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					
	\$					
	ALLOCATION NUMBER					
08/29/2018						

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2018/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perion	em the accounting period should s	•
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	SureWest TeleVideo dba Consolidated Communicat	ions Enterpris	se Services	
				6198520181 61985 2018/1
				2010/1
	121 S 17th Street			
	Mattoon, IL 91938-3987			
С	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			
System	IDENTIFICATION OF CABLE SYSTEM:			<u> </u>
- - - - - - - - - -	Consolidated Communications Enterprise Services			
	MAILING ADDRESS OF CABLE SYSTEM:			
	211 Lincoln Street (Number, street, rural route, apartment, or suite number)			
	Roseville, CA 95678			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Sacramento	CA		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
,	Alliance	MD	В	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
SureWest TeleVideo dba Consolidated Communications Enterprise	Services		61985						
Instructions: List each separate community served by the cable system. A "community" in FCC rules: "a separate and distinct community or municipal entity (including unincorpor areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst of system identification hereafter known as the "first community." Please use it as the first	orated communition to the community that	es within unincorp you list will serve	orated	D Area Served					
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number									
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b	elow.								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Sacramento	CA	AB		First					
Antelope Carmichael	CA	AA		Community					
Citrus Heights	CA CA	AB AA							
Elk Grove	CA	AB							
Fair Oaks	CA	AB		See instructions for					
Granite Bay	CA	AA		additional information					
Lincoln	CA	AA		on alphabetization.					
McClellan	CA	AB							
Natomas	CA	AB							
Orangevale	CA	AB		Add rows as nosossany					
Rancho Cordova	CA	AB		Add rows as necessary.					
Rocklin	CA	AB							
Roseville	CA	AB							

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SureWest TeleVideo dba Consolidated Communications Enterprise Services

61985

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	SOBSCINIBLINS		IXAIL	CATEGORY OF SERVICE	SOBSCRIBERS	IVAIL		
Service to first set	18,358	\$	26.74					
Service to additional set(s)								
 FM radio (if separate rate) 								
Motel, hotel								
Commercial	287	\$	26.74					
Converter		ļ						
Residential	16,356	\$	7.99					
Non-residential	738	\$	7.99					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1						BLOCK 2	
CATEGORY OF SERVICE		RATE	CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential					
Pay cable	\$	26.74	Motel, hotel					
 Pay cable—add'l channel 	\$	24.26	Commercial			Ī		
Fire protection			Pay cable			Ī		
•Burglar protection			 Pay cable-add'l channel 			Ī		
Installation: Residential			Fire protection			Ī		
First set	\$	49.96	Burglar protection			I		
 Additional set(s) 			Other services:			Ī		
 FM radio (if separate rate) 			Reconnect	\$	19.99	Ī		
Converter			Disconnect	\$	49.95	Ī		
			Outlet relocation			Ī		
			 Move to new address 			Ī		
						Ī		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) **KCRA** 3 Sacramento, CA n No **KQCA** 58 No Sacramento, CA See instructions for additional information **KOVR** 13 n No Sacramento, CA on alphabetization. **KVIE** 6.1 No Sacramento, CA е KVIE-2 6.2 No Sacramento, CA е **KTXL** 40 i No Sacramento, CA **KXTV** 10.1 Sacramento, CA n No **KSPX** 29 i No Sacramento, CA **KMAX** 31 Sacramento, CA i No **KTNC** 42 1 Yes 0 Concord, CA

LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			;	SYSTEM ID#	Nam	
SureWest Tele	Video dba C	onsolidate	ed Communi	ications Enter	prise Services	61985	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	DN						
carried by your cable s FCC rules and regulati	system during to ons in effect or	he accounting 1 June 24, 19	period, except 81, permitting th	: (1) stations carrie	and low power television stated only on a part-time basis unain network programs [section	nder ns	G	
substitute program bas		, .	•	r(e)(2) and (4))], a	and (2) certain stations carrie	u on a	Primary Transmitters:	
. •	stations: With r	espect to any	distant stations	s carried by your o	able system on a substitute p	orogram	Television	
 Do not list the station station was carried 	•		t it in space I (th	ne Special Statemo	ent and Program Log)—if the			
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.								
		•		. •	s such as HBO, ESPN, etc. lo	,		
			•	•	tion. For example, report muln stream separately; for exam			
its community of licens	e. For example	e, WRC is Cha			on for broadcasting over-the- may be different from the cha			
on which your cable sy Column 3: Indicate			tation is a netwo	ork station, an inde	ependent station, or a noncon	nmercial		
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-I	M"		
(for independent multic For the meaning of the	,		, ,	,	ommercial educational multica ne paper SA3 form.	iSt).		
Column 4: If the sta	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an e	ex-		
planation of local servi					e paper SA3 form. stating the basis on which you	ur		
cable system carried th	ne distant statio	on during the	accounting perio	od. Indicate by en	tering "LAC" if your cable syst			
carried the distant stati	•				capacity.	phiect		
					stem or an association repres	•		
•	. ,		•	• .	ry transmitter, enter the desig			
` ' '			•	•	ther basis, enter "O." For a fund ad in the paper SA3 form.	rtner		
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licens	-		
FCC. For Mexican or C Note: If you are utilizin		. ,		•	which the station is identifed channel line-up	l.		
			EL LINE-UP	•	onao ap.			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	•		
	NUMBER	STATION	(/	(If Distant)				
KCRA	3	n	No		Sacramento, CA			
KQCA	58	i	No		Sacramento, CA			
KOVR	13	n	No		Sacramento, CA			
KVIE	6.1	е	No		Sacramento, CA			
KVIE-2	6.2	е	No		Sacramento, CA			
KTXL	40	i	No		Sacramento, CA			
KXTV	10.1	n	No		Sacramento, CA			
KSPX	29	i	No		Sacramento, CA			
KMAX	31	i	No		Sacramento, CA			
KTNC	42	l	No		Concord, CA			
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		ļ						

