THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011SA3

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT	FOR COPYRIGHT	Return to: Library of Congress <i>Copyright Office</i>	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division
Cable Systems (Long Form) General instructions are at the end of this form [pages i-viii].	8/1/2018	\$ ALLOCATION NUMBER	101 Independence Ave. SE <i>Washington, DC 20557-6400</i> (202) 707-8150 For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting Period		January 1 - June 30, 2018					
B Owner	inco rate	tructions: Your file has been established under the information given bel orrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner i e title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the busi <i>If there were different owners during the accounting period, only the own</i> <i>ingle statement of account and royalty fee payment covering the entire ac</i> Check here if this is the system's first filing. If not, enter the system's	s a subsidiary of and ness of the cable sy <i>ner on the last day c</i> ccounting period.	other corporation, give the stem. <i>f the accounting period si</i>	e full corpo		
	LE	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		Cumberland Cellular, Inc.					
		Duo County Telecom					
				02	27285	20181	
				(027285	2018/1	
		P.O. Box 80					
		Jamestown, KY 42629					
С		STRUCTIONS: In line 1, give any business or trade names used to					
U	nai	mes already appear in space B. In line 2, give the mailing address	of the system, if d	ifferent from the addres	ss given ii	n space B	
System	1 IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM:					
	2						
	2	(Number, street, rural route, apartment, or suite number)					
		(City, town, state, zip code)					
D	Ins	tructions: For complete space D instructions, see page 1b. Identi	ify only the frst cor	nmunity served below a	and relist	on page 1b	
Area	wit	h all communities.					
Served		CITY OR TOWN	STATE				
First		Russell Springs	KY				
Community	E	Below is a sample for reporting communities if you report multiple of	hannel line-ups in	Space G.			
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#	
0			MD	Α		1	
Sample	Ald					_	
Sample	Alli	iance ring	MD MD	B		2	

Form SA3c Rev: 04/2011

Г

.

ORM SA3. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Cumberland Cellular, Inc.			027285	Name
Instructions: List each separate community served by the cable system. A "commu in FCC rules: "a separate and distinct community or municipal entity (including uninc areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The of system identifcation hereafter known as the "first community." Please use it as the	orporated communi frst community that	ties within unincorp t you list will serve	orated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobile l below the identified city or town.	-	-	ntheses	
If all communities receive the same complement of television broadcast stations (i.e. all communities with the channel line-up "A" in the appropriate column below or leav on a partially distant or partially permitted basis in the DSE Schedule, associate eac designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-com channel line-up designated by an alpha-letter(s) (based on your Space G reporting) (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	e the column blank. h relevant communit munity basis, associand a subscriber gro	If you report any st y with a subscriber iate each commun	ations · group, ity with a	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Russell Springs	KY	Α	1	First
Adair County	KY	В	2	Community
Columbia	KY	В	2	
Cumberland County	KY	С	3	
Jamestown	KY	Α	1	
Russell County	KY	A	1	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									EM ID		
Name	Cumberland Cellular, Ir	nc.							02	2728		
	SECONDARY TRANSMISSION											
Е	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission	on of television	and ra	dio broadcasts	s by your s	ystem to subscr	ibers. Give	information				
Secondary	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).											
Transmission							ble eveter	hrakan				
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•										
Rates	each category by counting the n											
	separately for the particular serv		0	0,0			0	, enalged				
	Rate: Give the standard rate of	0						•				
	unit in which it is generally billed					ard rate variatior	ns within a	particular rate				
	category, but do not include disc Block 1: In the left-hand block					condary transmi	eeion eorvi	ce that cable				
	systems most commonly provide	•		•								
	that applies to your system. Not											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca						nder "Servi	ce to the				
	first set" and would be counted of Block 2: If your cable system						- different	from those				
	printed in block 1 (for example, 1	0										
	with the number of subscribers a											
	sufficient.	0.014.4	0									
	BLO	OCK 1 NO. OF					BLOC	K 2 NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	F	RATE		
	Residential:											
	Service to first set		3,976	\$ 27.95	Standar	d Cable		3,803	\$	77.		
	 Service to additional set(s) 	••••••			Digital			1,719	\$	15.		
	• FM radio (if separate rate)				HDTV Premuim			41	\$	4.		
	Motel, hotel	••••••										
	Commercial	••••••	271	\$ 92.09								
	Converter	••••••										
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC											
F	In General: Space F calls for ra not covered in space E, that is, t											
•	service for a single fee. There a											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the rate column.											
ransmissions:		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										
Rates												
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.											
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SEF	RVICE	RATE	CATEGO	DRY OF SERVICE	F	RATE		
	Continuing Services:	TOTIL		ation: Non-res		TUTE	0/11200					
	• Pay cable	\$ 27.95	• Mo	otel, hotel			HBO Un	limited	\$	20.		
	• Pay cable—add'l channel			mmercial			Cinemax Package		\$	17.		
	Fire protection		• Pa	y cable				e Unlimited	\$	17.		
	•Burglar protection	••••••		y cable-add'l c	hannel		Starz Su	per Package	\$	17.		
	Installation: Residential			e protection			HBO & C		\$	29.		
	• First set	\$ 35.00	• Bu	rglar protectior	ı		Cinemax	& Showtime	\$	26.		
	• FIISt Set			services:				howtime	\$			
	Additional set(s)	\$ 15.00	•							29.		
		\$ 15.00		connect		\$ 15.00	HBO/Cin	emax/Showtime	\$	29. 39.		
	 Additional set(s) 	\$ 15.00	•Re			\$ 15.00			\$ \$	39.		
	Additional set(s)FM radio (if separate rate)	\$ 15.00	• Re • Dis	connect			HBO/Cin All 4 Sup					
	Additional set(s)FM radio (if separate rate)	\$ 15.00	• Re • Dis • Ou	connect sconnect	ress					39.		

