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						
8/24/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting	2018/1								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a 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								
	TCT WEST, Inc. And Tri County Telephone Associa	ation, Inc.							
C System	1601 S. Park Dr Cody, Wy 82414 INSTRUCTIONS: In line 1, give any business or trade names used to it names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM: TCT MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number)								
	(Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.								
Served	CITY OR TOWN	STATE							
First	Basin	WY							
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
p	Alliance	MD	В	2					
	Gering	MD	В	3					

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

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2018/1					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
TCT WEST, Inc. And Tri County Telephone Association, Inc.			61722						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	e parks should be	e reported in pare	ntheses						
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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Basin	WY			First					
Hyattville	WY			Community					
Ten Sleep	WY								
Lovell	WY								
Burlington	WY								
Greybull	WY			See instructions for					
Shell	WY			additional information					
Meeteetse	WY			on alphabetization.					
Frannie	WY								
Byron	WY								
Deaver	WY								
Powell	WY			Add rows as necessary.					
Cody	WY								
Colstrip	MT								
Forsyth	MT								
Hardin	MT								
TIGI GIT									

1	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

TCT WEST, Inc. And Tri County Telephone Association, Inc.

SYSTEM ID#

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLC	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	3,100	\$ 26.20			
Service to additional set(s) FM radio (if separate rate)					
Motel, hotel					
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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CA	ATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable		Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		Pay cable				
•Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
First set		Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		Move to new address				
				•		

FURINI SAJE. PAGE 3.						-1
TCT WEST, Inc			ephone Asso	ociation, Inc.	SYSTEM ID# 61722	Namo
			•	,		
TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 PRIMARY TRANSMITTERS: TELEVISION						
	Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is licensed by the which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AA		_
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	
KHMT	4	n	no		Billings, MT	
KSVI	6	n	no		Billings, MT	See instructions for
KCWC	4	е	yes	0	Billings, MT	additional information on alphabetization.
KULR	8	n	no		Lander, WY	on alphabetization.
KCWY	13	n	yes	0	Casper, WY	<u></u>
KTVQ	2	n	no		Billings, MT	

FORM SA3E. PAGE 3.					Account	11NG / LINOD. 2010/1		
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	61722	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
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 ilcensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.								
		CHANN	EL LINE-UP	AB				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
	• • • • • • • • • • • • • • • • • • • •							
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						- 		

FORM SA3E. PAGE 3.	ORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER	OF CABLE SY	STEM:			SYS	STEM ID#	Name
TCT WEST, Inc.	And Tri C	ounty Tele	phone Asso	ociation, Inc.		61722	
PRIMARY TRANSMITTERS	S: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4)), 67.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multic							
the cable system and a p tion "E" (exempt). For sim explanation of these three Column 6 : Give the lo FCC. For Mexican or Car	rimary transi nulcasts, also e categories, ocation of each nadian station	mitter or an as o enter "E". If y see page (v) ch station. Fo ns, if any, give	ssociation repre you carried the of the general r U.S. stations, e the name of the	senting the primar channel on any ot instructions locate list the community ne community with	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed b which the station is identifed.	r	
Note: If you are utilizing r	multiple chan	• •	•		channel line-up.		
		CHANN	EL LINE-UP	AC			
	B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	(If Distant)			
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FORM SA3E. PAGE 3.					Accoun	41114G 1 ENIOD. 2010/1	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID	# Name	
TCT WEST, Inc.	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	6172	2 Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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), 76.616(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for i							
Note: If you are utilizing		. ,		•	which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.				Account	NG / LINIOD: 2010/ 1				
LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID#	Name				
TCT WEST, Inc. Ar	nd Tri County Te	lephone Asso	ociation, Inc.	61722	Name				
PRIMARY TRANSMITTERS: T	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									
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cast stream as "WETA-2". Si WETA-simulcast). Column 2: Give the chan	imulcast streams must nnel number the FCC r example, WRC is C	st be reported in has assigned to	column 1 (list each	tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel					
Column 3: Indicate in ear educational station, by enter (for independent multicast), For the meaning of these ter	ich case whether the ring the letter "N" (for "E" (for noncommerci rms, see page (v) of t	network), "N-M" (al educational), c ne general instru	for network multic or "E-M" (for nonco ctions located in th						
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 Canad Note: If you are utilizing mul	. ,. ,		•	which the station is identifed.					
Trotor in you are daining man	<u> </u>	NEL LINE-UP	•	onalino into ap.					
SIGN CH	CAST 3. TYPE HANNEL OF JMBER STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					

FORM SA3E. PAGE 3.					•		
LEGAL NAME OF OWNER OF CA				SYSTEM ID#	Namo		
TCT WEST, Inc. And	Tri County Tele	phone Asso	ociation, Inc.	61722			
PRIMARY TRANSMITTERS: TELI	EVISION						
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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast),							
	CHANNI	EL LINE-UP	ΔF		-		
1. CALL 2. B'CAS SIGN CHAN NUME	NNEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEMI	D# Name	
TCT WEST, Inc.	And Tri C	ounty Tele	ephone Asso	ociation, Inc.	617	22 Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute 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 tis 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 or thering the letter "N" (for network), "N-M" (for network multicast). "F" (for independent), "I-M" (for independent multicast), "E" (for noncommercial							
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AG			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.	10 1 EMOD. 2010/1							
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name							
TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722	Nume							
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:								
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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 designa-								
tion "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 AH								
1. CALL 2. B'CAST CHANNEL OF NUMBER STATION 2. B'CAST (Yes or No) CARRIAGE (If Distant) 6. LOCATION OF STATION								
NOMBER OTHER (II DISTAIL)								

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Rimary Transmitters: TELEVISION General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 5.59(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 bisbitute 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 sais under specific FCC rules, regulations, or authorizations: On roll ist the station here, and also in space I, if the station was carried only on a substitute basis. Ist the station here, and also in space I old list it in space I (the Special Statement and Program Log)—if the station was carried only on a 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 sch multicast stream associated with a station according to its over-the-air designation. For example, report multi-statist stream associated with a station according to its over-the-air designation. For example, report multi-statist stream associated with a station according to its over-the-air designation. For example, report multi-statist stream associated with a station in column 1 (its each stream separately, for example ETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in which your cable system carried the station. Column 4: If the station is outside the local service area, (i.e. (i.e. or neownix), "I' (for independent," I-M" or independent multicast). "C for noncommercial educational multicast). To fire station of the station and				nhono Acc	ociation Inc	SY		Name
General: In space G, identify every television station (including translator stations and low power television stations) arried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 3.59(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 bushitute 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 sais under specific FCC rules, regulations, or authorizations: On roll ist the station here, and also in space (I the station was carried by station was carried only on a substitute basis. Ist the station here, and also in space (I with the station was carried by on 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 sch multicast stream associated with a station according to its over-the-air designation. For example, report multisst stream associated with a station according to its over-the-air designation. For example, report multisst stream as WETA-2". Simulacist the station is under the station of broadcasting over-the-air in examinating of its over-the-air designation. For example, report multisst stream are with the station of the station. The community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel in 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 ducational station, by entering the letter 'N' (for network), 'N-M' (for network multicast), 'l' (for network multicast), 'l' (for oncommercial educational multicast), or the meaning of these terms, see page (v) of the general i				phone Asso	ociation, inc.		01722	
or independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). or 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 exanation 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 able system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system arried 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 a written agreement entered into on or before June 30, 2009, between a cable system or an association representing e 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 CC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Other If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP Al CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE	arried by your cable sy CC rules and regulatic 6.59(d)(2) and (4), 76. ubstitute program basi Substitute Basis St asis under specific FCC Do not list the station I station was carried of List the station here, a basis. For further infoint he paper SA3 for Column 1: List each ach multicast stream a ast stream as "WETA-Simulcast). Column 2: Give the scommunity of license which your cable sys Column 3: Indicate in	identify every extem during the state of the	r television standard accounting and June 24, 1944), or 76.63 (rd din the next) espect to any attitute basis. It is the standard account and account account and account and account and account and account a	period, except all period, except all permitting the eferring to 76.6 paragraph. I distant stations orizations: I it in space I (the tition was carried ute basis station eport origination cording to its own be reported in the effect of annel 4 in Wash attion is a network.	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of both on a substitute, see page (v) on program services er-the-air designaticolumn 1 (list each the television stationington, D.C. This book station, an indeed	d only on a part-time basis under ain network programs [sections and (2) certain stations carried of able system on a substitute program and Program Log)—if the suite basis and also on some other the general instructions located as such as HBO, ESPN, etc. Ider ion. For example, report multipatream separately; for example on for broadcasting over-the-air may be different from the channer pendent station, or a noncomme	er n a gram er d ntify e	G Primary Transmitters: Television
CHANNEL LINE-UP AI CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE CHANNEL OF (Yes or No) CARRIAGE	or the meaning of these Column 4: If the star anation of local service Column 5: If you have able system carried the arried the distant statice. For the retransmission is a written agreement of the cable system and a con "E" (exempt). For six planation of these three Column 6: Give the CCC. For Mexican or Column of the star is the column of the second of the column of the colum	se terms, see pation is outside e area, see pave entered "Ye e distant staticon on a part-tiron of a distant tentered into or primary transification of eacategories, location of eacanadian statio	page (v) of the the local servinge (v) of the es" in column on during the amount of the basis becamulticast street or before Jumitter or an amount enter "E". If see page (v) ch station. Fons, if any, give	e general instruct vice area, (i.e. "c general instruct 4, you must con accounting perion ause of lack of a earn that is not see ne 30, 2009, be association repre you carried the of the general r U.S. stations, e the name of the	ctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entertivated channel of subject to a royalty etween a cable systement on any otinstructions locate list the community with	re paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system apacity. payment because it is the subjectem or an association represen y transmitter, enter the designather basis, enter "O." For a furthed in the paper SA3 form. to which the station is licensed which the station is identifed.	n ect ting - er	
. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	lote: if you are utilizing	multiple char	•	·		cnannei iine-up.		
SIGN CHANNEL OF (Yes or No) CARRIAGE		DIGAGE.						
		CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						THICH ENGL. 2010/1	
LEGAL NAME OF OWN			mbana Aaa	aciatian lua	SYSTEM ID 6172	Namo	
TCT WEST, Inc			epnone Asso	ociation, inc.	6172	.2	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "f" (for independent), "I-M" (for							
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	entered into or a primary trans simulcasts, also aree categories e location of ea	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo	ne 30, 2009, be ssociation repre you carried the of the general r U.S. stations,	etween a cable system is enting the primal channel on any of instructions locate list the community	stem or an association representing		
Note: If you are utilizing				•			
	ı	CHANN	EL LINE-UP	AJ			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
Ololy	NUMBER	STATION	(103 01 140)	(If Distant)			
					ļ		