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

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE S	/STEM:				SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Nume		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON							
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rote. If you are utilizing	ig manipic chai	•	•	•	onarmer inte up.				
		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 STA	TION			
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	YSTEM:				SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Humo		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON							
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,	-		EL LINE-UP		· ·				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	FION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			!	SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
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Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community		•			
Note: If you are utilizing				•		4.			
		CHANN	EL LINE-UP	AF					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	١			
	<u> </u>				<u> </u>				
					<u> </u>				

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN						SYSTEM ID#	Name			
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985				
PRIMARY TRANSMITTE	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, 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"										
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.										
Note: If you are utilizing	ig multiple chai				charmer ime-up.					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION				

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name			
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Name			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial										
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.										
Note: If you are utilizing	ng multiple chai		·		cnannei iine-up.					
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE S	/STEM:				SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN						SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN						SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE S'	/STEM:				SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Nume
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
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FORM SA3E. PAGE 3.							•
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			,	SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Name
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:				SYSTEM ID#	Name
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PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
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of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	t entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	n or before Jumitter or an a o enter "E". If , see page (vich station. Foons, if any, giv	ine 30, 2009, be ssociation repre you carried the of the general or U.S. stations, e the name of the	etween a cable system in a cable system in a channel on any of instructions locate list the community with a community with	payment because it is to stem or an association recovery transmitter, enter the other basis, enter "O." For d in the paper SA3 form to which the station is lit which the station is identification.	epresenting designa- a further icensed by the	
Note: If you are utilizing	ng multiple chai	•	use a separate		channel line-up.		
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN						SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	Hume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
PRIMARY TRANSMITTE In General: In space (carried by your cable stock rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Stoasis under specific For Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the staplanation of local serving Column 5: If you have cable system carried the carried the distant station of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the state the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the distant state for the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the distant state for the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the distant state for the distant state for the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the distant state for the carried the distant state for the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the carried the distant state for the carried the distant state	ERS: TELEVISIO G, identify ever system during toons in effect or 6.61(e)(2) and (e) 6.61(y television state accounting an June 24, 1964, or 76.63 (rad in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state acrining substitute basis. ace I, if the state acrining substitute sign. Do not rate a station account of the station account of the station. Whether the station. Whether the station. Whether the station account of the local server age (v) of the station of the local server age (v) of the station of the local server age (v) of the station of the station. The station of the station of the station of the station. For the station of the station of the station of the station of the station. For the station of t	ation (including a period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: to it in space I (the ation was carried to the permitting to the permitting to its own be reported in continuous assigned to the permitting the permitting to the permitten to the permitting to the permitted to the perm	translator stations (1) stations carrie e carriage of certa 1(e)(2) and (4))]; as carried by your ce e Special Statemed both on a substitute, see page (v) on a program services er-the-air designate column 1 (list each the television statifington, D.C. This information in the station, an indefor network multicar "E-M" (for noncoptions located in the inplete column 5, sold. Indicate by entoctivated channel or ubject to a royalty tween a cable system in the primary channel on any of instructions located list the community with ecommunity with	and low power television of only on a part-time bate ain network programs [sound (2) certain stations of able system on a substitute that and Program Log)—in the general instructions is such as HBO, ESPN, of the general instructions is such as HBO, ESPN, of the general instructions is such as HBO, ESPN, of the general instructions is such as HBO, ESPN, of the general instructions is such as HBO, ESPN, of the general instructions is such as HBO, ESPN, of the general instructions is graph and the general instructions of the general graph and the general instruction from the graph and the basis on which the station is lief which the station is identification.	sis under ections earried on a tute program if the ome other is located etc. Identify t multi- example r-the-air in e channel oncommercial t), "I-M" nulticast). r an ex- ex system the subject epresenting designa- r a further icensed by the	G Primary Transmitters: Television
		CHANN	EL LINE-UP	ΔP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN						SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	orise Services	61985	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space (carried by your cable set FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Set basis under specific FC to Do not list the station station was carried to List the station here, basis. For further in in the paper SA3 of Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify even system during ti ions in effect or i.61(e)(2) and (isis, as explaine stations: With a CC rules, regula here in space only on a subs and also in spa formation conc rm. h station's call associated with -2". Simulcast e channel numble. For example ystem carried the	y television standard y television standard y television standard y television standard y television y televi	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried trute basis station report origination coording to its over be reported in or ass assigned to the annel 4 in Wash	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designal column 1 (list each the television station ington, D.C. This ingent of the carried solution (e) and the carried solution (e) and the carried solution (e) and	and low power