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						
8/20/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2018/1								
Period	Instructions:								
B Owner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting perion Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	TEKSTAR COMMUNICATIONS, INC.								
				1938	820181				
				1938	2018/1				
	150 2ND ST SW								
	PERHAM, MN 56573								
	·								
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:	<u> </u>							
Cyclem	DBA ARVIG								
	MAILING ADDRESS OF CABLE SYSTEM:								
	(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 fret comp	aunity convod below and rel	iot on nogo	1h				
_		only the list confi	numity served below and rei	ist on page	; ID				
Area Served	with all communities. CITY OR TOWN	STATE							
		MN							
First Community									
	Below is a sample for reporting communities if you report multiple cha		pace G. CH LINE UP	CLID	CDD#				
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP		GRP#				
Sample	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.

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 1938 TEKSTAR COMMUNICATIONS, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated Area 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 fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **PERHAM** MN **First AMOR TWP** MN Α Community **CANDOR TWP** MN Α **DEAD LAKE TWP** MN Α 1 DENT Α 1 MN **EDNA TWP** MN Α See instructions for **GORMAN TWP** MN A additional information on alphabetization. **HOBART TWP** MN Α 1 **MAINE TWP** MN OTTERTAIL TWP 1 MN Α OTTO TWP MN Α Add rows as necessary. **PERHAM TWP** A MN PINE LAKE TWP MN Α **RICHVILLE** MN Α **RUSH LAKE TWP** MN Α STAR LAKE TWP MN **VERGAS** MN **NEWTON TWP** MN Α **NEW YORK MILLS** MN Α **BATTLE LAKE** MN A **CLITHERALL** MN Α **CLITHERALL TWP** MN **EVERTS** MN Α **GIRARD TWP** MN Α **NIDAROS TWP** MN Α 1 **SVERDRUP TWP** MN Α **DORA TWP** Α MN **DEER CREEK** MN Α 1 **HENNING** MN **HENNING TWP** MN Α 1 2 **BLUFFTON** MN Α **BLUFFTON TWP** Α MN 3 **BURLINGTON TWP** MN Α **DETROIT TWP** 3 MN Α **DETROIT LAKES TWP** MN Α 3 3 **LAKEVIEW TWP** MN **LAKE EUNICE TWP** 3 MN **CALLAWAY** MN Α 3 **ERIE TWP** 3 MN Α

RICHWOOD TWP

FOREST TWP

SHELL LAKE TWP

Α

Α

MN

MN

MN

3

3

3

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

SYSTEM ID#
1938

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE			
Residential:						
 Service to first set 	14,521	\$ 44.95				
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel	1,296	\$ 44.95				
Commercial						
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

BLOCK 1						BLOCK 2			
CATEGORY OF SERVICE	F	RATE CATEGORY OF SERVICE			RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential						
Pay cable	\$	19.95	Motel, hotel				PAY CABLE	\$	14.95
 Pay cable—add'l channel 	\$	14.95	Commercial			ĺ	PAY CABLE	\$	13.95
Fire protection		••••••	Pay cable			ĺ	PAY CABLE	\$	7.95
•Burglar protection			Pay cable-add'l channel			ĺ	PAY CABLE	\$	28.95
Installation: Residential			Fire protection			ĺ			
First set	\$	55.00	Burglar protection			ĺ			
Additional set(s)			Other services:			ĺ			
 FM radio (if separate rate) 			Reconnect	\$	55.00	ı			
Converter	ļ		Disconnect			ı			
			Outlet relocation	\$	40.00	ı			
			Move to new address	\$	55.00	İ			•••••
						ı			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TEKSTAR COMMUNICATIONS, INC. 1938 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 A 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) **KXJB** 30 Ν No **VALLEY CITY, ND WDAY** 6 Ν No FARGO, ND See instructions for MINNEAPOLIS, MN additional information wcco Ν 7 Yes 0 on alphabetization. **KVRR** Ν 15 No FARGO, ND **KVLY** 11 Ν No FARGO, ND **KFME** 13 Ε Yes 0 FARGO, ND 10 **KWCM** Ε Yes 0 APPLETON, MN KVLY-3 I-M 11.3 No FARGO, ND I-M WDAY-3 6.3 No FARGO, ND WDAY-2 6.2 No I-M FARGO, ND KVRR-2 15.2 I-M No FARGO, ND KXJB-2 30.2 I-M No VALLEY CITY, ND KXJB-3 30.3 I-M No VALLEY CITY, ND

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TEKSTAR COMMUNICATIONS, INC. 1938 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

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.