FORM SA3E. PAGE 3.					Accoon	111NG / EMOD. 2010/ 1		
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID	Namo		
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	6172	2		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:								
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Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	h station's call associated witl -2". Simulcast e channel numb	n a station acc streams must per the FCC h	cording to its over the cording to its over the cordinate of the cordinate c	er-the-air designat column 1 (list each the television stati	s such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel			
educational station, by (for independent multion For the meaning of the	e in each case we entering the lecast), "E" (for neese terms, see	whether the st etter "N" (for ne concommercia page (v) of the	etwork), "N-M" (I educational), o e general instruc	for network multicate for "E-M" (for noncoctions located in the				
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								
Note: If you are utilizing		. ,		•	which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AK				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID	Namo	
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	6172	2	
PRIMARY TRANSMITTE							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e							
FCC. For Mexican or C	Canadian statio	ns, if any, give	e the name of th	ne community with	which the station is identifed.		
Note: If you are utilizin	g multiple char	•	·	•	channel line-up.		
		CHANN	EL LINE-UP	AL			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNE					SYSTEM		Name	
TCT WEST, Inc.	And Tri C	ounty Tele	ephone Asso	ociation, Inc.	6′	1722		
PRIMARY TRANSMITTER	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for i							G Primary Transmitters: Television	
	-	CHANN	EL LINE-UP	ΔΜ	·			
1. CALL 2 SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM ID#	Name			
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	61722				
PRIMARY TRANSMITT	ERS: TELEVISIO	ON							
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pa	G, identify even system during to ions in effect or ions in effect or ions. Of the ions in effect or ions in effect or ions. With in ions in expansion and also in spansion and ions. Of the ions ions ions ions ions ions ions ions	y television standard accounting in June 24, 194, or 76.63 (rd d in the next) respect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: a tit in space I (the station was carried ute basis station cording to its own be reported in the station is a network), "N-M" (I educational), control of the general instruct 4, you must contact when the station is a seam that is not some 30, 2009, be association repression of the general in the	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television statistication, D.C. This work station, an indefor network multice or "E-M" (for noncontrol located in the distant"), enter "Ye ions located in the mylete column 5, so d. Indicate by entictivated channel of subject to a royalty stween a cable system in the primain channel on any of instructions located list the community instructions located list the community is the community of the community in the primain channel on any of the community is the community instructions located list the community is and the community in the primain channel on any of the community is the community in the primain channel on any of the community is the community in the primain channel on any of the community is the community in the primain channel on any of the carried the community is the carried	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the	G Primary Transmitters: Television			
Note: If you are utilizing				•	which the station is identifed. channel line-up.				
		CHANN	EL LINE-UP	AN					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
	_								
	<u> </u>								
	<u> </u>								

FORM SA3E. PAGE 3.					Acco	ONTING FEMOD. 2016/1		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM	Namo		
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	617	722		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the								
station was carried • List the station here,	only on a subs and also in spa formation cond	titute basis. ace I, if the sta	ation was carried	I both on a substit	ent and Program Log)—if the ute basis and also on some other the general instructions located			
each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	associated with a-2". Simulcast e channel number	n a station acc streams must per the FCC h	cording to its over be reported in conas assigned to	er-the-air designate column 1 (list each the television stati	s such as HBO, ESPN, etc. Identify ion. For example, report multistream separately; for example on for broadcasting over-the-air in may be different from the channel			
educational station, by (for independent multion For the meaning of the	in each case we entering the lecast), "E" (for neese terms, see	whether the st etter "N" (for ne concommercia page (v) of the	etwork), "N-M" (I educational), o e general instruc	for network multicates for "E-M" (for noncoctions located in the				
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								
tion "E" (exempt). For sexplanation of these the Column 6: Give the	simulcasts, also aree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, giv	you carried the of the general in U.S. stations, the the name of the stations is the stations of the stations.	channel on any ot instructions locate list the community ne community with	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AO				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

ORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF	F CABLE SYSTEM:			SYSTEM ID#	Name		
TCT WEST, Inc. A	nd Tri County Te	lephone Asso	ociation, Inc.	61722	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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute 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 tis 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 or thering the letter "N" (for network), "N-M" (for network multicast). "F" (for independent), "I-M" (for independent multicast), "E" (for noncommercial							
Note: If you are utilizing mu			•				
	CHAN	NEL LINE-UP	AP				
SIGN CH	CAST 3. TYPE HANNEL OF UMBER STATIO	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID	Namo		
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	6172	22		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo	rystem during toons in effect or a fall (e)(2) and (fiss, as explaine stations: With a factor or a subsum and also in spaformation concerm.	ne accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- erning substit	g period, except 81, permitting the referring to 76.6 paragraph. distant stations forizations: t it in space I (the ation was carried tute basis station	(1) stations carried carriage of certain (e)(2) and (4))]; as carried by your content of the carried by the carried by the carried both on a substitute, see page (v) or	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify	G Primary Transmitters: Television		
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 during the accounting period. Indicate by entering "LAC" if your cable system carried 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: Giv								
		CHANN	EL LINE-UP	AQ				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNE					SYS	STEM ID#	Name	
TCT WEST, Inc.	And Tri C	ounty Tele	phone Asso	ociation, Inc.		61722		
PRIMARY TRANSMITTER	RS: TELEVISIO)N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. • Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). • Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. • Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for							Primary Transmitters: Television	
	-	CHANN	EL LINE-UP	AR	· · · · · · · · · · · · · · · · · · ·			
1. CALL 22 SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							•	
LEGAL NAME OF OWNE					SYSTE		Name	
TCT WEST, Inc.	And Tri C	ounty Tele	phone Asso	ociation, Inc.	6	1722		
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) and "I if the station is outside								
-	-	CHANN	EL LINE-UP	ΔS	<u> </u>			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.					7,000	0141114G1 EMOD. 2010/1	
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEM	ID# Name	
TCT WEST, Inc.	And Tri C	ounty Tele	ephone Asso	ociation, Inc.	617	'22 Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
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), 07.663 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by concommercial educational multicast). For for 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 loc							
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AT			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					7,000	MING FEMOD. 2010/1	
LEGAL NAME OF OWNE	ER OF CABLE SY	STEM:			SYSTEMI	D# Name	
TCT WEST, Inc.	And Tri C	ounty Tele	ephone Asso	ociation, Inc.	617	22 Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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), 07.663 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by concommercial educational multicast). For for 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 loc							
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AU			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					Accor	MING FEMOD. 2010/1	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEMI		
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	617	Name Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by our cable system carried the distant station on a part-time basis because of lack of activated in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e.							
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AV			
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		
				1			