television of only on a part-time basin network programs [see and (2) certain stations of able system on a substitute that and Program Log)—if the general instructions is such as HBO, ESPN, earn, for example, report a stream separately; for on for broadcasting over may be different from the pendent station, or a no	sis under ections arried on a sure program f the shown other is located etc. Identify it multi-example echannel	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for noise terms, see lation is outside ce area, see payer entered "Yine distant static ion on a partition of a distant entered into on a primary transsimulcasts, also ree categories e location of ea Canadian statio	oncommercial page (v) of the the local servage (v) of the es" in column on during the emercial servage (v) of the est in column on during the emercial servage en or before Jumitter or an acceptance of the emercial servage (v) ch station. Foons, if any, given	I educational), of general instructivice area, (i.e. "or general instruction 4, you must confuse of lack of a geam that is not some 30, 2009, be association repreyou carried the or of the general in U.S. stations, et the name of the	or "E-M" (for nonco- ctions located in the distant"), enter "Ye- ions located in the mplete column 5, so- od. Indicate by enti- ctivated channel of subject to a royalty steween a cable sys- senting the primar channel on any of instructions locate list the community me community with	s". If not, enter "No". For paper SA3 form. stating the basis on whice ering "LAC" if your cable apacity. payment because it is the or an association rely transmitter, enter the other basis, enter "O." For d in the paper SA3 form to which the station is lie which the station is iden	ulticast). r an ex- h your e system the subject expresenting designa- a further censed by the	
rector if you are dained			EL LINE-UP		onamio ap.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN						SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enterp	orise Services	61985	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy	G, identify every system during the constant of the constant o	y television standard y television y television standard y television standard y television standard y television y television standard y television y television standard y television y	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations corizations: It it in space I (the ation was carried tute basis station report origination cording to its over the be reported in contast assigned to the annel 4 in Wash	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your cast of the second by the second	and low power television of only on a part-time bate ain network programs [so and (2) certain stations of able system on a substitute that and Program Log)—if the general instructions is such as HBO, ESPN, exion. For example, report in stream separately; for on for broadcasting over may be different from the pendent station, or a no	sis under ections ections tute program if the embedding example example echannel	G Primary Transmitters: Television
(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you had cable system carried the carried the distant statis. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the	cast), "E" (for no ese terms, see pation is outside ice area, see paave entered "Yche distant static ion on a part-tirision of a distant tentered into on a primary transisimulcasts, also aree categories, e location of ea Canadian statio	oncommercial page (v) of the the local servage (v) of the es" in column on during the ame basis becar multicast streen or before Jumitter or an aspenter "E". If , see page (v) ch station. Fo	I educational), of e general instructivice area, (i.e. "digeneral instruction 4, you must conaccounting periodause of lack of a earn that is not some 30, 2009, be association representation of the general in U.S. stations, I e the name of the	r "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, s od. Indicate by ent ictivated channel c subject to a royalty tween a cable sys senting the primar channel on any ot instructions locate list the community me community with	s". If not, enter "No". For paper SA3 form. stating the basis on whice ering "LAC" if your cable capacity. payment because it is to stem or an association received transmitter, enter the content of the basis, enter "O." For do in the paper SA3 form to which the station is identification.	r an ex- ch your e system the subject epresenting designa- a further icensed by the	
		CHANN	EL LINE-UP	ΔR	· .		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	I	1	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE S	/STEM:				SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Nume
PRIMARY TRANSMITTI	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 Pa	G, identify ever system during to ions in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard y television y te	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried that the station was carried that the station was carried that the station was carried to the period of the station was assigned to the station is a network etwork), "N-M" (I educational), one general instruction of the station was assigned to the station with the station was assigned to the station was assigned to the station was assigned to the station with the station was assigned to the station was assi	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service the television statistington, D.C. This work station, an indefor network multicution (FE-M" (for noncontrolled in the station), enter "Yes ions located in the station of	es". If not, enter "No". For paper SA3 form. stating the basis on which tering "LAC" if your cable capacity. If payment because it is to stem or an association receive transmitter, enter the wher basis, enter "O." For d in the paper SA3 form to which the station is lied.	asis under ections carried on a tute program if the ome other s located etc. Identify t multi- example r-the-air in e channel oncommercial t), "I-M" nulticast). or an ex- ch your e system the subject epresenting designa- r a further i. icensed by the	G Primary Transmitters: Television
Note: If you are utilizing		. ,		•	which the station is ide channel line-up.	Titilica.	
		CHANN	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STA	TION	
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FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
SureWest TeleVideo dba Consolidated Communications Enterprise	Services 61985	- Trainio
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and locarried by your cable system during the accounting period, except (1) stations carried only of FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain netw 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) is substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable sybasis 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 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. For further information concerning substitute basis stations, see page (v) of the ge in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such a each multicast stream associated with a station according to its over-the-air designation. For cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for bits community of license. For example, WRC is Channel 4 in Washington, D.C. This may be on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) is not subject to a royalty payme of a written agreement entered "Yes" in column 4, you must complete column 5, stating t 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	on a part-time basis under work programs [sections certain stations carried on a restem on a substitute program Program Log)—if the sis and also on some other eneral instructions located as HBO, ESPN, etc. Identify or example, report multima separately; for example proadcasting over-the-air in edifferent from the channel of the company of the co	Primary Transmitters: Television
Column 6: Give the location of each station. For U.S. stations, list the community to which 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	ei iine-up.	
CHANNEL LINE-UP AT		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOC SIGN CHANNEL OF (Yes or No) CARRIAGE (If Distant)	CATION OF STATION	