		CHANN	EL LINE-UP	В	
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
KXJB	30	N	No		VALLEY CITY, ND
WDAY	6	N	No		FARGO, ND
wcco	7	N	Yes	0	MINNEAPOLIS, MN
KVRR	15	N	No		FARGO, ND
KVLY	11	N	No		FARGO, ND
KFME	13	E	No		FARGO, ND
WDAY-2	6.2	I-M	No		FARGO, ND
KVLY-3	11.3	I-M	No		FARGO, ND
WDAY-3	6.3	I-M	No		FARGO, ND
KVRR-2	15.2	I-M	No		FARGO, ND
KXJB-2	30.2	I-M	No		VALLEY CITY, ND
KXJB-3	30.3	I-M	No		VALLEY CITY, ND
	<u> </u>	†			1

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TEKSTAR COMMUNICATIONS, INC. 1938 PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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.

		CHANN	EL LINE-UP	С	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KSTC	45	I	No		MINNEAPOLIS, MN
KPXM	41	I	No		ST. CLOUD, MN
KSTP	5	N	No		MINNEAPOLIS, MN
wcco	7	N	No		MINNEAPOLIS, MN
KMSP	9	N	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KTCA	2	E	Yes	0	MINNEAPOLIS, MN
WUCW	23	I	No		MINNEAPOLIS, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN

G

Primary

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TEKSTAR COMMUNICATIONS, INC. 1938 PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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.

		CHANN	EL LINE-UP	D	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KSTC	45	ı	No		MINNEAPOLIS, MN
KPXM	41	I	No		ST. CLOUD, MN
KSTP	5	N	No		MINNEAPOLIS, MN
KCCW	12	N	No		WALKER, MN
KMSP	9	N	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KAWE	9	E	No		BEMIDJI, MN
WUCW	23	I	No		MINNEAPOLIS, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	E	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
wcco	7	N	No		MINNEAPOLIS, MN
KMSP	9	N	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KAWE	9	E	Yes	0	BEMIDJI, MN
KSTC	45	I	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
WUCW	23	I	No		MINNEAPOLIS, MN
KPXM	41	I	No		ST. CLOUD, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
KSTC-3	5.3	I-M	No		MINNEAPOLIS, MN
KSTC-4	5.4	I-M	No		MINNEAPOLIS, MN
KSTC-6	5.6	I-M	No		MINNEAPOLIS, MN
KSTP-7	5.7	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN
KSTP	5	N	No		MINNEAPOLIS, MN
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TEKSTAR COMMUNICATIONS, INC. 1938 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 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.

		CHANN	EL LINE-UP		
	1	CHANN	LL LINE-UP	F	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
KSTC	45	I	No		MINNEAPOLIS, MN
KVRR	15	N	Yes	0	FARGO, ND
KSTP	5	N	No		MINNEAPOLIS, MN
wcco	7	N	No		MINNEAPOLIS, MN
KMSP	9	N	No		MINNEAPOLIS, MN
WFTC	29	I	No		MINNEAPOLIS, MN
KARE	11	N	No		MINNEAPOLIS, MN
KAWE	9	E	No		BEMIDJI, MN
WUCW	23	I	No		MINNEAPOLIS, MN
WCCO-2	4.2	I-M	No		MINNEAPOLIS, MN
KARE-2	11.2	I-M	No		MINNEAPOLIS, MN
WUCW-2	23.2	I-M	No		MINNEAPOLIS, MN
KARE-4	11.4	I-M	No		MINNEAPOLIS, MN