FORM SA3E. PAGE 3.					Accor	5N111NG 1 ENIOD: 2010/1	
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM		
TCT WEST, Inc	. And Tri C	ounty Tele	ephone Asso	ociation, Inc.	617	^{Name}	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24. 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Golumn 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							
Note: If you are utilizin				•			
		CHANN	EL LINE-UP	AW			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61722 TCT WEST, Inc. And Tri County Telephone Association, 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). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2018/1
LEGAL NAME OF OWNER OF						;	SYSTEM ID#	Name
TCT WEST, Inc. And	Tri Count	y Telephone	Association, Inc.				61722	Numo
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG					
								I
In General: In space I, ident substitute basis during the a								
explanation of the programm		•	•	-				Substitute
1. SPECIAL STATEMEN								Carriage: Special
 During the accounting per broadcast by a distant sta 		ır cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran Yes	n X No	Statement and
Note: If your answer is "No		rest of this pag	ne blank. If your answer is '	Yes." vou mu	ust complet		· · · · ·	Program Log
log in block 2.	, , , , , , , , , , , , , , , , , , , ,		je ziainii ii jear anemer ie	. 00, 700		o ano program		
2. LOG OF SUBSTITUTE			4- line		-:1-1- :641			
In General: List each subs clear. If you need more spa				wnerever pos	ssible, if the	r meaning is		
Column 1: Give the title	of every no	nnetwork telev	ision program (substitute p				•	
period, was broadcast by a under certain FCC rules, re	i distant stat equiations, d	ion and that your reaction	our cable system substitute s. See page (vi) of the gen	a for the prog eral instructio	ramming of ons located	another sta	tion	
SA3 form for futher informa	ition. Do no	t use general o	categories like "movies", or	"basketball".	List specif	ic program		
titles, for example, "I Love I Column 2: If the program			76ers vs. Bulls." r "Yes." Otherwise enter "N	o."				
Column 3: Give the call	sign of the	station broadca	sting the substitute progra	m.				
the case of Mexican or Car			ne community to which the community with which the			FCC or, in		
Column 5: Give the mor	nth and day		tem carried the substitute			with the mor	nth	
first. Example: for May 7 gi		substitute pro	gram was carried by your	able system	List the tin	nes accurate	lv	
to the nearest five minutes.							.,	
stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system	was require	d	
to delete under FCC rules a	and regulation	ons in effect du	iring the accounting period	enter the let	ter "P" if the	e listed pro	u	
gram was substituted for prefect on October 19, 1976		that your syste	em was permitted to delete	under FCC r	ules and re	gulations in		
effect off October 19, 1976	•			1				
	CLIDOTITUI		•		EN SUBST		7. REASON	
	2. LIVE?	TE PROGRAM 3. STATION'S		5. MONTH	IAGE OCC	TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
N/A								
						_		
						_		
						_		
						_		
						_		
						_		
						_		
						_		
	-							
						_		

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61722 TCT WEST, Inc. And Tri County Telephone Association, Inc. **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO N/A

	L NAME OF OWNER OF CABLE SYSTEM:	\$	SYSTEM ID#	Name		
TC	WEST, Inc. And Tri County Telephone Association, Inc.		61722	Name		
Inst all a (as i page	CSS RECEIPTS Pructions: 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 secondentifed 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. DRTANT: You must complete a statement in space P concerning gross receipts.	ondary transmission se ompute this amount, s	ervice ee 61,067.00	K Gross Receipts		
• Com • Com • If you fee to accompany the second se	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable propanying this form and attach the schedule to your statement of account.	arts of the DSE Sched	ule	L Copyright Royalty Fee		
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\!\kappa$ 3 below.	e entered on line 1 of				
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be alow.	entered on line 2 in blo	ck			
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line				
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	e is 1.064 percent of th	ie			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 46	61,067.00			
	Enter the result here. This is your minimum fee.	\$	4,905.75			
2	, ,					
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	\$	2,452.88			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00			
	Line 3. Add lines 1 and 2 and enter here	\$	2,452.88			
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	\$	4,905.75	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter		0.00	submitting additional		
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing		
	Line 4. 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	\$	5,630.75	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the				

Maria	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	TCT WEST, Inc. And Tri County Telephone Association, Inc.	61722							
	CHANNELS	-							
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati	ons							
	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 a votem corried television breedeast stations.	6							
	system carried television broadcast stations								
	Enter the total number of activated channels								
	on which the cable system carried television broadcast stations	173							
	and nonbroadcast services								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)								
Individual to									
Be Contacted									
for Further Information									
illioilliation									
	Address 1601 S. Park Dr (Number, street, rural route, apartment, or suite number)								
	Cody, WY 82414								
	(City, town, state, zip)								
	Email steve.harper@tctstaff.com Fax (optional)								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation	ons.							
0									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or								
	(Child) Giller dian corporation of partitorship) Fam the Owner of the cable system as identified in line 1 of space 2, o								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified								
	in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	of the cable system							
	in line 1 of space B.								
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here	erein							
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.								
	[18 U.S.C., Section 1001(1986)]								
	X "/s/" Steven C. Harper								
	X								
	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 "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus com								
	Typed or printed name: Stayon C. Harner								
	Typed or printed name: Steven C. Harper								
	Title: CFO								
	(Title of official position held in corporation or partnership)								
	Date: August 24, 2018								

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

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. Name Name	me
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. Name Name	
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	cial
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. Name Name	eceipts
YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.)
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1)

calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number of hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

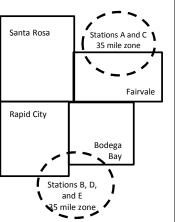
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x .01064
 \$6,384.00

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. PAGE 11. (CONTINUED)						
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
•	TCT WEST, Inc. And Tri County Telephone Association, Inc.					61722
	SUM OF DSEs OF CATEGORY "O" STATIONS:					
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.					
					0.00	
	Instructions:			•		-
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5					
0	of space G (page 3).	ı for ooob indon	andant station, give the DEI	= 00 "1 0": for	and natural or nancom	
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."					
Category "O"	o.o.a. oddadao.ia. otalio.i, g	0 11.0 2 0 2 10 11	CATEGORY "O" STATION	NS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
						••••••
						1

Name		DWNER OF CABLE SYSTEM: Inc. And Tri County	Telephone	Association, Inc.			S	61722		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.									
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE		SE		
			÷		=	x	=			
			-		= =	x x				
			÷		=	x				
			÷		=		=			
					=		=			
			÷			х	=			
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		hedule,		0.0	0			
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferage Broadcast of space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each state of by your system in substant on October 19, 1976 (one or more live, nonnetwork). For each station give the This figure should correst the number of days Divide the figure in column This is the station's DSE	itution for a pro as shown by the ork programs de number of live spond with the s in the calenda in 2 by the figu (For more info	ogram that your system letter "P" in column uring that optional carre, nonnetwork program information in space I ar year: 365, except in ure in column 3, and girmation on rounding, s	n was permitted 7 of space I); an iage (as shown by is carried in subs a leap year. we the result in cee page (viii) of	to delete under FCC ruled to the word "Yes" in column stitution for programs the column 4. Round to no let the general instructions	es and regular- n 2 of at were deleted ess than the third	rm).		
				BASIS STATION						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	′S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		÷		=			÷	<u> </u>		
		÷		=			÷	=		
		÷		=			÷	=		
		÷		=			÷	=		
	Add the DSEs	GOF SUBSTITUTE-BAS of each station. Im here and in line 3 of p				0.0	0	_=		
5 Total Number of DSEs	number of DSE: 1. Number o 2. Number o	ER OF DSEs: Give the am s applicable to your system f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		boxes in parts 2, 3, and	4 of this schedu	le and add them to provid ▶	0.00 0.00 0.00			
	TOTAL NUMBE	R OF DSEs					<u> </u>	0.00		

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

LEGAL NAME OF (S	YSTEM ID#	Name
TCT WEST, In	c. And Tri Co	ounty Tele	phone Asso	ociation, Inc.				61722	Name
Instructions: Blo In block A: • If your answer if schedule. • If your answer if		· emainder of p ocks B and C	below.			nd complete pa	art 8, (page 16) of	the	6
				TELEVISION M					Computation of 3.75 Fee
	1981?	e schedule—[•	aller markets as de				gulations in	
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC n A Stations carri 76.61(b)(c)] B Specialty stat C Noncommeric D Grandfathere instructions fe E Carried pursu *F A station pre	ules and reguled pursuant to as defined cal education (76. or DSE schedant to individually carries JHF station w	elations cited by to the FCC mand in 76.5(kk) (7 all station [76.565) (see paragulule). Use walver of Fed on a part-tin/vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b (e)(1), 76.63(a 63(a) referring abstitution of g	n June 24, 198 i), 76.61(b)(c), ii) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero,				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here				x		permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				<u></u>		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	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 TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:										#	
Name	TCT WEST, Inc	And Tri	County Tele	nhone Assoc	iati	ion. Inc.				61722		
										01122	<u>-</u>	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	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 Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS											
		PERMITT	ED DSE FOR S	STATIONS CARE	RIE	D ON A PART-TIME AN	ND SUBSTI	TUTE BASIS				
	1. CALL	2. PRI	OR 3.	ACCOUNTING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED		
	SIGN	DSE		PERIOD		CARRIAGE	[DSE		DSE		
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				••••••								
					<u> </u>						_	
7 Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks B an		te p	part 8 of the DSE sched	ule.					
Syndicated			BLC	OCK A: MAJOI	R T	ELEVISION MARK	EΤ					
Exclusivity											_	
Surcharge	Is any portion of the or	cable system v	vithin a top 100 i	maior television m	arke	et as defned by section 7	6.5 of FCC	rules in effect J	une 24.	1981?		
g-	l * .	•	•			<u> </u>						
	Yes—Complete	blocks B and	16.			X No—Proceed to	part 8					
	BLOCK B: C:	arriage of VHI	F/Grade B Cont	our Stations		BL OCK	C: Compi	itation of Exem	nt DSE	s		
									•		_	
	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	ole system p					
	Yes—List each s	tation below wi	th its appropriate	permitted DSE		Yes—List each st	tation below	with its appropria	ate permi	itted DSE		
	X No—Enter zero a	and proceed to	part 8.			X No—Enter zero a	ind proceed t	o part 8.				
	CALL CION	DOE	CALL CICAL	DOE	-	CALLSION	Der	CALL SIG	·NI	DCE	l	
	CALL SIGN	DSE	CALL SIGN	DSE	- 1	CALL SIGN	DSE	CALL SIG	iN	DSE	ı	
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ı					41						ı	
			TOTAL DSE	0.0	ַ ע			TOTAL DS	Es	0.00	I	
i e						1.1						