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "i" (for independent), "I-M"									
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.									
Note: If you are utilizing	ig multiple char				channer line-up.				
	1	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 STA	TION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				SYSTEM ID#	Name
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter	prise Services	61985	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							G Primary Transmitters: Television
explanation of these the	ree categories e location of ea	, see page (v) ch station. Fo	of the general in U.S. stations,	instructions locate list the community		sed by the	
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	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	N	
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN						SYSTEM ID#	Name		
SureWest Tele	Video dba C	onsolidate	ed Communi	cations Enter _l	orise Services	61985			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"									
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.									
Note: If you are utilizing	ig multiple char			·	cnannei iine-up.				
	1	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 STA	TION			
					l				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 61985 SureWest TeleVideo dba Consolidated Communications Enterprise Services PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2018/1			
LEGAL NAME OF OWNER OF SureWest TeleVideo d			nmunications Enterpri	se Services	S	SYSTEM ID# 61985	Name			
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG							
In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authoriza	ations. For a further	Substitute			
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu	ist complete the p	orogram	Program Log			
2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the sadcast static hadian static hadian static er "R" if the land regulation or support of the sample: a constant and day ove "5/7."	m on a separa attach addition nnetwork televion and that your r authorization t use general of the station broadca to a station broadca a station broadca to a station broadca a station broadca to a station broadca a station b	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, of for the program of the program of the program of the program. Use the program of the program o	during the accourramming of anoth ns located in the plant is specific programmed by the FCC tiffied). List the times access the second programmed by the first the times access to p.m. should bour system was reter "P" if the listed	nting er station paper gram or, in he month curately be equired				
		E PROGRAM	1		N SUBSTITUTE	TO 7. REASON				
TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION				
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО				
	 									
	 									
	 									
	 									
	 									
	 									
	 									
	 									
	4		 							

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

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

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYST	EM ID#	Nome	
Sui	eWest TeleVideo dba Consolidated Communications Enterprise Service	es			61985	Name	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 2,440,670.27							
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	of gross receipts)	0.27		
ConConIf youIf youIf you	TRIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. our system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.					L Copyright Royalty Fee	
	irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	oe ent	ered on li	ne 1 of			
	ort 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	enter	ed on line	2 in block			
	or trip or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	ould b	e entered	on line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		.064 perc	ent of the			
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	2,440,67	0.27		
	Enter the result here. This is your minimum fee.	\$		25,96	8.73		
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colui "Yes" in this block. • Did your cable system carry any distant television stations during the accounting per Yes—Complete the DSE schedule. No—Leave block 3 below blank and continued the property of	mn 4, iod?	you must	check			
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	9,51	6.82		
3	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	\$		9,51	6.82		
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	25,96	8.73	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		\$	72	5.00	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	\$		26,69	3.73	appropriate form for submitting the additional fees.	
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	(See	page (i) of	the			

	LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:	SYSTEM ID#								
Name	SureWest TeleVideo d	ba Consolidated Communications Enterprise Services	61985								
	CHANNELS										
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels	,										
		of channels on which the cable									
	system carried television	n broadcast stations									
	2. Enter the total number	of activated channels									
		em carried television broadcast stations									
	and nonbroadcast servi	ces	!								
N	INDIVIDUAL TO BE COM	NTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about this	statement of account.)									
Individual to Be Contacted											
for Further	Name Julie Poon	Telephone 916-786-10	34								
Information		Тетерноге 3 10-100-10									
	Address 211 Lincol i	n Street									
		ural route, apartment, or suite number)									
	Roseville,	CA 95678									
	(City, town, state,	zip)									
		o noon@concolidated.com									
	Email Juli	e.poon@consolidated.com Fax (optional)									
	CERTIFICATION (This star	tement of account must be certifed and signed in accordance with Copyright Office regulations.									
0											
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)									
	(Owner other than cor	poration or partnership) I am the owner of the cable system as identifed in line 1 of space B; or									
	(omer one man oor										
	(Agent of owner other	than corporation or partnership) I am the duly authorized agent of the owner of the cable system as iden	ntified								
		and that the owner is not a corporation or partnership; or									
	X (Officer or partner) a	m an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cabl	e system								
	in line 1 of space B.		,								
	I have examined the state	ement of account and hereby declare under penalty of law that all statements of fact contained herein									
		rrect to the best of my knowledge, information, and belief, and are made in good faith.									
	[18 U.S.C., Section 1001(1	986)]									
		/s/Michael Shultz									
		73/Michael Offulz									
		er an electronic signature on the line above using an "/s/" signature to certify this statement.									
		., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and p button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility se									
			·····go·								
	Тур	ed or printed name: Michael Shultz									
	Title	e: VP Regulatory & Public Policy									
	7100	(Title of official position held in corporation or partnership)									
	Date	e: 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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

ACCOUNTING PERIOD: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

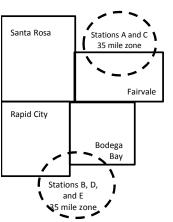
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		40,0000			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs .	1.083	DSEs .	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

ACCOUNTING PERIOD: 2018/1

DSE SCHEDULE. PAG	SE 11. (CONTINUED)											
1	LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:			SY	YSTEM ID#						
1	SureWest TeleVideo d	ba Consolidate	ed Communications E	Enterprise S	Services	61985						
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	Add the DSEs of each station				4.00							
	Enter the sum here and in lin	ie 1 of part 5 of this	s schedule.		1.00							
•	Instructions:											
2	In the column headed "Cal	I Sign": list the cal	I signs of all distant stations	s identified by t	he letter "O" in column 5							
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give the DSE as ".25."											
Category "O"			CATEGORY "O" STATION	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	KTNC	1.000										
A -l -l												
Add rows as												
necessary.												
Remember to copy all formula into new												
rows.												
TOWS.												
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1	L			ll								