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	NER OF CARLE SY	STEM:			SYSTEM ID#	:				
	TEKSTAR COMMUNICATIONS, INC. SYSTEM ID# 1938									
PRIMARY TRANSMITT	ERS: TELEVISIO)N								
carried by your cable s	system during the	ne accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G				
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (sis, as explaine	4), or 76.63 (r d in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a substitute program	Primary Transmitters Television				
basis under specifc F0 Do not list the station	CC rules, regulant here in space	itions, or auth G—but do lis	orizations:		ent and Program Log)—if the	Television				
basis. For further in	and also in spa nformation cond	ice I, if the sta			tute basis and also on some other f the general instructions located					
each multicast stream	ch station's call associated with	n a station ac	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example					
WETA-simulcast). Column 2: Give the	e channel numb	per the FCC h	nas assigned to	the television stati	ion for broadcasting over-the-air in					
on which your cable sy Column 3: Indicate	ystem carried the in each case w	ne station. whether the st	tation is a netwo	ork station, an inde	may be different from the channel ependent station, or a noncommercial					
(for independent multi- For the meaning of the	cast), "E" (for no	oncommercia page (v) of the	l educational), c e general instru	or "E-M" (for nonco	ast), "I" (for independent), "I-M" ommercial educational multicast). ne paper SA3 form. es". If not, enter "No". For an ex-					
olanation of local servi Column 5: If you h	ice area, see pa ave entered "Yo	age (v) of the es" in column	general instruct 4, you must cor	ions located in the mplete column 5, s	e paper SA3 form. stating the basis on which your					
carried the distant stat For the retransmiss	tion on a part-tir sion of a distant	me basis beca multicast stre	ause of lack of a eam that is not s	activated channel of subject to a royalty	payment because it is the subject					
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the primar	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 (Note: If you are utilizir		. ,		•	which the station is identifed.					
			EL LINE-UP	<u> </u>						
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION					
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	U. ECCATION OF STATION					
KBJR	6.1	N	No		DULUTH, MN					
KQDS	21	N	No		DULUTH, MN					
WDSE	8	Е	Yes	О	DULUTH, MN					
WDIO	10	N	No		DULUTH, MN					
KBJR-2	6.2	N	No		DULUTH, MN					
KBJR-3	6.3	I-M	No		DULUTH, MN					
wcco	7	N	Yes	0	MINNEAPOLIS, MN	_				
						- -				
						_				
					ļ					
					ļ					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1938 TEKSTAR COMMUNICATIONS, INC. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **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 TEKSTAR COMMUNIC							SYSTEM ID# 1938	Name				
SUBSTITUTE CARRIAGI			AT AND PROGRAM I OG	<u> </u>			1930					
								1				
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further	Substitute				
1. SPECIAL STATEMEN						•		Carriage: Special				
	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station? Ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
log in block 2.			ge blank. If your answer is	"Yes," you mu	ust complet	te the progra	m	Program Log				
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please a of every nor distant statis gulations, o ation. Do no Lucy" or "NE m was broad sign of the s adcast static addian static and and day we "5/7." es when the Example: a er "R" if the and regulatio orgramming	m on a separa attach addition nnetwork televion and that your r authorization t use general of the station broadca to a station broadca a station broadca to a station broadca a station broa	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". No." m. station is lice station is iden program. Use cable system. 15 p.m. to 6:2 amming that yell; enter the let stunder FCC residual instruction.	during the ramming on slocated List specification in the second s	accounting of another sta in the paper fic program e FCC or, in with the mon mes accurate should be n was require e listed pro egulations in	tion nth ely					
		E PROGRAM		CARR	IAGE OCC		7. REASON FOR					
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	DELETION					
						_						
						_						
						_						
						_						
					_	_						
						_						

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

TEKSTAR COMMUNICATIONS, INC.

SYSTEM ID#
1938

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m."