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc.	SYSTEM ID# 61722	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	461,067.00	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

Name			TEM ID# 61722							
		TCT WEST, Inc. And Tri County Telephone Association, Inc.	01/22							
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.								
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _								
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)								
Surcharge		C. Multiply line B by 3.000 and enter here								
		D. Enter 0.00089 of gross receipts (the amount in section 1)								
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here								
		F. Multiply line D by line E and enter here								
		G. Add lines A, C, and F. This is your surcharge.								
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\$\\$\$								
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: nust 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. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ar answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ar answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers cocated 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 y	our cable system retransmit the signals of any partially distant television stations during the accounting period?								
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.								
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE								
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$								
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).								
	Section 3	If the figure in section 2 is 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							
Ì		Dase Nate Fee	<u></u> -							

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
TCT V	VEST, Inc. And Tri County Telephone Association, Inc.	61722	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	in the rigure in section 2 is more than 4.000, compute your base rate fee here and leave section 5 blank.		8
	A. Enter 0.01064 of gross receipts		0
	(the amount in section 1) > \$		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) > \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		
	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	
	Dase Nate 1 ee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	•	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	el line-ups in	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
•	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of
			Base Rate Fee and
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine		Syndicated
DSEs a	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for		Exclusivity Surcharge
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	nart 7 was much	for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be		Partially Distant
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 sta to that community.	tion you	Stations
Step 2	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that station's		
	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.	Fach	
subscri	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.		
Compt groups	iting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
-	section:		
	fy the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	I of the	
• If:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or,	n parts 2, 3,	
2) any	oortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	instructions	
	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the	preceding	
DSEs f	In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not negliculations on the form.		

ACCOUNTING PERIOD: 2018/1 DSE SCHEDULE. PAGE 18. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61722 TCT WEST, Inc. And Tri County Telephone Association, 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.

TCT WEST, Inc.			e Associa	ation, Inc.			YSTEM ID# 61722	Nam
В	LOCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GRO	UP		0			
COMMUNITY/ AREA				COMMUNITY/ ARE	9 Computa			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KCWC	0.25							Base Rate
KCWY	0.25							and
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								Exclusiv
								Surchar
								for
								Partiall
								Distan
								Station
otal DSEs			0.50	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 461	,067.00	Gross Receipts Sec				
Base Rate Fee First G	roup	\$ 2	2,452.88	Base Rate Fee Sec	cond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>	-						
	<mark></mark>							
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Raca Data Eas Third	Group	¢	0.00	Raco Pata Fac Fac	urth Group	¢	0.00	
Base Rate Fee Third (Jioup	\$	0.00	Base Rate Fee Fou	iiii Gioup	\$	0.00	
Base Rate Fee: Add the Inter here and in block			criber group	as shown in the boxe	s above.	\$	2,452.88	
and there und in block		pade L (page 1)				¥	_,-000	

	County Telephor	ne Associa	ation, Inc.			YSTEM ID# 61722	
	COMPUTATION O		TE FEES FOR EAC				
COMMUNITY/ AREA	1 SUBSCRIBER GRO	0	SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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				<u></u>			
		<u> </u>				<u></u>	
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTI	H SUBSCRIBER GRO)UP		EIGHTH	SUBSCRIBER GROU	JP	
DMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		···					
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

	County Telephor	ne Associa	ation, Inc.			YSTEM ID# 61722	
			ATE FEES FOR EAC			ID	
NINTE COMMUNITY/ AREA	I SUBSCRIBER GRO	OUP 0	TENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
			COMMONT IT ARE				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		···					
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ELEVENT	SUBSCRIBER GRO)UP		TWFI VTH	I SUBSCRIBER GROU	IP	
			I COBCONIBEN CINC	<u></u>			
OMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
	CALL SIGN	DSE	COMMUNITY/ ARE		CALL SIGN	_	
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				Α		0	
				Α		0	
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				Α		0	
CALL SIGN DSE				Α		0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE CALL SIGN DSE Fotal DSEs Gross Receipts Third Group	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER OF CABLE SYSTEM: FCT WEST, Inc. And Tri County Telephone Association, Inc. SYSTEM ID# 61722									
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP	9								
EA O COMMUNITY/ AREA O	Computat								
DSE CALL SIGN DSE CALL SIGN DSE	of								
	Base Rate								
	and								
	Syndicat Exclusiv								
	Surchar								
	for								
	Partiall								
	Distant								
	Station								
rst Group <u>\$</u> 0.00 Gross Receipts Second Group <u>\$</u> 0.00									
rst Group \$ 0.00 Base Rate Fee Second Group \$ 0.00									
FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP									
EA 0 COMMUNITY/ AREA 0									
DSE CALL SIGN DSE CALL SIGN DSE									
0.00 Total DSEs 0.00									

		1e Associa	ation, Inc.		S	61722
	: COMPUTATION C					ID
COMMUNITY/ AREA	H SUBSCRIBER GRO	0	COMMUNITY/ AREA 0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		<u></u>				
		···				
		<u></u>				
			·			
ntal DSFs	Щ	0.00	Total DSEs		Ц	0.00
			Gross Receipts Sec	ond Group	\$	0.00
oss Neceipis i list Gloup	\$	0.00	Gloss Receipts Sec	ond Group	*	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINTEENT						
	H SUBSCRIBER GRO				SUBSCRIBER GROU	_
	H SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GROU	JP 0
DMMUNITY/ AREA	CALL SIGN		COMMUNITY/ ARE		CALL SIGN	_
DMMUNITY/ AREA		0		Α		0
DMMUNITY/ AREA		0		Α		0
DMMUNITY/ AREA		0		Α		0
OMMUNITY/ AREA		0		Α		0
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OMMUNITY/ AREA		0		Α		0
COMMUNITY/ AREA		0		Α		0
COMMUNITY/ AREA		0		Α		0
OMMUNITY/ AREA		0		Α		0
OMMUNITY/ AREA		0		Α		0
CALL SIGN DSE		0		Α		0
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE
COMMUNITY/ AREA	CALL SIGN	0 DSE	CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE

LEGAL NAME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722								Name
		-		ATE FEES FOR EAC		DIRED CROLID	OTTEE	
		SUBSCRIBER GRO		TWENT	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL GIGIT	BOL	CALL GIGIT	BOL	ONEE OIGIV	DSE	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
							<u> </u>	Exclusivity Surcharge
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								Partially
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWENT	TY-FOURTH	SUBSCRIBER GROU	JP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs		-	0.00	1
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	o as shown in the boxes	above.	\$		

TCT WEST, Inc. And Tr	ER OF CABLE SYSTEM: And Tri County Telephone Association, Inc. \$YSTEM ID# 61722						Name
	A: COMPUTATION O		П				
	H SUBSCRIBER GRO		T .		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>		Base Rate
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		<u></u>		·····		<u></u>	Syndicate Exclusivi
							Surcharg
							for
							Partially
							Distant
					. -		Stations
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otal DSEs		0.00	Total DSEs		-	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	\$	0.00	Base Rate Fee Sec		\$	0.00	
TWENTY-SEVENT	\$ TH SUBSCRIBER GRO	DUP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
TWENTY-SEVENT				NTY-EIGHTH			
TWENTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE		DUP	TWE	NTY-EIGHTH		UP	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWE!	NTY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWE!	NTY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWE!	NTY-EIGHTH	SUBSCRIBER GRO	UP 0	
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TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWE!	NTY-EIGHTH	SUBSCRIBER GRO	UP 0	
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TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWE!	NTY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWE!	NTY-EIGHTH	SUBSCRIBER GRO	UP 0	
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TWENTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP	TWEI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	
TWENTY-SEVENT	CALL SIGN	DUP DSE DSE 0.00	TWEI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00	
TWENTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP DSE DSE 0.00	TWEI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00	

LEGAL NAME OF OW						S	YSTEM ID#	Name
TCT WEST, Inc.	And Tri C	County Telephon	e Associ	ation, Inc.			61722	Name
	BLOCK A: 0	COMPUTATION O	F BASE RA	ATE FEES FOR EAC				
		SUBSCRIBER GRO	UP		THIRTIETH	SUBSCRIBER GRO	UP	9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٩		0	_
				041.0101		TI OALL CION		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
					·····			and
								Syndicated
			<u></u>		•••••	•	····	Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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			<u></u>					1
Total DSEs	•	·	0.00	Total DSEs	*	**	0.00	
		-				-		1
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	I
								I
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	I
TL	JIDTV EIDST	SUBSCRIBER GRO	IID	TUID	TV SECONI	SUBSCRIBER GRO	LID	I
COMMUNITY/ ARE		SUBSCRIBER GRO	0	COMMUNITY/ AREA		J SUBSCRIBER GRO	0	I
COMMONT IT ARE	A			COMMONT IT AREA	¬			I
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	I
07.22 0.0.1	302	07.22 0.0.1	202	07.22 0.011	302	37.22 373.1	302	I
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Total DSEs			0.00	Total DSEs			0.00	1
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	1
C. COC I COCIPIO I IIII	_ 0.0up		0.00	- STOSS RESSIPTS FOUR	Стоир	*	<u> </u>	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	I
								I
Base Rate Fee: Add Enter here and in bloom			criber group	as shown in the boxes	s above.	\$		I
Linei neie and in bi	OUR J, IIIIE I, S	space L (page 1,				Ψ		1