LEGAL NAME OF OW	NER OF CABLE SY	STEM:			SYSTEM ID#	Name					
Cumberland C	ellular, Inc.				027285	Name					
PRIMARY TRANSMITT	ERS: TELEVISIO	N									
					is and low power television stations)	G					
				. ,	ed only on a part-time basis under tain network programs [sections	G					
						Primary					
	nd (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 ogram basis, as explained in the next paragraph. e Basis Stations: With respect to any distant stations carried by your cable system on a substitute program specific FCC rules, regulations, or authorizations:										
			t it in space I (th	e Special Staten	nent and Program Log)—if the						
 station was carried List the station here, 			ation was carrie	d both on a subst	titute basis and also on some other						
					of the general instructions. es such as HBO, ESPN, etc. Identify						
		•			ation. For example, report multi-						
	A-2". Simulcast	streams must	t be reported in	column 1 (list ead	ch stream separately; for example						
WETA-simulcast). Column 2: Give th	ne channel num	ber the FCC h	has assigned to	the television sta	tion for broadcasting over-the-air in						
			annel 4 in Wash	ington, D.C. This	s may be different from the channel						
on which your cable s Column 3: Indicate			tation is a netwo	ork station, an ind	lependent station, or a noncommercial						
					cast), "I" (for independent), "I-M"						
(for independent mult For the meaning of th	<i>,,</i> (<i>,</i> ,	· ·	commercial educational multicast).						
Column 4: If the s	tation is outside	the local serv	vice area, (i.e. "	distant"), enter "Y	′es". If not, enter "No". For an ex-						
planation of local serv Column 5: If you h					stating the basis on which your						
cable system carried	the distant station	on during the	accounting peri	od. Indicate by er	ntering "LAC" if your cable system						
carried the distant sta For the retransmis					capacity. ty payment because it is the subject						
of a written agreemen	nt entered into o	n or before Ju	une 30, 2009, be	etween a cable sy	stem or an association representing						
					ary transmitter, enter the designa- other basis, enter "O." For a further						
explanation of these t	hree categories	, see page (v)) of the general	instructions.							
					ty 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.											
			•		h channel line-up.						
1. CALL	 T	CHANN	EL LINE-UP	A Russell							
1. CALL SIGN	2. B'CAST CHANNEL		•		h channel line-up. 6. LOCATION OF STATION						
	2. B'CAST	CHANN 3. TYPE	EL LINE-UP 4. DISTANT?	5. BASIS OF							
	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	A Russell 5. BASIS OF CARRIAGE							
SIGN	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION						
SIGN WBKO-DT	2. B'CAST CHANNEL NUMBER 13	CHANN 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY						
SIGN WBKO-DT WBKO-HD	2. B'CAST CHANNEL NUMBER 13 13.1	CHANN 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31	CHANN 3. TYPE OF STATION N N-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31 31.1	CHANN 3. TYPE OF STATION N N-M I I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.2 31.3	CHANN 3. TYPE OF STATION N-M I I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge	2. B'CAST CHANNEL NUMBER 13 13.1 31 31.1 31.2	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M E E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.1 53.3	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO2	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M E-M E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO-KY WKSO2 WKSO-HD WKYT-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1	CHANN 3. TYPE OF STATION N-M I-M I-M I-M E-M E-M E-M N I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY						
SIGN WBKO-DT WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-HD WKYT-CW	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2	CHANN 3. TYPE OF STATION N-M I-M I-M E-M E-M E-M E-M N I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-T WKSO-KY WKSO2 WKS	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.1 53.3 53.2 36 36.1 36.2 18	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N I-M I-M I-M E-M N I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) O	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY Lexington, KY Bowling Green, KY						
SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-T WKSO-KY WKSO-KY WKSO-HD WKYT-DT WKYT-DT WKYT-HD WKYT-CW WKYU-DT WLEX-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 18 39	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N I-M I-M I-M N I-M N I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY						
SIGN WBKO-DT WDKY-DT WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYU-DT WLEX-DT WLEX-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1	CHANN 3. TYPE OF STATION N-M I-M I-M E-M E-M E-M N I-M I-M I-M I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-HD WKYT-DT WKYT-CW WKYU-DT WLEX-DT WLEX-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M E-M N I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYU-DT WLEX-HD WLEX-2 WLEX-2HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2 39.3	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M E-M N I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYU-DT WLEX-DT WLEX-2 WLEX-2HD WLEX-2HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2 39.3 26	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N I-M N	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYU-DT WLEX-DT WLEX-HD WLEX-2 WLEX-2HD WLKY-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2 39.3 26 26.1	CHANN 3. TYPE OF STATION N I I-M I-M I-M E-M E-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY Louisville, KY						
SIGN WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYU-DT WLEX-DT WLEX-2 WLEX-2HD WLEX-2HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2 39.3 26	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M I-M N I-M N I-M N	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY						
SIGN WBKO-DT WDKY-DT WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO-KY WKSO-HD WKYT-DT WKSO-HD WKYT-DT WKYT-DT WKYT-DT WLEX-DT WLEX-DT WLEX-DT WLEX-2 WLEX-2HD WLEX-2HD WLKY-HD WLKY-HD WTVQ-DT WTVQ-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2 39.3 26 26.1 40 40.1 40.2	CHANN 3. TYPE OF STATION N I I-M I-M E-M E-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY						
SIGN WBKO-DT WDKY-DT WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO-KY WKSO-HD WKYT-DT WKSO-HD WKYT-DT WKYT-DT WKYT-DT WLEX-DT WLEX-DT WLEX-DT WLEX-2 WLEX-2HD WLEX-2HD WLKY-HD WLKY-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53 53.1 53.3 53.1 53.3 53.2 36 36.1 36.2 18 39 39.1 39.2 39.3 26 26.1 40 40.1	CHANN 3. TYPE OF STATION N I I-M I-M I-M E-M E-M E-M E-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes No No No No No No No No No No	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY						