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
TE	KSTAR COMMUNICATIONS, INC.		1938	Name					
Install a all a (as pag	ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's sectidentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission	on service unt, see 3,443,276.56	K Gross Receipts					
• Cor • Cor • If you fee • If you acc	PYRIGHT ROYALTY FEE ructions: Use the blocks in this space L to determine the royalty fee you owe: complete block 1, showing your minimum fee. complete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule eccompanying this form and attach the schedule to your statement of account. part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should ${\tt k}$ 3 below.	e entered on line	1 of						
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 i	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.	\$	36,636.46						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per X Yes—Complete the DSE schedule. No—Leave block 3 below blank and of the second of the s	mn 4, you must ch	neck						
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	\$	13,633.88						
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		3,823.60						
	Line 3. Add lines 1 and 2 and enter here	\$	17,457.48						
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	\$	36,636.46	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		0.00	submitting additional deposits under					
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact					
	Line 4. FILING FEE	\$	725.00	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	\$	37,361.46	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	е						

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	TEKSTAR COMMUNICATIONS, INC.	1938
<u> </u>	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable	37
	system carried television broadcast stations	
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	306
	and nonbroadcast services	300
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual	
Individual to	we can contact about this statement of account.)	
Be Contacted		
for Further	Name MARY DUNN Telephone 218.346	5.8271
Information		
	Address 150 ND ST SW	
	(Number, street, rural route, apartment, or suite number)	
	PERHAM, MN 56573	
	(City, town, state, zip)	
	Email mary.dunn@arvig.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.	
0	SELVIN IOVITOR (This statement of association and signed in association with soppling it office regulations.	
Certifcation	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a in line 1 of space B and that the owner is not a corporation or partnership; or	s identified
	in line 1 of space B and that the owner is not a corporation of partnership, of	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B.	cable system
	in line i di space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	/s/ David R. Arvig	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.	
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box	
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatib	ility settings.
	Typed or printed name: David R. Arvig	
	Title: Vice President/COO	
	(Title of official position held in corporation or partnership)	
	Date: August 15, 2018	
		J

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: TEKSTAR COMMUNICATIONS, INC. 1938	Namo
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	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-
** 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

		40,0000			
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	SE 11. (CONTINUED)					
4	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S'	YSTEM ID#
Т	TEKSTAR COMMUNICA	ATIONS, INC.				1938
	SUM OF DSEs OF CATEGO	•	NS:			
	Add the DSEs of each statio					
	Enter the sum here and in line	e 1 of part 5 of thi	s schedule.		1.75	<u> </u>
2	Instructions:					
2	In the column headed "Call	Sign": list the ca	all signs of all distant station	ns identified by	the letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSE	": for each indep	endent station, give the DS	SE as "1.0": for	each network or noncom-	
of DSEs for	mercial educational station, gi	ve the DSE as ""	25."	o_ uo ,		
Category "O"			CATEGORY "O" STATIC	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KFME	0.250	KWCM	0.250	WCCO	0.250
	KTCA	0.250	KAWE	0.250	KVRR	0.250
	WDSE	0.250				
				····		
				••••	- 	
Add rows as				••••		
necessary.				••••		
Remember to copy				····		
all formula into new		······································		····		
rows.				····		
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Name		WNER OF CABLE SYSTEM:	NC					SY	STEM ID#
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: 6 Column 1: List Column 2: figure should c Column 3: Column 4: be carried out a Column 5: give the type-v Column 6:	t the call sign of all dista For each station, give to orrespond with the infort For each station, give to Divide the figure in colu at least to the third decir For each independent salue as ".25." Multiply the figure in colu oint. This is the station's	ant stations identified the number of hours mation given in space the total number of humn 2 by the figure is mal point. This is the station, give the "typelumn 4 by the figure is DSE. (For more information).	your cable system ce J. Calculate or ours that the stat in column 3, and g "basis of carriag e-value" as "1.0." in column 5, and ormation on roun	m carried the sta nly one DSE for ion broadcast or give the result in e value" for the For each netwo	ation during the a each station. ver the air during decimals in colu- station. ork or noncomme in column 6. Rou (viii) of the gener	the accountium 4. This find the deducation of the total education all instruction	ring period. igure must fonal station, station	1938
				=	=	x		=	
			÷			x x		=	
	Add the DSEs o	OF CATEGORY LAC S f each station. n here and in line 2 of pa		э,			0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effections in effections in effections and effective space I). Column 2: Fat your option. The Column 3: Ecolumn 4: Descriptions and effective spaces.	the call sign of each state by your system in substated on October 19, 1976 (he or more live, nonnetwore each station give the this figure should correstinter the number of days divide the figure in columnis is the station's DSE	itution for a program as shown by the lett ork programs during number of live, non spond with the informs in the calendar yearn 2 by the figure in	that your system or "P" in column that optional carrinetwork program nation in space I. Ir: 365, except in column 3, and give	n was permitted 7 of space I); an iage (as shown by s carried in subs a leap year. we the result in c	to delete under F d y the word "Yes" in stitution for progr	FCC rules an a column 2 of ams that wer to no less that	re deleted	n).
		SU	BSTITUTE-BAS	IS STATION:	S: COMPUTA	ATION OF DS	SEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBE OF PROGE		3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷	=	=
		÷					÷		=
		÷		=			÷	=	=
		÷		=			÷	=	= <mark></mark>
	Add the DSEs o	OF SUBSTITUTE-BASI	IS STATIONS:	9,			0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		in parts 2, 3, and	4 of this schedul	e and add them t	1 0	1.75 0.00 0.00	
	TOTAL NUMBER	R OF DSEs					<u> </u>		1.75