		R OF CABLE SYSTEM: And Tri County Telephone Association, Inc. SYSTEM ID# 61722						
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EA	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
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			••••	·				for Partially
				1				Distant
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			••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THI	RTY-FIFTH	SUBSCRIBER GRO	DUP	Т	HIRTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
otal DSEs			0.00	Total DSEs			0.00	
	Croun	¢			urth Crous	¢	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ii ii i Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN TCT WEST, Inc.		OF CABLE SYSTEM: nd Tri County Telephone Association, Inc. 61722						
				TE FEES FOR EA	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
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	····	-	····		•••••		·····	for
								Partially
								Distant
	<u></u>				<u></u>			Stations
	<u>.</u>		····	-	·····			
	····	-	····	·	·····			
••••••	••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
•	•				·			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
THIF	RTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	~ · - ~				J. 54P			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	the base ra t	te fees for each subs		Base Rate Fee Fou		\$	0.00	

	ABLE SYSTEM: SYSTEM ID# i County Telephone Association, Inc. 61722						
			ATE FEES FOR EAC				
FORTY-FIRST COMMUNITY/ AREA	SUBSCRIBER GRO	<u>UP</u> 0	FOR COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	
			COMMONITY AREA				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	H	<u></u>					
	-	<u> </u>				<u> </u>	
		-					
		<u></u>					
	H	<u>-</u>				<u></u>	
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-THIRD	SUBSCRIBER GRO	UP	FOF	RTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u></u>			-		
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	-	<u>-</u>	-			<u></u>	
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	H	<u>-</u>	·				
		0.00	Total DSEs			0.00	
Total DSEs					·		
	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$		Gross Receipts Fou	rth Group	\$	0.00	

	OF CABLE SYSTEM: d Tri County Telephone Association, Inc. SYSTEM ID# 61722							TCT WEST, Inc.
		IBER GROUP	H SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION C	LOCK A: (В
9		SUBSCRIBER GROU				SUBSCRIBER GRO	TY-FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		_						
Syndicated						-		
Exclusivity	<u></u>		<u></u>		<u> </u>			
Surcharge for	<u></u>					-		
Partially	····		···		<u>-</u>	-		
Distant	····		······································		·			
Stations					•	-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	TY-FIGHTH	FOR	JP	SUBSCRIBER GRO	SEVENTH	FORTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						-		
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	0.00			Total DSEs	0.00			Fotal DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Total DSEs Gross Receipts Third (

	111 0	LE SYSTEM: SYSTEM ID# County Telephone Association, Inc. 61722					
				ATE FEES FOR EAC			
	INTH S	SUBSCRIBER GRO		COMMUNITY (ADE		SUBSCRIBER GROU	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
			<u>.</u>				
			<u></u>		·····		
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						<u> </u>	
otal DSEs			0.00	Total DSEs			0.00
Gross Receipts First Group	•	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
		-					
ase Rate Fee First Group		\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-F	IRST S	SUBSCRIBER GRO	UP	FIF	TY-SECOND	SUBSCRIBER GROU	JP
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0
				11			
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	SE	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	DSE DSE
Total DSEs		CALL SIGN				CALL SIGN	
CALL SIGN D			0.00	Total DSEs			0.00

CABLE SYSTEM: SYSTEM ID# Tri County Telephone Association, Inc. 61722						
COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	9					
0 COMMUNITY/ AREA 0	Computa					
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of					
Base	Base Rat					
	and					
	Syndica					
	Exclusi					
Sul	Surcha					
	for Partial					
 	Distar					
	Statio					
\$ 0.00 Gross Receipts Second Group \$ 0.00						
\$ 0.00 Base Rate Fee Second Group \$ 0.00						
SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP						
0 COMMUNITY/ AREA 0						
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE						
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<u> </u>						
 						
0.00 Total DSEs 0.00						

	OF CABLE SYSTEM: Id Tri County Telephone Association, Inc. SYSTEM ID# 61722						And Tri C	TCT WEST, Inc.
		IBER GROUP	SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION O	LOCK A: (BI
9		SUBSCRIBER GROU	ΓΥ-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-	<mark></mark>	
Syndicated Exclusivity					<u> </u>	-	<u></u>	
Surcharge			<u> </u>		<u>.</u>			
for					······································	-	<u>"</u>	••••••
Partially								
Distant							<u></u>	
Stations							<u></u>	
							<u> </u>	
		-	•		<u>-</u>	-	-	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH		UP	SUBSCRIBER GRO	TY-NINTH	FIF ⁻
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		I CALL SIGN	DSF			CALLSIGN	DSF	
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		

TOT WEST, IIIC. Alla TIT	County Telephor	ne Associa	ation, Inc.			61722	
			TE FEES FOR EAC			ID.	
COMMUNITY/ AREA	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GROU	<u>0</u>	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN DSE CALL SIGN DSE				
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	·-						
		<u></u>					
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
1000 Nooopio I not Group			l cross resorpts ess	ona Oroap			
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-THIRE	SUBSCRIBER GRO	DUP	SIX	TY-FOURTH	SUBSCRIBER GROU		
SIXTY-THIRE				TY-FOURTH			
SIXTY-THIRE DMMUNITY/ AREA		DUP	SIX	TY-FOURTH		JP	
SIXTY-THIRE	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE DMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE DMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE OMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GRO	0 0	SIX COMMUNITY/ ARE	TY-FOURTH	I SUBSCRIBER GROU	JP 0	
SIXTY-THIRE COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GRO	DUP	CALL SIGN	DSE	I SUBSCRIBER GROU	JP 0 DSE	
COMMUNITY/ AREA	CALL SIGN	DUP DSE DOSE O.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE O.00	

	R OF CABLE SYSTEM: And Tri County Telephone Association, Inc. 61722						Name
	A: COMPUTATION C		TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
	TH SUBSCRIBER GRO		II .		I SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
		<u></u>					Syndicate
			.				Exclusivi Surcharg
							for
							Partially
							Distant
		<u> </u>					Stations
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oroco recorpto rinot Group	<u> </u>		- Cross resolpts est	ona Group	<u>*</u>		
sase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-SEVEN	TH SUBSCRIBER GRO	OUP	SI	XTY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u></u>					
						····	
Total DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$			orth Group	\$	-	

LEGAL NAME OF OW TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	١		0	COMMUNITY/ ARE	_			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ LE CICIV	DOL	CALL GIGIT	DOL	ONLE CICIT	BOL	O'NEE O'O'N	DOL	Base Rate Fe
								and
	•••••					-		Syndicated
	•••••					-		Exclusivity
			••••					Surcharge
								for
••••••								Partially
								Distant
								Stations
			<mark></mark>					
	<u> </u>					 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	¢	0.00	Gross Receipts Sec	ond Group	\$	0.00	
oross receipts i list	Gloup	\$	0.00	Gross Neceipts Sec	ona Group	•	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	OUP	SEVEN	ITY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-	<u> </u>	
	<u></u>		<mark></mark>				<mark></mark>	
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			····				····	
	•••••		••••					
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CT WEST, Inc. And Tri County Telephone Association, Inc. 61722									
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
		SUBSCRIBER GRO	DUP	SEVE	NTY-FOURTH	I SUBSCRIBER GRO	UP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computatio		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate F		
								and		
		-						Syndicated Exclusivity		
		H	••••		•••••		····	Surcharge		
								for		
								Partially		
								Distant		
		-						Stations		
		-					·····			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SEVE	NTY-FIFTH	SUBSCRIBER GRO	DUP	SEV	'ENTY-SIXTH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
				·						
				-						
		-								
		-	••••		•••••	•				
			••••	·	•••••					
Total DSEs			0.00	Total DSEs	•		0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: FOR WEST, Inc. And Tri County Telephone Association, Inc. 61722								
		-			П бі іресь	IRED CROUD	VII ZZ	
		SUBSCRIBER GROU		TE FEES FOR EAC		SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
		-						Syndicated
		-						Exclusivity
					<mark></mark>			Surcharge
								for Partially
					••••			Distant
								Stations
					····	<u> </u>		
Total DSEs	<u>!</u> !		0.00	Total DSEs		 	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GROU	JP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					····			
					····			
		-			••••			
		-						
		-						
					••••	-		
Total DSEs			0.00	Total DSEs			0.00	
	roun	•	0.00		th Crous	œ.	0.00	
Gross Receipts Third G	iioup	4	0.00	Gross Receipts Four	ui Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				П				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: CT WEST, Inc. And Tri County Telephone Association, Inc. 61722									
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
		SUBSCRIBER GRO	DUP			SUBSCRIBER GRO	UP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computatio				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fo		
	<u>.</u>							and		
		-						Syndicated Exclusivity		
		H	••••		•••••		····	Surcharge		
								for		
								Partially		
	<u>.</u>							Distant		
			••••					Stations		
		-					·····			
	<u></u>									
			0.00				0.00			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
EIG	HTY-THIRD	SUBSCRIBER GRO	DUP	EIGH	HTY-FOURTH	SUBSCRIBER GROU	UP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	<u></u>									
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	·····		····							
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	•••••	-	···		·····					
Total DSEs	•		0.00	Total DSEs	•		0.00			
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$				