Name

G

Primary

Transmitters:

Television

FORM	SA3	PAGE 3.

PRIMARY TRANSMITTERS: TELEVISION	021203
Cumberland Cellular, Inc.	027285
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#

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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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

WFTA-simulcast)

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions

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	B Adair		
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
WAVE-DT	47	N	No		Louisville, KY
WAVE-HD	47.1	N-M	No		Louisville, KY
WAVE-Grit	47.2	N-M	No		Louisville, KY
WBKO-DT	13	N	Yes	0	Bowling Green, KY
WBKO-HD	13.1	N-M	Yes	Е	Bowling Green, KY
WDRB-DT	49	Ι	No		Louisville, KY
WDRB-HD	49.1	I-M	No		Louisville, KY
WDRB-ANT	49.2	I-M	No		Louisville, KY
WHAS-DT	11	N	No		Louisville, KY
WHAS-HD	11.1	N-M	No		Louisville, KY
WKSO-DT	53	Е	No		Bowling Green, KY
WKSO-KY	53.1	E-M	No		Bowling Green, KY
WKSO2	53.3	E-M	No		Bowling Green, KY
WKSO-HD	53.2	E-M	No		Bowling Green, KY
WKYT-DT	36	N	Yes	0	Lexington, KY
WKYT-HD	36.1	N-M	Yes	Е	Lexington, KY
WKYU-DT	18	Е	Yes	0	Bowling Green, KY
WLKY-DT	26	N	No		Louisville, KY
WLKY-HD	26.2	I-M	No		Louisville, KY
WLKY-32	26.1	I-M	No		Louisville, KY
WMYO-HD	51.1	I-M	No		Salem, IN
WMYO-MyNet	51.2	I-M	No		Salem, IN
WMYO-DT	51	I	No		Salem, IN

Name

G

Primary

Transmitters:

Television

FORM	SA3	PAGE 3.