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

LEGAL NAME OF C							S'	YSTEM ID#	Name
TEKSTAR CO	MMUNICATIO	NS, INC.						1938	ramo
Instructions: Block A:	ck A must be com	pleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	art 6 and part	7 of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			EL EL MOLONI MA	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?		•					94.44.6	
-	plete part 8 of the plete blocks B and		OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
No—comp	DIELE DIOCKS D'AITG								
Column 1:	Liet the cell circus			IAGE OF PERI			to no 11100 no maritto	d to	
Column 1: CALL SIGN	under FCC rules	and regulations Body B	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 of ne 25, 1981. For fune letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	iles and regu ed pursuant t	lations cited be to the FCC ma	usis on which you on the pertain to the pertain to the pertain to the pertain to the pertain the perta	ose in effect or 76.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	j tc	
	C Noncommeric	al educational d station (76.6 or DSE sched	al station [76.5 65) (see parag lule).	9(c), 76.61(d), 76. graph regarding su	63(a) referring	to 76.61(d)			
	•	JHF station w	rithin grade-B	ne or substitute ba contour, [76.59(d)(eam.	•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KFME WDSE	C	0.25 0.25							
WDSL		0.23							
								0.50	
		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	d DSEs fror	n block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TEKSTAR COMMUNICATIONS, INC. 1938 **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	TEKSTAR COM								S	48TEM ID# 1938
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the F0 A—Part-time spin 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eat the DSE for the DSE for the basis of CCC rules and ecialty progra (d)(1),76.61(e rogramming: ((e)(3)). arriage under all instructions the station's Ie the DSE figures B, column 3 of information you	1981, under forme ach distant station this station for a sing period and year arriage on which the regulations cited by mming: Carriage, c)(1), or 76.63 (refe: Carriage under FCC certain FCC rules, in the paper SA3 to SE for the current ures listed in column of part 6 for this state un give in columns	er FCC rules govidentifed by the gle accounting in which the can be station was color a part-time be rring to 76.61(e) C rules, section regulations, or form. t accounting permiss 2 and 5 and attion. 2, 3, and 4 musting the gleen recommendation.	ver let pe rria carri asi)(1 s 7 au lis	entifed by the letter "F" rning part-time and subtter "F" in column 2 of priod, occurring between and DSE occurred ried by listing one of the base in effect on June 24 is, of specialty program (a). 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 su	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming under care explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ene 30, 19 ections vi) of the should be	e enterei
		PERMITT	ED DSE FOR STA	TIONS CARRI	ED	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE
					••••					
					••••					
7 Computation of the	,	"Yes," comple	ete blocks B and C	,	· pa	art 8 of the DSE sched	ule.			
Syndicated			BLOC	K A: MAJOR	ΤI	ELEVISION MARK	ET			
Exclusivity										
Surcharge	Is any portion of the contractions	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	i
	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
			-							
			-							
				<u> </u>						
				2.22			<u> </u>			
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TEKSTAR COMMUNICATIONS, INC.	SYSTEM ID# 1938	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	3,443,276.56	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
		0.00	Exclusivity Surcharge
	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 defned 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