EGAL NAME OF OWNER OF CABLE SYSTEM: CT WEST, Inc. And Tri County Telephone Association, Inc. 61722								
		-		ATE FEES FOR EAC	H SUBSCE	RIBER GROUP	01122	
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIOIN	DOL	OALL GION	DOL	OALL GIGIT	DOL	OALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
	···							
Total DSEs	-		0.00	Total DSEs	-		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EIGHTY-	SEVENTH	SUBSCRIBER GROU	JP	EIGH	TY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-			<u></u>			
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T 1 1 DOE			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	:h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722								Name
ICI WESI, Inc.	And Iri C	county releption	e Associ	ation, Inc.			61722	
				TE FEES FOR EAC				
EIGH COMMUNITY/ AREA	ITY-NINTH	SUBSCRIBER GRO				1 SUBSCRIBER GRO	UP 0	9
COMMUNITY AREA			0	COMMUNITY/ AREA	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-			<u></u>			Syndicated
			<u> </u>	.	····			Exclusivity Surcharge
					····	•		for
								Partially
								Distant
		-			<u></u>			Stations
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	<u></u>	-	<u>-</u>		····			
		-			••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINE	TY-FIRST	SUBSCRIBER GRO	UP	NINE ⁻	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
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Total DSCs			0.00	Total DSEs			0.00	
Total DSEs	_			Total DSEs		-	_	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	tn Group	\$	0.00	
]	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
Base Rate Fee: Add t	h	e face for each subs	oribor aroun	as shown in the hove	ahaya			
	ne pase rat	e rees for each subs	criber grout	as shown in the boxes	s above.			

FOWNER OF CABLE SYSTEM: Inc. And Tri County Telephone Association, Inc. 61722	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIBER GROUP	9
AREA O COMMUNITY/ AREA O	Computation
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate I
	and
	Syndicate
	Exclusivit Surcharg
	for
	Partially
	Distant
	Stations
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP	
AREA 0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
0.00 Total DSEs 0.00	

LEGAL NAME OF OWN TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-						Syndicated
								Exclusivity
	••••		····	·	·····			Surcharge for
	••••	-						Partially
								Distant
					<u></u>			Stations
	<u></u>	-						
				-				
	••••			·				
	••••				•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Croco recorpto i not	Огоар			Cross resolpts est	ona Group	*		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINI	ETY-NINTH	SUBSCRIBER GRO	OUP	ONE I	HUNDREDTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-	<u> </u>			
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	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722								Name
ICI WESI, Inc.	And Iri C	County Telephone	ASSOCI	ation, Inc.			61722	Nume
				ATE FEES FOR EACH				.
	ED FIRST	SUBSCRIBER GROU		ii		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01011	332	07.LL 0.0.1	302	07.22 0.0.1	302	07.22 0.0.1	302	Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge for
		-			<u></u>			Partially
								Distant
					<u></u>			Stations
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	<u></u>							i
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	i
								İ
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	İ
ONE HUNDR	ED THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	I SUBSCRIBER GRO	JP	İ
COMMUNITY/ AREA			0	COMMUNITY/ AREA	İ			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	1
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Total DSEs			0.00	Total DSEs			0.00	İ
	_						_	İ
Gross Receipts Third (oroup.	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	1
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
E	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
					<u></u>			and
	····							Syndicated
							<u></u>	Exclusivity Surcharge
	····			·	·····			for
		_	<u></u>		•••••			Partially
								Distant
								Stations
								
	····		 		·····			
				·				
					•••••			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First (-roup	¢	0.00	Gross Receipts Sec	ond Group	¢	0.00	
Gioss Receipts Filst (310up	\$	0.00	Gloss Receipts Sec	John Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUND	RED EIGHTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		<u></u>				<u> </u>	
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	····		 	·	·····		·····	
	····	-		·	•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO)UP	ONE HUND	DRED TENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		ļ						and
								Syndicated
								Exclusivity
				·				Surcharge for
	···		···					Partially
								Distant
								Stations
		-						
	····			·				
			···					
Total DSEs			0.00	Total DSEs			0.00	
		-						
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED I	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	••••							
				-				
		-						
	····			-	·····			
			···					
			···					
Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWI TCT WEST, Inc.			ne Associ	ation, Inc.		S	YSTEM ID# 61722	Name		
				ATE FEES FOR EA						
ONE HUNDRED TH		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	EA		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fe		
								and		
								Syndicated		
								Exclusivity		
			<u></u>					Surcharge		
	·····				·····			for Partially		
					·····			Distant		
			···		•••••			Stations		
			••••				••••			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00			
		·								
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00			
ONE HUNDRED I	FIFTEENTH	SUBSCRIBER GRO	OUP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GRO	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
										
	·····		'''							
										
										
Total DSEs			0.00	Total DSEs			0.00			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00			
							*			
			scriber group	as shown in the boxe	es above.					
Enter here and in blo	ск 3, line 1,	space L (page 7)				\$				

LEGAL NAME OF OW						S	YSTEM ID#	Name
TCT WEST, Inc.	And Tri C	County Telephon	e Associ	ation, Inc.			61722	Name
	BLOCK A: 0	COMPUTATION O	BASE RA	ATE FEES FOR EACI	H SUBSCF	RIBER GROUP		
ONE HUNDRED SEV	/ENTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED EI	GHTEENTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fee and
	·····		. 		 			Syndicated
			<u>-</u>		<u></u>			Exclusivity
								Surcharge
								for
								Partially
								Distant
			<u> </u>					Stations
			<u></u>					
			. 					
		-	<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
G. 555 1 1555.pts 1 115	. с.оцр	· <u>·</u>			a 0.0ap	.*		
	. 0		0.00				0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	na Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	A		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	rd Group	¢	0.00		th Group	¢	0.00	
Gross Receipts Thir	a Group	\$	0.00	Gross Receipts Fourt	ii Gioup	\$	3.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
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Dece Deta Face A 1	d 4b a b : 4	la fana fanli - l	aulhau		aha			
Enter here and in bloom			criber group	as shown in the boxes	above.	\$		
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LEGAL NAME OF OW						S	YSTEM ID#	Name
ICI WESI, Inc.	And Iri C	County Telephon	e Associ	ation, Inc.			61722	Nume
				TE FEES FOR EAC				
		SUBSCRIBER GRO		it .		SUBSCRIBER GROUP		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIV	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	OALL SIGIV	DOL	Base Rate Fe
								and
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Firs	t Croup	¢	0.00	Gross Receipts Seco	and Croup	e e	0.00	
Gioss Receipts Fils	t Group	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TV	VENTY-THIRD	SUBSCRIBER GROUP	•	ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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							2.22	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
		_				-	•	
			criber group	as shown in the boxes	above.	•		
Enter here and in bl	OUN S, IIIIE 1, S	space L (page 1,				\$		

TCT WEST, Inc. And Tri County Telephone As	sociati	ion, Inc.		SY	STEM ID# 61722	Name
BLOCK A: COMPUTATION OF BAS	SE RAT	E FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP			NTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA	0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						Base Rate F
				_		and
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			•		<u> </u>	
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					<u>.</u>	
Total DSEs	.00	Total DSEs			0.00	
Gross Receipts First Group \$.00	Gross Receipts Secor	nd Group	\$	0.00	
		·				
Base Rate Fee First Group \$ 0	.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	<u> </u>	COMMUNITY/ AREA	0			
CALL SIGN DSE CALL SIGN I	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs 0	.00	Total DSEs			0.00	
			Group	•		
		Total DSEs Gross Receipts Fourth	n Group	\$	0.00	

	LOCK A· (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCE	RIBER GROUP		
		SUBSCRIBER GROUP		П		SUBSCRIBER GROUP)	_
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First 0	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
						·		
ase Rate Fee First 0	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED TH	RTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP	1	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
	Group				th Group			
otal DSEs iross Receipts Third	Group	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
	Group	\$			th Group	\$		
	·	\$			·	\$ \$		

LEGAL NAME OF OW TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
•	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	IP	1		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
Of IEE OF OTT	DOL	O/ALL GIGIT	DOL	O'NEE O'O'N	DOL	O'NEE O'O'N	DOL	Base Rate Fee
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Total DSEs		Į Į	0.00	Total DSEs		 	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Gioss Neceipis i lisi	Gloup	4	0.00	Gross Neceipts Geo	ona Group	•	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED T	HIRTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T-+-! D0F-			0.00	T-+-1 DOE-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
[BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Cross recorpts rilion	Oloup	*	0.00	Cross receipts dec	ond Group	<u>*</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA (
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•				,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

O.00	COMMUNITY/ ARE	RTY-SECOND) SUBSCRIBER GROUF	DSE
O DSE	COMMUNITY/ ARE	Α		O DSE
BN DSE				DSE
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0.00				
	Total DSEs			0.00
0.00	Gross Receipts Sec	ond Group	\$	0.00
0.00	Base Rate Fee Sec	ond Group	\$	0.00
R GROUP	ii e		I SUBSCRIBER GROUP	0
<u>U</u>	COMMUNITY/ AREA			
SN DSE	CALL SIGN	DSE	CALL SIGN	DSE
		·····		
0.00	Total DSEs			0.00
0.00	Gross Receipts Fou	rth Group	\$	0.00
				
		rth Group	\$	0.00
	R GROUP O N DSE O O O O O O O O O O O O O	ONE HUNDRED FOR COMMUNITY/ ARE ONE CALL SIGN ONE CALL SIGN ONE HUNDRED FOR COMMUNITY/ ARE ONE TOTAL SIGN Total DSES	ONE HUNDRED FORTY-FOURTH COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs	ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA N DSE CALL SIGN DSE CALL SIGN ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP Total DSES ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP Total DSES