Name		wner of CABLE SYSTEM: leVideo dba Consol	idated Comm	unications Enter	prise Service	s	S	YSTEM ID# 61985		
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	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		C	ATEGORY	AC STATIONS:	COMPUTATI	ON OF DSFs				
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	R 3 JRS ED BY	. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TYPE		SE		
						x				
						x x				
			÷		=	x	=			
			÷		=	x	=			
						x				
			÷		=	x	= =			
	Add the DSEs of	OF CATEGORY LAC S of each station. on here and in line 2 of p		dule,	▶	0.00				
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effer Broadcast or space I). Column 2: F at your option. T Column 3: E Column 4: E	ct on October 19, 1976 (ne or more live, nonnetw for each station give the This figure should correse Enter the number of days Divide the figure in colum	itution for a prog as shown by the ork programs dur number of live, spond with the in s in the calendar in 2 by the figure	ram that your systen letter "P" in column ing that optional carr nonnetwork program formation in space I. year: 365, except in in column 3, and gi	n was permitted to the following of space (); and the following ()	o delete under FCC rule	2 of were deleted s than the third	rm).		
		SU	BSTITUTE-B	ASIS STATION	S: COMPUTA	ATION OF DSEs				
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR		1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE		
		4		=		4		=		
				=				=		
		:		=		=	-	=		
		÷		=			-	=		
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:		▶	0.00				
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your syster DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	1.00 0.00 0.00			
	TOTAL NUMBER	R OF DSEs						1.00		

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

LEGAL NAME OF C			l Communi	cations Entern	orise Servi	206	S	YSTEM ID# 61985	Name
			Commun	cations Enterp	Jilse Selvic			01900	
Instructions: Bloc In block A:				- (" 505					6
• If your answer if schedule.				/ of the DSE sche	edule blank ar	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable syster						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—[OO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
	lete blocks B and								
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN		ne DSE Sche	dule. (Note: TI	ne 25, 1981. For for ne letter M below r Act of 2010.)	•	•			
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	usis on which you on elow pertain to the orket quota rules [7	se in effect or	n June 24, 198		ı tc	
	C Noncommeric	al educationa d station (76.0	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referring	to 76.61(d)			
	•	viously carrie JHF station w	ed on a part-tin rithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
	1			T	, ,	1	1	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KTNC	G	1.00							
								1.00	
		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	n block B ab	ove			<u>, </u>		
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	ess receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

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

		WNER OF CABLE Video dba Co		d Communi	cations Enterp	orise Servi	ces		61985	Mama
			BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
	CALL	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation 3.75 Fee
···										
••••••	••••••								•••••	
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Name		EGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985												
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fot A—Part-time spi 76.59 B—Late-night pri 76.61(S—Substitute car genera Column 5: Indicate Column 6: Compare in block IMPORTANT: The	or to June 25, call sign for ear the DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(e rogramming: (e)(3)). arriage under all instructions the station's the the DSE fig. B, column 3 (e) information you	1981, under forme ach distant station his station for a sing period and year arriage on which the regulations cited be mming: Carriage, ()(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 DSE for the curren ures listed in columof part 6 for this state ungive in columns	er FCC rules govidentifed by the gle accounting in which the car ne station was collowed by the ring to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and attion. 2, 3, and 4 musting the ring to 76.3 and 4 musting the recommendation.	ver let perria arritho asi asi (1) (1) aurio lis	f6.59(d)(3), 76.61(e)(3) thorizations. For furthed d as computed in parts to the smaller of the two	stitute carri part 6 of the n January 1 (e.g., 1981) e following 1, 1981. Iming unde 0, or 76.63 (or explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v of this schedu	ene 30, 19 ections vi) of the should be	e entere				
		PERMITT	ED DSE FOR STA	TIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_			
	1. CALL SIGN					4. BASIS OF CARRIAGE			6. P					
1	0.014	SIGN DSE PERIOD CARRIAGE DSE DSE												
7 Computation of the	In block A: If your answer is	"Yes," comple	ete blocks B and C locks B and C blar	k and complete	•									
Syndicated Exclusivity			BLOC	K A: MAJOR	11	ELEVISION MARK	<u>EI</u>							
Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?				
-	X Yes—Complete	blocks B and	IC.			No—Proceed to	part 8							
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3				
	commercial VHF stati or in part, over the ca	ion that places ble system?	s a grade B contou	r, in whole		nity served by the cab to former FCC rule 76	le system p .159)	orior to March 3	31, 1972	? (refe				
	SIGN DSE PERIOD CARRIAGE DSE DSE Instructions: Block A must be completed.													
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE				
			-											
				-			 							
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00				

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services	SYSTEM ID# 61985	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	0.000	
Section		0.440.070.07	7
1	Enter the amount of gross receipts from space K (page 7)	2,440,670.27	/
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name		SureWest TeleVideo dba Consolidated Communications Enterprise Services	61985
7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	You me 6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. book A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. but answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. but answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. but answer is "Yes" (that station? A station is "partially distant" if, at the time your system carried it, some of your subscribers booked within that station's local service area and others were located outside that area. For the definition of a station's "local earea," see page (v) of the general instructions.	w
		DI COM AL CARRIAGE OF BARTIALLY DIOTANT OTATIONO	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section	BLOCK B. NO FARTIALLY DISTANT STATIONS—CONFUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7)	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.)	<u>)0</u>
	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)	3_
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ _ \$ 17,109.10	
		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)	25 969 72
		Base Rate Fee	