TEKSTAR COMMUNICATIONS, INC. 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. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. 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. 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. Instructions: In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	
A Enter 0.00300 of gross receipts (the amount in section 1)	Name
You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions. BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	Computation of the Syndicated Exclusivity
	Computation of
Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1 Enter the amount of gross receipts from space K (page 7)	
If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee. \$ 0.00	

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 1938	Name
IEKS	TAR COMMUNICATIONS, INC.	1930	
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1) **State Comparison of C		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here	_	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.	•	9
In Gen	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 of
	on, you must:		Base Rate Fee and
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	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.	ant 7 year maret	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
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lothe station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
Step 3 subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups		tem's subscriber	
	section:		
• Give	fy the communities/areas represented by each subscriber group. he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• lf:	avetom is located wholly outside all major and amallar talevision markets, since each station's DOT as well as the	n norte 2 2	
and 4 of 2) any	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i 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.		
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group. Iate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in	nstructions	
in the	paper SA3 form.		
page.	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 (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

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

LEGAL NAME OF OWN						S	YSTEM ID#	Name
TEKSTAR COMM	UNICATION	ONS, INC.					1938	Name
В	BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCRI	BER GROUP		-
	FIRST	SUBSCRIBER GROU	JP		SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Sub Gr	oup #1/Otter Tail	Cty Cen	COMMUNITY/ ARE	A Sub Gro	up #2/Otter Tail	Cty East	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KFME	0.25			KWCM	0.25			Base Rate Fee
KWCM	0.25		1	KFME	0.25			and
•••••			1					Syndicated
••••••	···		'		•••••			Exclusivity
			 	-			·····	Surcharge
	···		†	-			····	for
	···		†	-			····	Partially
	···		†	-			····	Distant
	·····		1	-	·····		·····	Stations
	·····		1	-	·····		·····	Ottations
	···		'					
	<u></u>	-	' 					
	<u></u>	-	'					
	 		' 					
	 		 					
							6	
Total DSEs			0.50	Total DSEs			0.50	
Gross Receipts First G	Group	\$ 1,211	,711.40	Gross Receipts Sec	cond Group	\$	15,693.81	
•	·				·			
Base Rate Fee First G	Group	\$ 6	,446.30	Base Rate Fee Sec	cond Group	\$	83.49	
	THIRD	SUBSCRIBER GROU	ID		FOLIRTH	SUBSCRIBER GRO	IID	
COMMUNITY/ AREA	Sub Gr	oup #3/Becker Co	Junty	COMMUNITY/ ARE	A Sub Gro	up #4/Clay Cour	ity	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCCO	0.25							
KWCM	0.25							
Total DSEs			0.50	Total DSEs			0.00	
	One	. 4040			untle O		•	
Gross Receipts Third (oup	3 1,049	,592.32	Gross Receipts For	ırın Group	\$ 1	07,696.71	
Base Rate Fee Third (Group	\$ 5	,583.83	Base Rate Fee Fou	ırth Group	\$	0.00	
	F	<u> </u>	,			ı.		
				••				
Base Rate Fee: Add th	he hase rat	e fees for each subso	riber arous	as shown in the hove	s above			
Enter here and in block			inci group	as shown in the boxe	J abuve.	\$	13,633.88	
	.,	(13)					-,	