TCT WEST, Inc. And Tri	LE SYSTEM: County Telephon	e Associa	ation, Inc.		S	YSTEM ID# 61722
			ATE FEES FOR EAC			
ONE HUNDRED FORTY-FIFTH COMMUNITY/ AREA	SUBSCRIBER GROUP	0	ONE HUNDRED COMMUNITY/ ARE		1 SUBSCRIBER GROUP	0
				A		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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	-					
Total DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED FORTY-SEVENTH	SUBSCRIBER GROUP	o	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	1
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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				•••••		
Total DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
Total DSEs Gross Receipts Third Group	\$			orth Group	\$	

LEGAL NAME OF OWN TCT WEST, Inc.			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EAC				
ONE HUNDRED FO		SUBSCRIBER GRO		1		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DCFs		Ц	0.00	Tatal DCFa			0.00	
Total DSEs	_		0.00	Total DSEs				
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			···	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN TCT WEST, Inc.			ne Associ	ation, Inc.		S	YSTEM ID# 61722	Name
[BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FI		SUBSCRIBER GRO		i i		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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	••••							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
		·				·		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	Canada	•			unth Ougue	•	_	
Gross Receipts Third	Group	3	0.00	Gross Receipts Fou	iitii Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER TCT WEST, Inc. A			ne Associa	ation, Inc.		S	YSTEM ID# 61722	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROU		i i		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-NINTH	SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	H SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
352,23 30	- 14				- · P	<u>·</u>		
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Gi	oup	\$	0.00		rth Group			

TCT WEST, Inc.			ne Associa	ition, Inc.		S	YSTEM ID# 61722	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO		9
COMMUNITY/ AREA				COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 46	1,067.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	¢	0.00	Base Rate Fee Seco	and Group	¢	0.00	
Dase Nate Fee First O		\$		Dase Nate Fee Sect		\$	'	
	THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxes	s above.	\$	0.00	

Name	61722				ASSOCIA		And Tri C	TCT WEST, Inc.
				TE FEES FOR EACH				Bl
9	JP 0	SUBSCRIBER GROU	SIXTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	FIFTH	COMMUNITY/ AREA
Computation								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F and	<u></u>							
Syndicated	<u> </u>						<u> </u>	
Exclusivity								
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for Partially							<u> </u>	
Distant							<u> </u>	
Stations								
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	0.00			Total DSEs	0.00			otal DSEs
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			•	· ·				
	0.00	\$		Base Rate Fee Secon	0.00	\$	roup	ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group			\$ SUBSCRIBER GROU		
	0.00		d Group					
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	0.00 JP	SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP	SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	0.00 JP	SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	OMMUNITY/ AREA
	0.00 JP	SUBSCRIBER GROU	d Group EIGHTH	Base Rate Fee Secon COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
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GAL NAME OF OWNER OF CAI CT WEST, Inc. And Tri		ne Associa	ation, Inc.			61722	Name
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TCT WEST, Inc. A		LE SYSTEM: County Telephone	e Associa	ation, Inc.		S	YSTEM ID# 61722	Name
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SYSTEM ID# 61722 Name	Sì		tion, Inc.	e Associa			TCT WEST, Inc.
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O.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRTY-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA 0 DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Group \$	Rate Fee Second G THIRTY-SE MUNITY/ AREA LL SIGN D	DSE	\$ SUBSCRIBER GROU	TY-FIRST	THIR COMMUNITY/ AREA CALL SIGN
O.00 Gross Receipts Second Group \$ O.00	Group \$ SECOND SUBSCRIBE DSE CALL SIG	Rate Fee Second G THIRTY-SE MUNITY/ AREA LL SIGN D	0.00 JP	\$ SUBSCRIBER GROU	TY-FIRST :	Base Rate Fee First Gr THIR'

Name Name	61722				ASSOCIA	county Telephone	And Tri C	TCT WEST, Inc.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		¢	d Croup	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
<u>) </u>	0.00	\$	u Group	Gross Receipts Secon				
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0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
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0	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	Base Rate Fee First G THIR COMMUNITY/ AREA
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O	O.00 JP O DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon THIF COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH	THIR COMMUNITY/ AREA CALL SIGN
O	0.00 JP	\$ SUBSCRIBER GROU	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	\$ SUBSCRIBER GROU	TY-FIFTH DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
O	O.00 JP O DSE	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon THIF COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	TY-FIFTH DSE	THIR COMMUNITY/ AREA CALL SIGN

LEGAL NAME OF OWNER TCT WEST, Inc. Ar			e Associa	ition, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EACH				
	VENTH	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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								and
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								Stations
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Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gro	ın	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Sioss Receipts Filst Glob	ир	<u>4</u>	0.00	Gross Receipts Secon	na Group	Ψ	0.00	
Base Rate Fee First Grou	up	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
THIRTY	-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
e: Add the	base rat			Base Rate Fee Fourth		\$	0.00	

LEGAL NAME OF OWN TCT WEST, Inc.			ne Associa	ation, Inc.		S	4YSTEM ID# 61722	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		i i		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOI	RTY-THIRD	SUBSCRIBER GRO	DUP	FOR	TY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add	the base rat	e fees for each sub	scriber group	as shown in the boxe	s above.			

NI	YSTEM ID# 61722				Associa	County Telephone		TCT WEST, Inc.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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- - -	0.00	\$	a Group	Gross Receipts Secon				
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_ 	0.00		d Group	Base Rate Fee Second		\$ SUBSCRIBER GROU	roup	
	0.00	\$	d Group	Base Rate Fee Second			roup	FORTY-S
	0.00	\$	d Group	Base Rate Fee Secon	JP		roup	FORTY-S
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
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D	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Second FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup	FORTY-COMMUNITY/ AREA
D	0.00 JP O DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Second FORT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	FORTY-S COMMUNITY/ AREA CALL SIGN

Mana	YSTEM ID# 61722	S'		tion, Inc.	Associa			TCT WEST, Inc.
				TE FEES FOR EACH				
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Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	DOE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second FIFTY COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G FIF COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second FIFTY COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G FIF COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second FIFTY COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROU	roup TY-FIRST	sase Rate Fee First G FIF COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second FIFTY COMMUNITY/ AREA	0.00 JP 0	SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G FIF COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROU	d Group	FIFTY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	CALL SIGN	TY-FIRST DSE	FIF COMMUNITY/ AREA CALL SIGN Fotal DSEs
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LEGAL NAME OF OWNE TCT WEST, Inc. A			e Associa	ition, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EAC				
	Y-THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE			CALL SIGN	DSE		Dec	Computation of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FIF ⁻	Y-FIFTH	SUBSCRIBER GROU	JP	F	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIF [*] COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	FIF [*] COMMUNITY/ AREA
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LEGAL NAME OF OWNE TCT WEST, Inc. A			e Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EAC				
	Y-FIRST	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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SIXT	Y-THIRD	SUBSCRIBER GROU	JP	SIX	ΓY-FOURTH	SUBSCRIBER GRO	JP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	•				•			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
se Rate Fee: Add the				<u>II</u>				

CT WEST, Inc. And							61722	Name
		OMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computa
CALL SIGN D	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
			<u></u>					and
								Syndicat Exclusiv
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						-		for
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group	р	\$	0.00	Gross Receipts Secor	d Group	\$	0.00	
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ase Rate Fee First Group	p [\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXTY-SEV		\$ SUBSCRIBER GRO)UP	SIXT		\$ SUBSCRIBER GROU	UP	
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SIXTY-SEV OMMUNITY/ AREA		•)UP	SIXT			UP	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA	/ENTH S	SUBSCRIBER GRO	0 0	SIXT COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GROU	UP 0	
SIXTY-SEV OMMUNITY/ AREA CALL SIGN D	/ENTH S	SUBSCRIBER GRO	DUP 0	CALL SIGN	TY-EIGHTH	SUBSCRIBER GROU	DSE	
SIXTY-SEV OMMUNITY/ AREA CALL SIGN D Otal DSEs	/ENTH S	CALL SIGN	DUP DSE DSE 0.000	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROU	DSE O.00	
SIXTY-SEV OMMUNITY/ AREA CALL SIGN D	/ENTH S	SUBSCRIBER GRO	DUP 0	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	

TCT WEST, INC. And Tr	i County Telepho	ne Associa	ation, Inc.			61722	Name
	A: COMPUTATION C						
	H SUBSCRIBER GRO		ii		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
							and
							Syndicate
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		····			-		Surcharge for
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							Stations
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					1		
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-FIRS	ST SUBSCRIBER GRO	OUP	SEVEN	TV-SECOND	SUBSCRIBER GRO	IID	
			Ħ	TT-OLOONE	OODOONIDEN ONO	Ol .	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
COMMUNITY/ AREA	CALL SIGN		11		CALL SIGN	0 DSE	
	CALL SIGN	0	COMMUNITY/ ARE	Α		0	
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CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	Α		DSE	
CALL SIGN DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE.	DSE		0 DSE	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	
		0 DSE	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE	