PRIMARY TRANSMITTERS: TELEVISION	021203
Cumberland Cellular, Inc.	027285
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#

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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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

WFTA-simulcast)

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air ir 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 noncommercia 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

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex planation of local service area, see page (v) of the general instructions

Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which you 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 subjec 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 designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions

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 C Cumberland								
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			
WBKO-DT	13	N	Yes	0	Bowling Green, KY			
WBKO-HD	13.1	N-M	Yes	E	Bowling Green, KY			
WHAS-DT	11	N	Yes	0	Louisville, KY			
WHAS-HD	11.1	N-M	Yes	Е	Lexington, KY			
WKSO-DT	53	Е	No		Bowling Green, KY			
WKSO-KY	53.1	E-M	No		Bowling Green, KY			
WKSO2	53.3	E-M	No		Bowling Green, KY			
WKSO-HD	53.2	E-M	No		Bowling Green, KY			
WKYT-DT	36	N	Yes	0	Lexington, KY			
WKYT-HD	36.1	N-M	Yes	Е	Lexington, KY			
WKYU-DT	18	Е	Yes	0	Bowling Green, KY			
WLEX-DT	39	N	No		Lexington, KY			
WLEX-HD	39.1	N-M	No		Lexington, KY			
WLKY-DT	26	N	Yes	0	Louisville, KY			
WLKY-HD	26.1	I-M	Yes	Е	Louisville, KY			
WLKY-32	26.2	I-M	Yes	0	Louisville, KY			
WMYO-MyNet	51.1	I-M	Yes	0	Salem, IN			
WMYO-HD	51.2	I-M	Yes	E	Salem, IN			
WMYO-DT	51	I	Yes	0	Salem, IN			
WZTV-DT	15	I	No		Nashville, TN			
WZTV-HD	15.1	I-M	No		Nashville, TN			
WZTV-2	15.2	I-M	No		Nashville, TN			
WZTV-3	15.3	I-M	No		Nashville, TN			

Name	LEGAL NAME OF C			M:					SYSTEM ID# 027285			
H Primary Transmitters: Radio	 PRIMARY TRANSMITTERS: RADIO 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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. 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	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
1			5/0			CALL SIGN		5/D	LOCATION OF STATION			
	WAIN WAVE	FM		93.9	-							
	WAVE	FM FM		92.7 104.9								
					┥╽							
					11							
					┤╎							
					┥╽							
					┥╽							
					1							
					┤╎							
					11				1			

FORM SA3. PAGE 5.

ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Cumberland Cellular, Inc.027285										
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
In General: In space I, identi substitute basis during the ac explanation of the programm	fy <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	<i>tion program</i> broadcast by a cific present and former FC	a distant statio C rules, regula	ations, or authorizations. F		Substitute			
1. SPECIAL STATEMENT							Carriage: Special			
broadcast by a distant stat	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
log in block 2.			je blank. If your answer is '	Yes," you mu	ist complete the program	1	Program Log			
 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the call sign of the station broadcasting the substitute program. Column 4: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system and regulations in effect on October 19, 1976. 										
s	UBSTITUT	E PROGRAM			EN SUBSTITUTE IAGE OCCURRED	7. REASON				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				

FORM SA3. PAGE 6.