Sure	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
	West TeleVideo dba Consolidated Communications Enterprise Services 61985	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts	U
	(the amount in section 1) >	
	B. Enter 0.00701 of gross receipts	Computation
	(the amount in section 1) \$	of Base Rate F
	C. Multiply line B by 3.000 and enter here ▶	Dase Nate P
	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	
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computati
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	
		of
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the come	
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of	Base Rate F and Syndicate
tation SEs	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Base Rate F and Syndicate Exclusivit
tation SEs inally	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Base Rate F and Syndicate Exclusivit Surcharge for
tation SEs inally IOTE: Iso co	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Base Rate F and Syndicate Exclusivit Surcharge
tation SEs inally IOTE: Iso co	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must	Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations, as
tation SEs inally IOTE: Iso co your	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations, as
tation OSEs Finally NOTE: also co Fyour How to	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must impute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only. Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant station you	Base Rate F and Syndicate Exclusivit Surcharg for Partially Distant Stations, a for Partial Permitted
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DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B,

• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions

• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total

• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.

and 4 of this schedule; or,

part 6 of this schedule.

in the paper SA3 form.

Name LEGAL N

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 61985

SureWest TeleVideo dba Consolidated Communications Enterprise Services

Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals

Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.

Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.

Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.

Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams

Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.

You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

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

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Total DSEs							<u></u>	Partially
Total DSEs		H				-		
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA		H			·····	-	<u></u>	Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA							···	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA					••••	-		
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA								
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA								
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA								
Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Total DSEs		0.00	Total DSEs			0.00	
Base Rate Fee First Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Gross Receints First Group	¢	0.00	Gross Receints Sec	and Group	•	0.00	
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA O COMMUNITY/ AREA O	orous recoupts I hat Group		0.00	Cross receipts deci	ond Group	•		
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GROUP			TWENTIETH	SUBSCRIBER GROU	IP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	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 Total DSEs	Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 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 Fourth Group \$ 0.00	Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

LEGAL NAME OF OWN SureWest TeleVi			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
I	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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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	
TWE	NTY-THIRD	SUBSCRIBER GRO)UP	TWEN	ITY-FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
	Group	¢	0.00		orth Group	•	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iiii Gioup	\$	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.	\$		

Name	YSTEM ID# 61985	S	vices	ons Enterprise Se	nmunicat			LEGAL NAME OF OWNE SureWest TeleVide
		IBER GROUP	SUBSCRI	E FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	TWENTY-SIXTH SUBSCRIBER GROUP					SUBSCRIBER GROU	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP	SUBSCRIBER GROU	EVENTH	TWENTY-S
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	¢	Group		0.00	¢	roup	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	ισυμ	Gross Receipts Third G

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
	ITY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07122 01011	BOL	O'ALL GIGIT	DOL	OF ILLE CICIT	502	ON LEE GIGIT	502	Base Rate Fe
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Total DSEs		<u> </u>	0.00	Total DSEs		Į.Į.	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	
	RTY-FIRST	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	he base ra	te fees for each subs				\$	0.00	

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
THI	RTY-THIRD	SUBSCRIBER GRO	DUP	THIF	RTY-FOURTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fe
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Total DSEs		<u> </u>	0.00	Total DSEs		ļ.ļ	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
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Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T-+-I DOF-			0.00	T-4-1 DOE-			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
THIRTY-	SEVENTH	SUBSCRIBER GRO		THI	RTY-EIGHTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIR	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs	1		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	irth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

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

LEGAL NAME OF OWNE SureWest TeleVid			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GRO		i i	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fe
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO	UP	FO	RTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.122				Base Rate Fe
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Second Group \$ 0.00				
erece raccipie racc	C. Cup				0.14 O.04p			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	FTY-FIRST	SUBSCRIBER GRO	OUP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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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	
	~ wh	ļ ⁺	0.00		=uup	l _z	3.30	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

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

Name	YSTEM ID# 61985	S	rvices	ons Enterprise Se	nmunicat			LEGAL NAME OF OWNE SureWest TeleVide
		IBER GROUP	SUBSCRI	E FEES FOR EACH				
9	FIFTY-EIGHTH SUBSCRIBER GROUP					SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and			-			-		
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	0.00	\$	d Group	Gross Receipts Secon	0.00	¢	oup.	Gross Receipts First Gr
	0.00	3	u Group	Gloss Receipts Secon	0.00	\$	oup	Sioss Receipts Filst Gi
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	Y-NINTH	FIFT
	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
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	0.00	\$	Group	or occurrence in contra	0.00	\$	iroup	Gross Receipts Third G

and Syndicate Exclusivi	EGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
COMMUNITY/ AREA O COMMUNITY/ AREA									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE GALL SIGN DSE Base Rate and and syndicate Exclusiving Surcharge for Partially Distant Stations Fotal DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SixTy-Third Subscriber Group SixTy-Third Subscriber Group SixTy-Third Subscriber Group Community Area 0 0			SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	۵
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate CALL SIGN CALL SIGN	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
Base Rate and Syndicate Exclusivi Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0				DSF				DSF	
Syndicate Exclusivi Surcharg for Partially Distant Stations Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	CALL GIGIT	BOL	CALL GIGIT	DOL	ONLE GIGIT	DOL	OALL GIGIT	DOL	Base Rate Fe
Exclusivi Surcharg for Partially Distant Stations Total DSEs 0.00 Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0									and
Surcharg for Partially Distant Stations Total DSEs									Syndicated
for Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA									Exclusivity
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Distant Stations Total DSEs O.00 Total DSEs O.00 Gross Receipts First Group Sase Rate Fee First Group SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0							<u> </u>		
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SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	5.000 . 1000.ptoot	C. Cup				G. Gup			
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SI	XTY-THIRD	SUBSCRIBER GRO	DUP	SIX	KTY-FOURTH	SUBSCRIBER GROU	JP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	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	Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 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 Fourth Group \$ 0.00	Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC		RIBER GROUP		
	XTY-FIFTH	SUBSCRIBER GRO		tt -	9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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T			0.00	T 1 1 DOE			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	DUP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	<u>\$</u>	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third Base Rate Fee: Add tenter here and in bloc	Group he base ra t	\$ te fees for each subs	0.00	Base Rate Fee Fou	rth Group	\$		