TCT WEST, Inc. A		LE SYSTEM: County Telephon	e Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
								Syndicated
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN	Y-FIFTH	SUBSCRIBER GRO	UP	SEVE	NTY-SIXTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourth	1 Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$			·	\$		

Name	YSTEM ID# 61722	S		ition, Inc.	e Associa			TCT WEST, Inc.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	TY-NINTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

y Telephone Association, Inc.	61722 Name
UTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP CRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP	
0 COMMUNITY/ AREA	0 9
L SIGN DSE CALL SIGN DSE CALL SIGN [DSE Computa
	Base Rate
	and
	Syndica Exclusiv
	Surchar
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0.00 Base Rate Fee Second Group \$ 0 CRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0.00
0.00 Base Rate Fee Second Group \$ 0 CRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0.00
0.00 Base Rate Fee Second Group \$ 0 CRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA	0.00
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0.00 Base Rate Fee Second Group \$ 0 CRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA L SIGN DSE CALL SIGN DSE CALL SIGN [0.00 DSE
0.00 Base Rate Fee Second Group \$ 0 CRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA L SIGN DSE CALL SIGN DSE CALL SIGN II COMMUNITY/ AREA Total DSEs	0.00 DSE 0.00
0.00 Base Rate Fee Second Group \$ 0 CRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA L SIGN DSE CALL SIGN DSE CALL SIGN I	0.00 DSE

NI	YSTEM ID# 61722			ition, inc.	e Associa	ounty Telephone		TCT WEST, Inc.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
•••	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA
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D	0.00 JP O DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	roup SEVENTH	EIGHTY-S COMMUNITY/ AREA CALL SIGN
D	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup SEVENTH	EIGHTY-S COMMUNITY/ AREA CALL SIGN
D	0.00 JP O DSE	\$ SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	DSE	Base Rate Fee First G EIGHTY-S COMMUNITY/ AREA

Mana	YSTEM ID# 61722			tion, Inc.	e Associa			TCT WEST, Inc.
				TE FEES FOR EACH				
9)P 0	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-NINTH	EIGHT COMMUNITY/ AREA
Computation	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and								
Syndicated								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Gross Receipts Secon				
	0.00	\$		Base Rate Fee Secon	0.00	\$		
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	roup TY-FIRST	Base Rate Fee First G NINE COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	roup TY-FIRST	NINE COMMUNITY/ AREA CALL SIGN
	0.00	\$ SUBSCRIBER GROU	d Group	Rase Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GROU	TY-FIRST DSE	NINE COMMUNITY/ AREA CALL SIGN Fotal DSEs
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	TY-FIRST DSE	Base Rate Fee First G NINE COMMUNITY/ AREA

LEGAL NAME OF OWNE TCT WEST, Inc. A			Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SICN			DOE	CALL SIGN			DOE	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	Y-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	

Name	EGAL NAME OF OWNER OF CABLE SYSTEM: CT WEST, Inc. And Tri County Telephone Association, Inc. SYSTEM ID# 61722							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
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	AME OF OWNER OF CABLE SYSTEM: EST, Inc. And Tri County Telephone Association, Inc. 61722							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	
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	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	ED THIRD	ONE HUNDRI
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN				CALL SIGN		

	GAL NAME OF OWNER OF CABLE SYSTEM: CT WEST, Inc. And Tri County Telephone Association, Inc. 61722								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	RED SIXTH			SUBSCRIBER GROU	RED FIFTH		
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	UP 0	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP 0	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S	
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Name	61722								
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	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# SYSTEM ID# 61722								
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Mana	AL NAME OF OWNER OF CABLE SYSTEM: T WEST, Inc. And Tri County Telephone Association, Inc. 61722								
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9		SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROUP	NTEENTH		
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<i>,</i>	NAME OF OWNER OF CABLE SYSTEM: WEST, Inc. And Tri County Telephone Association, Inc. 6172:							Name
E	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	•
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TCT WEST, Inc.			e Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP			NTY-SIXTH	SUBSCRIBER GROUP		9
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TCT WEST, Inc.			e Associa	ation, Inc.		S	YSTEM ID# 61722	Name
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ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE LILINDRED THE	TV FIDET	CURCODIRED CROUD		ONE LILINDRED TUR	TV CECONE	A CLIDCODIDED CDOLL	<u> </u>	
	TY-FIRST	SUBSCRIBER GROUP	0	Ti .	Y-SECONL	SUBSCRIBER GROUP		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		te fees for each subso	riber group	as shown in the boxes	above.	\$		

Name	61722						and Tri C	TCT WEST, Inc. A
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ICI WESI, Inc. A		.E SYSTEM: County Telephone	Associa	ation, Inc.		S	YSTEM ID# 61722	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		TI .		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FORTIETH	I SUBSCRIBER GROU	JP	
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TCT WEST, Inc.			e Associa	ation, Inc.		S	61722	Name
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Raco Pato Foo: Add th	e base ra	te fees for each subso	criber group	as shown in the boxes	above.			

Name	YSTEM ID# 61722				e Associa	County Telephone		TCT WEST, Inc.
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	YSTEM ID# 61722	S'		ition, Inc.	e Associa			TCT WEST, Inc.
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LEGAL NAME OF OWNE			e Associa	ation, Inc.		S	YSTEM ID# 61722	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA					Computation			
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Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED F	IFTY-SIXTH	SUBSCRIBER GROU	JP	
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Name	YSTEM ID# 61722	S		tion, Inc.	e Associa			TCT WEST, Inc.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-EIGHTH	-SEVENTH	ONE HUNDRED FIFTY			
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	ONE HUNDRED FIFT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	ONE HUNDRED FIFT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	ONE HUNDRED FIFT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	ONE HUNDRED FIFT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	ONE HUNDRED FIFT
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	roup TY-NINTH	ONE HUNDRED FIFT
	O.00 JP O DSE	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon ONE HUNDREI COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	TY-NINTH DSE	ONE HUNDRED FIFT

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-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 Second Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRTY-FIRST SUBSCRIBER GROUP THIRTY-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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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Name	TCT WEST, Inc. And Tri County Telephone Association, I	SYSTEM ID# Inc. SYSTEM ID#				
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9	If your cable system is located within a top 100 television market and to Syndicated Exclusivity Surcharge. Indicate which major television market system of FCC rules in effect on June 24, 1981:					
Computation of	☐ First 50 major television market	Second 50 major television market				
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerciating schedule. Step 2: In line 2, give the total number of DSEs by subscriber group of Exempt DSEs in block C, part 7 of this schedule. If none entities 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group for commerciations and the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group is the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the surcharge for each subscriber group using the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the first step 4: Compute the fi	rcial VHF Grade B contour stations listed in block A, part 9 of for the VHF Grade B contour stations that were classified as er zero. of DSEs used to compute the surcharge.				
	SIXTY-FIFTH SUBSCRIBER GROUP	SIXTY-SIXTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
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	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page					

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LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. EIGHTY-FIFTH SUBSCRIBER GROUP EIGHTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group EIGHTY-SEVENTH SUBSCRIBER GROUP EIGHTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. EIGHTY-NINTH SUBSCRIBER GROUP NINETIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINETY-FIRST SUBSCRIBER GROUP NINETY-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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. NINETY-THIRD SUBSCRIBER GROUP NINETY-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 Second Group NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. ONE HUNDERED FIRST SUBSCRIBER GROUP ONE HUNDERED 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 Second Group ONE HUNDERED THIRD SUBSCRIBER GROUP ONE HUNDERED 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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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Name		STEM ID#			
	TCT WEST, Inc. And Tri County Telephone Association, Inc.	61722			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	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 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 of	☐ First 50 major television market ☐ Second 50 major television market				
Base Rate Fee	INSTRUCTIONS:				
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 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 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 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. 				
	ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	<u>-</u>			
	ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTH SUBSCRIBER GROUP)			
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs				
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	_			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$				
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)				

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	CVCTEM ID#				
TCT WEST, Inc. And Tri County Telephone Association, In	SYSTEM ID# nc. 61722				
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 Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:					
☐ First 50 major television market	Second 50 major television market				
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 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 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. 					
ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP	ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP				
	CNE HONDRED I GONTEENTH GODGONDEN GROOT				
	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 total number of DSEs for				
	this subscriber group				
subject to the surcharge	subject to the surcharge				
computation	computation				
SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group				
ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP	ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP				
Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1 and enter here. This is the				
total number of DSEs for	total number of DSEs for				
this subscriber group	this subscriber group				
	subject to the surcharge				
computation	computation				
SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group				
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for earlin the boxes above. Enter here and in block 4, line 2 of space L (page 1)					
	TCT WEST, Inc. And Tri County Telephone Association, In BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE Third Group				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name TCT WEST, Inc. And Tri County Telephone Association, Inc. 61722 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. ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWENTY-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 Second Group ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP ONE HUNDRED TWENTY-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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: TCT WEST, Inc. And Tri County Telephone Association, Inc.	FEM ID#			
G Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	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 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: First 50 major television market Second 50 major television market				
	ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	JP			
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	SYNDICATED EXCLUSIVITY SURCHARGE Third Group				

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SA3E. PAGE 20.			
Name	TCT WEST, Inc. And Tri County Telephone Association, Inc.	SYSTEM ID# 61722			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
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	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)				

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