Name	LEGAL NAME OF C								SYSTEM ID# 027285
J Part-Time Carriage Log	time carriage du hours your syste Column 1 (C column 5 of spa Column 2 (D curred during th • Give the month "4/10." • State the starti television statior "app." Example:	s space ties in w le to lack of active em carried that s all sign): Give t ce G. ates and hours e accounting pen and day when ng and ending t n's broadcast da "12:30 a.m 3:	the carriage occurre imes of carriage to thay, you may give an a	ity, you are req hore space, ple distant station ach station, list d. Use numera he nearest qual approximate en	uired ase a whos the c ls, w rter h	I to complete this attach additional p se basis of carriag dates and hours w ith the month first hour. In any case hour, followed by	log giving the to bages. ge you identified when part-time of the tample: for A where carriage of the abbreviation	otal dates and I by "LAC" in carriage oc- April 10 give ran to the end of th or	ie
			DATES	AND HOURS	OF F	PART-TIME CAR	RIAGE		
		WHEN	N CARRIAGE OCCU	RRED			WHEN	N CARRIAGE OCC	URRED
	CALL SIGN		HOUF	RS		CALL SIGN		HOU	JRS
		DATE	FROM	TO			DATE	FROM	TO
					-				
									_
								_	_
					_				
			<u> </u>		-				-
					-				
					-				
			_						-
								-	
					_				
					-				-
					-				-
					-				
					-				
			_						_
			_					-	-
									_
								-	-
					-				-
					-				-
					-				-
					-				-
					-				
					-				

FORM	SA3. PAGE 7.								
LEGA	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name				
Cur	mberland Cellular, Inc.			027285	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.									
			le						
 Instruction Com Com If yo fee for the second secon	 COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. 								
	art 8 or part 9, block A, of the DSE schedule was comp k 3 below.	pleted, the base rate fee should be e	entered on line 1	of					
3 be	art 6 of the DSE schedule was completed, the amount elow. art 7 or part 9, block B, of the DSE schedule was com								
	block 4 below.	Sieled, the suicharge amount should		line					
Block 1	MINIMUM FEE: All cable systems with semiannual g least the minimum fee, regardless of whether they ca system's gross receipts for the accounting period.								
	Line 1. Enter the amount of gross receipts from space Line 2. Multiply the amount in line 1 by 0.01064	e K	\$	997,879.70					
	Enter the result here. This is your minimum fee.		\$	10,617.44					
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your space G. If, in space G, you identifed any stations as "Yes" in this block. Did your cable system carry any distant television s Yes—Complete the DSE schedule. 	"distant" by stating "Yes" in column	4, you must che	eck					
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee fin 4, or part 9, block A of the DSE schedule. If		\$	9,186.23					
3	Line 2. 3.75 Fee: Enter the total fee from line 7, blo schedule. If none, enter zero	ck C, part 6 of the DSE		0.00					
	Line 3. Add lines 1 and 2 and enter here		\$	9,186.23					
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM F from block 1 or the sum of the base rate fee whichever is larger		\$	10,617.44	Cable systems				
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGI (block D, section 3 or 4) or part 9 (block B) or zero.	•		0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from (Interest Worksheet)	n line 4, space Q, page 9		0.00	Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE:		\$	725.00	Division for the appropriate				
	TOTAL ROYALTY FEE. Add Lines 1, 2,3 and 4 of bl	ock 4 and enter total here	\$	11,342.44	form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> page general instructions for more information.)	ayable to Register of Copyrights. (Se	ee page (i) of the	e	auuuonai 1865.				

ACCO	UNTING	PERIOD:	2018/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID 02728
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcat to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	36
	and nonbroadcast services	. 172
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name Daryl Hammond Telephone	₂ 270-343-1111
	Address P. O. Box 80 (Number, street, rural route, apartment, or suite number) Jamestown, KY 42629 (City, town, state, zip) Email (optional) dhammond@duotel.com Fax (optional)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce re as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of s (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed a in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact cor 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)] Handwritten signature: /s/Daryl L. Hammond Typed or printed name: Daryl Hammond Title: Secretary/Treasurer (Title of official position held in corporation or partnership) 	pace B; or cable system as identifiec as owner of the cable system ntained herein
	Date:	

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 this 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 Office's public indexes and in search reports prepared for the public. The effects 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 filing, a determination that would be made by a court of law.

FORM	S & 3	PAGE9.
	SAJ.	FAGL9.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Cumberland Cellular, Inc. 027285	Name
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. 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?	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
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.	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 - x	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, frst 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 effects 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.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

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 SA3 (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 G of your Form SA3, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3 (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 anc "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 anc 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 SA3 (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, noncommercial 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.

DSE SCHEDULE. PAGE 11.

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.

Identify the communities/areas represented by each subscriber group.
 For each subscriber group, calculate the total number of DSEs of

that group's complement of stations.