LEGAL NAME OF OWNE SureWest TeleVid			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	
				TE FEES FOR EAC				
SIXT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GRO	OUP 0	SEVENTIETH SUBSCRIBER GROUP				
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	OUP	SEVEN	ITY-SECOND	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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sase kate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	πn Group	\$	0.00	
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LEGAL NAME OF OWI SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
SEVE	NTY-THIRD	SUBSCRIBER GRO	DUP	SEVEN	ITY-FOURTH	SUBSCRIBER GROU	JP	0
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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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO	DUP	SEV	'ENTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
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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 SureWest TeleVio			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
	SEVENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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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	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP HTY-FIRST SUBSCRIBER GROUP O COMMUNITY/ AREA O COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
DSE CALL SIGN DSE CALL SIGN DSE Of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
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Group \$ 0.00 Gross Receipts Second Group \$ 0.00
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ITY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	TEAAGSE LEIGAINGO NDG	Consolidated Con	nmunica	tions Enterprise S	Services		YSTEM ID# 61985
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SI		SUBSCRIBER GROU		111		1 SUBSCRIBER GROU	<u>JP</u> 0
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Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 EIGHTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA		CALL SIGN	DSE			CALL SIGN	DSE
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Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group EIGHTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA GROSS Receipts Second Group Base Rate Fee Second Group EIGHTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA							
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Gross Receipts First Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA (
Base Rate Fee First Group \$ 0.00 EIGHTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	al DSEs		0.00	Total DSEs			0.00
EIGHTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA (COMMUNITY/ AREA	oss Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
OMMUNITY/ AREA 0 COMMUNITY/ AREA (se Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
OMMUNITY/ AREA 0 COMMUNITY/ AREA (FIGHTY-SEVENTE	SUBSCRIBER GROU	ID	FIG	HTY-EIGHTH	1 SLIBSCRIBER GROL	IP
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	oss Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	se Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00

SureWest TeleVideo dba	BLE SYSTEM: Consolidated Co	mmunica	tions Enterprise S	Services		YSTEM ID# 61985	Naı
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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	
	T SUBSCRIBER GRO		NINE	TY-SECOND	SUBSCRIBER GROU	JP	
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OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
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COMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0	
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CALL SIGN DSE		0	COMMUNITY/ ARE.	Α		0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
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COMMUNITY/ AREA	CALL SIGN	0.00	COMMUNITY/ ARE.	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	tions Enterprise Se	ervices	SI	STEM ID# 61985	Name
				TE FEES FOR EACH				
	Y-THIRD	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
		0.122						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	ΓY-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

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

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
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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 HUNDI	RED THIRD	SUBSCRIBER GRO	DUP	ONE HUNDF	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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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 SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDI	RED FIFTH	SUBSCRIBER GRO		ONE HUN	DRED SIXTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee
	••••							and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			<u></u>		·····	-		Distant Stations
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Grood Receipte First V	огоир	<u>*</u>		Cross recorpts occ	ond Group	•		
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		li		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
			<u></u>			-		
	••••				•••••	-	····	
			<u></u>			-		
			<u></u>				<u> </u>	
			 					
			<u></u>			1	•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u></u>					and
			<mark></mark>			-		Syndicated
		-	. 			<u> </u>		Exclusivity
	···		<mark></mark>			-		Surcharge
	···		<mark></mark>			-		for Partially
			<u></u>			-		Distant
			•			-		Stations
			<mark></mark>					
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_	<mark></mark>					
			<mark></mark>		·····			
			···					
			<u>-</u>		····	-		
			<mark></mark>					
			<u> </u>			-		
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

Odievvest Televideo dba (LE SYSTEM: Consolidated Co	mmunica	tions Enterprise \$	Services	S	YSTEM ID# 61985
			ATE FEES FOR EAC			
ONE HUNDRED THIRTEENTH COMMUNITY/ AREA	SUBSCRIBER GRO	O 0	H		I SUBSCRIBER GRO	
			COMMUNITY/ AREA0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
				·····		
						<u></u>
						····
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
dase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
ONE HUNDRED FIFTEENTH	SUBSCRIBER GRO		III		SUBSCRIBER GROU	_
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	H	<mark></mark>		·····		
Total DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	urth Group	\$	0.00
	\$			urth Group	\$	
Total DSEs Gross Receipts Third Group	\$			·	\$	

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

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

LEGAL NAME OF OW SureWest TeleV			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	IP	tt -		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIT	502	O/ALL GIGIT	DOL	OF ILLE STORY	502	OF ILLE STORY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
						-		
			<u></u>			-	···-	
						-		
		•				· · · · · · · · · · · · · · · · · · ·		
Total DSEs	•		0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	A		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	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.	\$		