LEGAL NAME OF OWNE						S	YSTEM ID# 1938	Name
В		COMPUTATION OF		TE FEES FOR EA		BER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		oup #5/Norman		COMMUNITY/ ARE		up #6/Mahnomer		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
wcco	0.25			KWCM	0.25			Base Rate Fee
				WCCO	0.25			and
								Syndicated
								Exclusivity
								Surcharge
								for
	<mark></mark>							Partially
	<u>. </u>							Distant
	<mark></mark>		<mark></mark>					Stations
	···							
	<u>-</u>		<mark></mark>				<u></u>	
	••••••••••••							
	<u>-</u>		. 		·····		····-	
	··		<u></u>					
Total DSEs	<u> </u>		0.25	Total DSEs	<u> </u>		0.50	
Gross Receipts First G	roun	s 12	2,272.55	Gross Receipts Se	cond Group	s 1	62,288.51	
oross recorpts i not e	лоир		.,272.00	Cross receipts ce	ona Group		02,200.01	
Base Rate Fee First G	iroup	\$	32.64	Base Rate Fee See	cond Group	\$	863.37	
		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA	Sub Gr	oup #7/Becker C	ounty/O:	COMMUNITY/ ARE	A Sub Gro	up #8/Todd Cour	nty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KWCM	0.25			KTCA	0.25			
KFME	0.25							
						-		
	<u></u>		<mark></mark>					
			<mark></mark>					
	··		. 					
	<u></u>		. 					
	•		······································					
	···		······································			-		
						-		
Total DSEs			0.50	Total DSEs			0.25	
Gross Receipts Third (Group	\$ 44	,299.15	Gross Receipts For	urth Group	<u>\$</u> 1	17,889.54	
Base Rate Fee Third (Group	\$	235.67	Base Rate Fee Foo	urth Group	\$	313.59	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the box	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1938	Name
В		COMPUTATION O		TE FEES FOR EA		BER GROUP SUBSCRIBER GROU	IP	
COMMUNITY/ AREA		oup #9/Cass-Hu		COMMUNITY/ ARE		up #10/Wadena (9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KAWE	0.25			Base Rate Fee
								and
								Syndicated
	<u></u>		<u> </u>					Exclusivity Surcharge
	···							for
	···		<u></u>					Partially
								Distant
								Stations
	<mark></mark>		<u></u>					
	···		. 					
Total DSEs		<u> </u>	0.00	Total DSEs		<u> </u>	0.25	
Gross Receipts First G	Group	s 456	5,007.61	Gross Receipts Se	cond Group	\$	9,970.30	
, , , , , , , , , , , , , , , , , , ,	, , , ,							
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	cond Group	\$	26.52	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	Sub Gr	oup #11/Hubbar	d Cty - Pa	COMMUNITY/ ARE	A Sub Gro	up #12/Itasca Co	unty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WDSE	0.25			
			<mark></mark>					
	··							
	<mark></mark>							
	<mark> </mark>		<u></u>					
	<u></u>		<u></u>				<u></u>	
	<u>-</u>					•	<u> </u>	
			······			•		
Total DSEs	•		0.00	Total DSEs			0.25	
Gross Receipts Third (Group	\$ 237	,636.94	Gross Receipts For	urth Group	\$	18,217.72	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foo	urth Group	\$	48.46	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the box	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 1938	Name
BI				TE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA		oup #1/Otter Tail	Cty Cen	COMMUNITY/ AREA				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
		-						
							<u></u>	
							<u></u>	
							<u></u>	
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 1,211,	711.40	Gross Receipts Secon	d Group	\$	15,693.81	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Sub Gr	oup #3/Becker Co	unty	COMMUNITY/ AREA	Sub Gro	up #4/Clay Coun	ty	
041.004	DOE	I 0411 01011	DOE		DOE	T 0411 01041		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WCCO	0.25		<u></u>	
		H				 		
	··						<u></u>	
	·	-					····	
		L						
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third C	Group	\$ 1,049,	592.32	Gross Receipts Fourth	Group	\$ 10	07,696.71	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	1,009.66	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$	3,823.60	