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

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

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

 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

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

		Distant Stations Carried		Identification	of Subscriber	Groups			
In most cases under curre	nt FCC	STATION	DSE	CITY	OUTSIDE L	OCAL	GRO	SS RECEIPTS	
rules, all of Fairvale would	be within	A (independent)	1.0		SERVICE A	REA OF	FROM S	UBSCRIBERS	
the local service area of both	n stations	B (independent)	1.0	Santa Rosa Stations A, B, C, D , E				\$310,000.00	
A and C and all of Rapid City		C (part-time)	0.083	Rapid City	Stations A a	nd C		100,000.00	
dega Bay would be within t	ne local	D (part-time)	0.139	Bodega Bay	Stations A a	nd C	70,000.00		
service areas of stations B, I	D, and E.	E (network)	<u>0.25</u>	Fairvale	Stations B, I	,	120,000.00		
_		TOTAL DSEs	2.472		TOTAL GRO	DSS RECEIPTS		\$600,000.00	
/	``	Minimum Fee Total Gross	s Receipts		\$600,000.00				
Santa Rosa Stations A					x .01064				
35 mile z	one				\$6,384.00				
N	1	First Subscriber Group		Second Subse			Third Subscriber Group		
· · · ·	-	(Santa Rosa)		(Rapid City and	d Bodega Bay)		(Fairvale)		
	Fairvale								
		Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00	
Rapid City		DSEs	2.472	DSEs		1.083	DSEs	1.389	
		Base rate fee		Base rate fee		\$1,907.71	Base rate fee	\$1,604.03	
Bodega		\$310,000 x .01064 x 1.0 =		\$170,000 x .010		1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
Bay		\$310,000 x .00701 x 1.472 =	,			\$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	
Stations B, D, and E 35 mile zone		Total Base Rate Fee: \$6 In this example, the cable	e 7)						
4	LEGAL NA	ME OF OWNER OF CABLE S	YSTEM:				SY	STEM ID#	
1	Cumbe	rland Cellular, Inc.						027285	
Computation	of space In the co	ons: lumn headed "Call Sigi G (page 3). lumn headed "DSE": fo ducational station, give t	or each independ	dent station, giv		,			
Category "O"				CATEGORY	"O" STATION	IS: DSEs			
Stations		CALL SIGN	DSE	CALL	SIGN	DSE	CALL SIGN	DSE	
	WMYO	-MyNet	1.00	WLKY-DT		0.25			
	WBKO	-DT	0.25	WMYO-DT		1.00			
WHAS		DT	0.25	WKYU-DT		0.25			
	WKYT-	DT	0.25	WLKY-32		1.00			
	 Add the 	F DSEs OF CATEGORY "O" STATIONS: ne DSEs of each station. ne sum here and in line 1 of part 5 of this schedule.					4.25		

	LEGAL NAME (OF OWNER OF CABLE SYS	STEM:					DSE SCHEDU	YSTEM
Name	Cumberla	nd Cellular, Inc.						-	0272
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Colum figure shou Colum be carried Colum give the typ Colum	ns: CAPACITY List the call sign of a n 2: For each station, ild correspond with the n 3: For each station, n 4: Divide the figure out at least to the third n 5: For each indeper be-value as ".25." n 6: Multiply the figure ial point. This is the st	give the num e information give the tota in column 2 d decimal poindent station e in column 4	nber of hours your ca a given in space J. Ca al number of hours th by the figure in colun int. This is the "basis , give the "type-value 4 by the figure in colu	ble system can alculate only or at the station b in 3, and give t of carriage val " as "1.0." For mn 5, and give	rried the stati ne DSE for ea roadcast ove he result in d ue" for the sta each network	on during the ch station. r the air durin ecimals in co ation. or noncomm column 6. Rc	g the accounting p lumn 4. This figure nercial educational	period. e must station,
Capacity		(CATEGOR	Y LAC STATION	IS: COMPU	TATION C	F DSEs		
	1. CALL SIGN	CAR	iber Hours Ried by Tem	3. NUMBER OF HOURS STATION ON AIR	4. BASIS (CARRIA VALUE		5. TYPE VALUE	6. DS	SE
			÷		=			=	
			+ +		=	x		=	
			÷		=	x		=	
			÷			x		=	
			÷			x		=	
			÷		=	x		=	
of DSEs for Substitute- asis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carrie at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap Column 4: Divide the figure in column 2 by the figure in column 3, and give the I decimal point. This is the station's DSE (For more information on rounding, see page						umn 4. Round	d to no less than ti	
			•	E-BASIS STATI		• • •	0		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUME OF DA IN YEA	BER 4. DSE	1. CALL SIGN	2. NUN OF		3. NUMBER OF DAYS IN YEAR	4. DS
		÷		=			-		=
		÷		=			÷		-
		÷		=			+		=
		÷		=			÷		=
	Add the DSE	÷ Es OF SUBSTITUTE Es of each station. • sum here and in line	E-BASIS STA				÷ 0.00		=
5		IBER OF DSEs: Give the SEs applicable to your		from the boxes in part	s 2, 3, and 4 of	this schedule	and add them	to provide the tota	
otal Number	1. Numbe	er of DSEs from part 2	۱			<u>►</u>		4.25	
of DSEs	2. Numbe	er of DSEs from part 3	I			<u> </u>		0.00	
	3. Numbe	er of DSEs from part 4	l			<u>ه</u>		0.00	
		IBER OF DSEs					►		4.