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWI	ENTY-NINTH	SUBSCRIBER GROU		ONE HUNDR	ED THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
								for
	·····					-		Partially Distant
	·····					-		Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-SECONE	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			<u></u>					
	·····					-		
						-		
							<u></u>	
						-	<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Groun	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
2.000 . (000)pto 111110	up	·			Этоир	<u>*</u>		
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 OWI SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		tt -		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA	٠		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL CICIA	DOL	ONEE OF OTHER	DOL	OF ILLE STORY	502	OF ILLE STORY	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
					·····			Distant
						-		Stations
							<u> </u>	
	····		<u></u>			-	···-	
		H				-		
						· · · · · · · · · · · · · · · · · · ·		
Total DSEs	•		0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TI	HIRTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	·		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	····	<u> </u>	····			-		
	••••	H	····			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l 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.	\$		

LEGAL NAME OF OWN SureWest TeleVio			mmunicat	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUI)	ONE HUNDRED TH	IIRTY-EIGHTH	I SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
						-		and
								Syndicated
								Exclusivity
								Surcharge
			<u> </u>			-		for
	···					-		Partially Distant
	···		···			-		Stations
	···		······································					Gtationo
						-		
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROUI	5	ONE HUNDRE	D FORTIETH	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>			-		
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		-						
	<mark></mark>		<mark></mark>				<u></u>	
	<u></u>		<u></u>		<u></u>		<u></u>	
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE SureWest TeleVide			nmunicat	tions Enterprise Se	ervices	Sì	STEM ID# 61985	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	TY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		0.122 0.011						Base Rate Fee
								and
						-		Syndicated
						H		Exclusivity
						 		Surcharge for
					···	-		Partially
								Distant
								Stations
					<u></u>	-		
						-		
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
						 		
					···			
					···		<u></u>	
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	s	0.00	
		<u>·</u>		J. 111 1 1000.pto 1 Out	w	•		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

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

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise Se	ervices	SY	STEM ID# 61985	Name
				TE FEES FOR EACH				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		l		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							-	Exclusivity
					···	-	<u>-</u>	Surcharge for
		-						Partially
								Distant
								Stations
						-	<u> </u>	
					···	-	<u>-</u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
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		-						
						-		
							<u> </u>	
					···	-	<u>-</u>	
		-			···	-		
							<u>-</u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
·								
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE SureWest TeleVid			mmunica	tions Enterprise S	Services	S	YSTEM ID# 61985	Name
				TE FEES FOR EAC				
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
		-	<u></u>					Surcharge
	···				·····			for Partially
	··		···					Distant
			<u></u>					Stations
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Gross Receipts Third (эгоир	4	0.00	Gross Receipts Fou	iiii Gioup	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTY-EIGHTH	I SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUND	RED SIXTIETH	I SUBSCRIBER GROUP	•	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	<u>\$</u>	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985								
Bl				TE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GROU	P	9
COMMUNITY/ AREA	Placer	County & Citrus I	leights	COMMUNITY/ AREA	Sacram	ento County		Computation
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Gross Receipts First Group \$ 894,438.26				Gross Receipts Secon				
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Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$	0.00	

BLE SYSTEM: Consolidated Communications Enterprise Services 61985	Name
: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
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0.00 Total DSEs 0.00 \$ 0.00 \$ 0.00	

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LEGAL NAME OF OWNE SureWest TeleVid			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

Name	61985		rvices	ions Enterprise Se	nmunicat	onsolidated Con		SureWest TeleVid
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LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
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LEGAL NAME OF OWN SureWest TeleVio			mmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
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Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t	he base ra	te fees for each subs				\$	0.00	

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LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise S	ervices	SI	STEM ID# 61985	Name
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	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED S COMMUNITY/ AREA CALL SIGN

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise Se	ervices	S	YSTEM ID# 61985	Name
				TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
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GAL NAME OF OWNE ureWest TeleVide			nmunicat	ions Enterprise S	Services	S	YSTEM ID# 61985	Name
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ross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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otal DSEs			0.00	Total DSEs			0.00	
oss Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
add the	e base ra t			Base Rate Fee Four		\$	0.00	

LEGAL NAME OF OWN SureWest TeleVi			mmunicat	ions Enterprise S	Services	S	61985	Name
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		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
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ONE HUNDRED N	IINTEENTH	SUBSCRIBER GRO	DUP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
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-assitate i de i illiu	отоир	\$	0.00	Dusc Nate 1 66 1 00	.a. Group	\$	0.00	
		te fees for each subspace L (page 7)	scriber group	as shown in the boxe	s above.	s		

LEGAL NAME OF OWNER SureWest TeleVide			ımunicat	ions Enterprise S	ervices	S	YSTEM ID# 61985	Name
			BASE RA	TE FEES FOR EAC				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
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ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP				SUBSCRIBER GROUP	_	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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)	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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tal DSEs	Group		0.00	Total DSEs	th Group		0.00	

LEGAL NAME OF OWNER SureWest TeleVide			nmunicat	ions Enterprise Se	rvices	S	YSTEM ID# 61985	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		Ħ	RTY-EIGHTH	SUBSCRIBER GROUP		9
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
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ONE HUNDRED THIRT	Y-NIN I H	SUBSCRIBER GROU			FORTIETH	SUBSCRIBER GROU)P	
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				TE FEES FOR EACH				
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SureWest TeleVideo dba Consolidated Communications Enterprise Services 61985								
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	DSE DSE O.00	CALL SIGN	DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	CALL SIGN	Y-NINTH DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN Total DSEs	
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDREI COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROL	Y-NINTH DSE	COMMUNITY/ AREA	

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

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

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