LEGAL NAME OF OWNE			•			Sì	STEM ID# 1938	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA		oup #5/Norman C	ounty	COMMUNITY/ AREA			-Norman	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		_						and
						_		Syndicated
								Exclusivity
								Surcharge
								for
		-						Partially
			 				<u> </u>	Distant
							<u></u>	Stations
	<u></u>				ļ		 	
	<u></u>		l		ļ		<mark></mark>	
							<u></u>	
	·							
	·							
Total DSEs			0.00	Total DSEs	<u> </u>	<u> </u>	0.00	
Gross Receipts First G	roup	\$ 12,	272.55	Gross Receipts Second	d Group	\$ 16	62,288.51	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
,	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Sub Gr	oup #7/Becker Co	ounty/O	COMMUNITY/ AREA	Sub Gro	oup #8/Todd Coun	ty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCCO	0.25	O/ LE CICIV	DOL	O/ ILL OIGIV	DOL	ONEE OIOIN	DOL	
							···	
					ļ			
		-					<u></u>	
					ļ		<mark></mark>	
							<mark></mark>	
Total DSEs			0.25	Total DSEs	I		0.00	
Gross Receipts Third (Group	s 44	299.15	Gross Receipts Fourth	Group	s 11	7,889.54	
Croos recoupts mild (J. 04P	- ++,		Cross recorpts rould	Oroup	<u> </u>	. ,000.04	
Base Rate Fee Third C	Group	\$	415.30	Base Rate Fee Fourth	Group	\$	0.00	
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes a	ibove.	\$		

LEGAL NAME OF OWNE			•			Sì	STEM ID# 1938	Name
В				TE FEES FOR EACH				
		SUBSCRIBER GROU			TENTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA		oup #9/Cass-Hub	bard Co	COMMUNITY/ AREA			ounty SE	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						_		Syndicated
								Exclusivity
		-			ļ			Surcharge
								for
								Partially
								Distant
		_						Stations
	<u></u>		l		ļ		<u></u>	
	·						<u> </u>	
	·		l		ļ		<u> </u>	
Total DSEs	_	I I	0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$ 456,	007.61	Gross Receipts Secon	d Group	\$	9,970.30	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GROU	JP		TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Sub Gr	oup #11/Hubbard	Cty - Pa	COMMUNITY/ AREA	Sub Gro	oup #12/Itasca Cou	ınty	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KVRR	0.25	OF ILL CICIT	DOL	WCCO	0.25	OF ILLE STOTE	BOL	
							<u> </u>	
		_				_		
					ļ		<u> </u>	
							<u></u>	
							<u> </u>	
					ļ			
					ļ		<mark></mark>	
							<u> </u>	
Total DSEs			0.25	Total DSEs	<u>l</u>		0.25	
Gross Receipts Third (Group	\$ 237.	636.94	Gross Receipts Fourth	Group	s 1	8,217.72	
	: F				· - =- F		, ::- <u>-</u>	
Base Rate Fee Third (Group	\$ 2,	227.85	Base Rate Fee Fourth	Group	\$	170.79	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

ACCOUNTING PERIOD: 2018/1

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TEKSTAR COMMUNICATIONS, INC. 1938 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

C	Ca Wo	ble rksheet	Total amount of remittance	Num	ber of SAs rec'd	I	nitials
			Date of remittance	Check	☐ EFT	FIL	ING FEES
Cable ID#						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation	n number		
Space A Accounting Period							
	Ja	nuary 1 - June 30, 2017		July 1 - Decei	mber 31, 2017		
	Le	etter sent		Information r	eceived		
	Ac	ocepted		Phone call/Da	ite/Contact		
Space B Owner							
	Le	tter sent		Information r	eceived		<u>. </u>
	Ac	ccepted		Phone call/Da	ite/Contact		
Space D Area Served							
	Le	tter sent		Information r	eceived		
	Ac	ccepted	[Phone call/Da	ite/Contact		
Space E Secondary Transission							
Service Subscribers:	_ Le	tter sent		Information r	eceived		
and Rates	☐ Ac	cepted		Phone call/Da	ite/Contact		
Space G Primary Transmitters:							
Television	Le	tter sent]_	Information r	eceived		
	☐ Ac	ocepted		Phone call/Da	nte/Contact		
Space H Primary Transmitters:							
Radio	Ac	ccepted]	Phone call/Da	nte/Contact		

Space I Substitute

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