DSE SCHEDULE. PAGE 13.

LEGAL NAME OF C		SYSTEM:					S	YSTEM ID# 027285	Name
Instructions: Blog	ck A must be com	pleted							
In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule. • If your answer if "No," complete blocks B and C below.									6
			BLOCK A: T	ELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?	schedule-		iller markets as def				gulations in	5.75122
		BLO	CK B: CARR		NITTED DS	Es			
Column 1: CALL SIGN	under FCC rules instructions for th	and regulati ne DSE Sche	ons prior to Jur dule. (Note: Th	part 2, 3, and 4 of ne 25, 1981. For fu ne letter M below re Act of 2010.)	irther explana	tion of permit	ted stations, see t	he	
Satellite Television Extension and Localism Act of 2010.) Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. PERMITTED CARRIAGE A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 198' G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the l) parts 2, 3, and 4 d etter "F" in column			worksheet 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	
WBKO-DT	D	0.25	WLKY-32	М	1.00				
WHAS-DT	D	0.25	WMYO-My	М	1.00				
WKYT-DT	D	0.25							
WKYU-DT	С	0.25							
WLKY-DT	D	0.25							
WMYO-DT	D	1.00							
								4.25	
		E	BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule .					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ove					
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedul		rate.			
Line 4: Enter gro	ess receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	93						carriage? If yes, see part 9 instructions.
Line 7: Multiply l	ine 6 by line 5 aı	nd enter he	re and on line	2, block 3, space	e L (page 7)			0.00	

										DULE. PAGE 14.	
Nama	LEGAL NAME OF OWN	NER OF CABLE SYST	EM:						S	YSTEM ID#	
Name	Cumberland Ce	ellular, Inc.								027285	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	ating Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule SE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters e and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections										
	4.041				DO						
	1. CALL	2. PRIOR				4. BASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	PI	ERIOD		CARRIAGE	[DSE		DSE	
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity											
Surcharge	 Is any portion of the c 	cable system within a	top 100 majo	or television mar		-		rules in effect J	une 24, 1	1981?	
	Yes—Complete	blocks B and C .				X No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHF/Grac	e B Contour	Stations		BLOCK	C: Compu	itation of Exem	pt DSEs	6	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places a gra			nit	as any station listed ty served by the cab former FCC rule 76.	le system p				
	Yes—List each s X No—Enter zero a	tation below with its a and proceed to part 8.	propriate per	mitted DSE		Yes—List each sta X No—Enter zero ar			ate permi	tted DSE	
	CALL SIGN	DSE C	ALL SIGN	DSE	г	CALL SIGN	DSE	CALL SIG	N I	DSE	
	CALL SIGN		ALL OIGIN	DOE		CALL SIGN	DOE	GALL SIG		032	
		 									
		└────┤ ───		0.00				TOTAL		0.00	
		T	OTAL DSEs	0.00				TOTAL DS	∍⊏S	0.00	

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID# 027285	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	997,879.70	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
	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	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	E	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)	_	
	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		
0. "	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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		

DSE SCHEDULE. PAGE 16	ò.
SYSTEM ID	ŧ

Name		ME OF OWNER OF CABLE SYSTEM: SYSTEM II Cumberland Cellular, Inc. 02728							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.							
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1)							
Syndicated Exclusivity	cated B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge	ge C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)							
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here							
		F. Multiply line D by line E and enter here							
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)							
		Syndicated Exclusivity Surcharge							
8 Computation of Base Rate Fee	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. wck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers								
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.							
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS							
	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period?								
	X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Section								
	1	Enter the amount of gross receipts from space K (page 7)							
	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)								
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)							
		C. Subtract 1.000 from total DSEs (the figure in section 2) 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							

DSE SCHEDULE. PAGE 17.

LEGAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
Cumb	perland Cellular, Inc. 027285	Name				
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.					
4		0				
-	A. Enter 0.01064 of gross receipts	8				
	(the amount in section 1)►\$					
	B. Enter 0.00701 of gross receipts	Computation				
	(the amount in section 1) S	of				
	C. Multiply line B by 3.000 and enter here	Base Rate Fee				
	$\mathbf{\nabla}$					
	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 broadcast signals stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-	0				
	Space G.	9				
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of	Computation				
	s nom subscribers located within the station's local service area, nom your system's total gross receipts. To take advantage of slusion, you must:	of Base Rate Fee				
Firet: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and				
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Syndicated Exclusivity				
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Surcharge				
-	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	for Dortiolly				
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below.	Partially Distant				
Howev	er, if your cable system is wholly located outside all major television markets, complete block A only.	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 station you to that community.	Stations				
	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located					
outside	the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by					
	ne token, the station is distant to the subscriber.)					
-	: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable					
	will have only one subscriber group when the distant stations it carried have local service areas that coincide.					
-	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's					
	ber groups.					
	i section: fv the communities/areas represented by each subscriber group					
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the 						
subscri	bers in the group.					
• lf:						
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, of this schedule; or,					
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule. 						
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.					
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions.					
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding						
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.						

DSE SCHEDULE. PAGE 18.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name		027285
	Cumberland Cellular, Inc.	021200
	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.	

FORM SA3. PA	AGE 19.
--------------	---------

LEGAL NAME OF OWNE		LE SYSTEM:				S	O27285	Name
BL	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EA	CH SUBSCR	IBER GROUP		
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	Jamest	own, Russell Sp	orings	COMMUNITY/ ARE	A Columb	ia, Adair County		9
Russell County								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WBKO-DT	0.25			WBKO-DT	0.25			Base Rate Fe
WKYU-DT	0.25			WKYT-DT	0.25			and
WLKY-DT	0.25			WKYU-DT	0.25			Syndicated
								Exclusivity
						_		Surcharge
						-		for
						-	·····	Partially
		-				-	·····	Distant
								Stations
							·····	
			···					
			<mark></mark>	-				
			···					
Total DSEs			0.75	Total DSEs			0.75	
Gross Receipts First G	roup	\$ 568	3,791.43	Gross Receipts Second Group \$ 379,194.29		379,194.29		
Base Rate Fee First G	•	\$ 4	1,538.96	Base Rate Fee Sec		\$ SUBSCRIBER GRO	3,025.97	
COMMUNITY/ AREA	Cumbe	rland County		COMMUNITY/ ARE			0	
CALL SIGN WMYO-MyNet	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WBKO-DT	1.00 0.25							
WHAS-DT	0.25							
WKYT-DT	0.25							
WLKY-DT	0.25							
WKYU-DT	0.25							
WMYO-DT	1.00							
WLKY-32	1.00							
][
Total DSEs			4.25	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$ 49</u>	9,893.98	Gross Receipts For	urth Group	\$	0.00	
Base Rate Fee Third G	Group	\$ 1	,621.30	Base Rate Fee For	urth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the box	es above.	\$	9,186.23	

FORM SA3. PAGE 19.

LEGAL NAME OF OWNE Cumberland Cellu		LE SYSTEM:				S	YSTEM ID# 027285	Name
BI				TE FEES FOR EACH				
	FIRST SUBSCRIBER GROUP					SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA Jamestown, Russell Springs			COMMUNITY/ AREA Col		oia, Adair County		-	
Russell County								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 568	,791.43	Gross Receipts Secon	id Group	\$ 3	79,194.29	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA Cumberland County				COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u> </u>		Į		<u> </u>	11		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$ 49</u>	,893.98	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	te fees for each subsc	criber aroun	as shown in the boxes a	above.			
Enter here and in block			U - P			\$	0.00	

		FORM SA3. PAGE 20.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Humo	Cumberland Cellular, Inc.	027285					
9 Computation of Base Rate Fee and Syndicated	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.	he station is not exempt in Part 7, you must also compute a set any portion of your cable system is located in as defined Second 50 major television market cial VHF Grade B contour stations listed in block A, part 9 of					
Exclusivity Surcharge for Partially Distant Stations	 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show 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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7						