL NAME OF OWNE HOOD CANAL TE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	RTY-FIFTH	
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								
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Stations								
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	0.00			Total DSEs	0.00			Total DSEs
		\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00							
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	0.00	\$		Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
[=	0.00	\$ SUBSCRIBER GROU	d Group			\$ SUBSCRIBER GROU		
[- -	0.00		d Group					FORTY-S
	0.00		d Group	FORT	JP			FORTY-S
- - - - - -	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
[] =	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
	0.00 JP 0	SUBSCRIBER GROU	d Group Y-EIGHTH	FORT	JP 0	SUBSCRIBER GROU	SEVENTH	FORTY-COMMUNITY/ AREA
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e: Add the	e base rat			as shown in the boxes		\$	0.00	

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Name	YSTEM ID# 1786							HOOD CANAL TE
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	OCK A: (Bl
٥	IP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GRO	SEVENTH	SEVENTY-S
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9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
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LEGAL NAME OF OWNE HOOD CANAL TEL			•			S	YSTEM ID# 1786	Name
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se Rate Fee: Add the		re fees for each subso	riber group	as shown in the boxes	above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM: OOD CANAL TELEPHONE CO. INC. 1786								
				TE FEES FOR EACH				<u> </u>	
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TION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP R GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA OCOMPUTATION ONE CALL SIGN OF BASE CALL SIGN OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP COMMUNITY/ AREA OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP Computation Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 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 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name HOOD CANAL TELEPHONE CO. INC. 1786 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 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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