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

## SA3E Long Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
08/29/2018	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2018/1								
B	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  1062  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  CMN-RUS, INC.								
				06263420181					
				062634 2018/1					
	8837 BOND STREET OVERLAND PARK, KS 66214								
•	INSTRUCTIONS: In line 1, give any business or trade names used	I to identify the busines	ss and operation of the syst	em unless these					
С	names already appear in space B. In line 2, give the mailing addre	ss of the system, if diff	erent from the address give	n in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
		.05		2.1					
D	Instructions: For complete space D instructions, see page 1b. Ide	ntiry only the fist com	nunity served below and rei	ist on page 1b					
Area Served	with all communities.  CITY OR TOWN	STATE							
First	GREENCASTLE	IN							
Community	Below is a sample for reporting communities if you report multiple	e channel line-ups in S	pace G.						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
Janiple	Alliance	MD	В	2					
	Gering	MD	В	3					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 Office'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.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062634 CMN-RUS, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE **CH LINE UP** SUB GRP# **GREENCASTLE** IN AA First IN **SEYMOUR** AB Community **VINCENNES** IN AC **NORTH VERNON** IN AB 2 **MADISON** IN AD 4 IN **WABASH** 5 ΑE See instructions for NORTH MANCHESTER IN AF 6 additional information on alphabetization. **HUNTINGTON** IN AG **CONNERSVILLE** IN 8 AH **NEW CASTLE** IN 9 ΑI **LENBANON** IN 10 ΑJ Add rows as necessary. **FRANKLIN** IN AK 11 LAFAYETTE IN AL 12 IN **CRAWFORDSVILLE AM** 13 WESTFIELD IN AN 14 **GREENWOOD** IN 11 AK **PLAINFIELD** IL 15 AO AP **BLOOMINGTON** IL 16 **FISHERS** IN 14 AN **OSWEGO** AP IL 16 **ROMEOVILLE** IL AO 15

# 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		BLO	CK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	32,858	\$ 10.00	Lifeline Service	43	\$ 10.00
<ul> <li>Service to additional set(s)</li> </ul>			Preferred Digital	10,079	\$ 18.95
<ul> <li>FM radio (if separate rate)</li> </ul>			HD Elite	1,209	\$ 6.95
Motel, hotel			HD Standard Service	16,611	\$ 9.95
Commercial	600	\$ 10.00	HD Preferred Service	10,044	\$ 9.95
Converter					
<ul> <li>Residential</li> </ul>	31,407	\$ 4.95			
<ul> <li>Non-residential</li> </ul>	1,086	\$ 4.95			

# F

## Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE	Ξ
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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 (Yes or No) CARRIAGE NUMBER STATION (If Distant) WCLJ 42 No Bloomington, Indiana I **WHMB** 20 No Indianapolis, Indiana See instructions for additional information WHMB-World Har 40.2 I-M No Indianapolis, Indiana on alphabetization. 9 No WISH ı Indianapolis, Indiana WISH-HD/DT (sim 8.1 I-M No Indianapolis, Indiana 8.2 WISH-getTV I-M No Indianapolis, Indiana **WISH-Justice** No 8.3 I-M Indianapolis, Indiana **WNDY** 32 ı No Marion, Indiana WNDY-HD/DT (Sir I-M 23.1 No Marion, Indiana **WNDY-Bounce T\** 23.2 I-M No Marion, Indiana WRTV 25 Ν No Indianapolis, Indiana WRTV-HD/DT (Sin 6.1 N-M No Indianapolis, Indiana WRTV-Grit 6.2 I-M No Indianapolis, Indiana WRTV-Laff 6.3 I-M No Indianapolis, Indiana **WTHR** 13 Ν No Indianapolis, Indiana WTHR-HD/DT (Sir 13.1 N-M No Indianapolis, Indiana WTHR-Cozi TV 13.2 I-M No Indianapolis, Indiana WTHR-Me-TV 13.3 I-M No Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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 (2) 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) **WIPX** 27 No Bloomington, Indiana WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for additional information **WIPX-Qubo** I-M 63.2 No Bloomington, Indiana on alphabetization. 63.3 I-M No WIPX-Ion Life Bloomington, Indiana 14 Ε No WTIU Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana WTTV 48 Ν No Bloomington, Indiana N-M WTTV-HD/DT (Sir 4.1 No Bloomington, Indiana WTTV - CW 4.2 I-M No Bloomington, Indiana **WXIN** 45 No Τ Indianapolis, Indiana WXIN-HD/DT (Sim 59.1 I-M No Indianapolis, Indiana WXIN-Antenna T\ 59.2 I-M No Indianapolis, Indiana **WXIN-This TV** 59.3 I-M No Indianapolis, Indiana

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	I	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AB (2)	
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
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	E	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	I	No		Louisville, Kentucky

G

Primary Transmitters: Television

**ACCOUNTING PERIOD: 2018/1** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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.

B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF	6. LOCATION OF STATION
1	STATION	(163 01 110)	CARRIAGE (If Distant)	
39	N	No		Terre Haute Indiana
39.1	N-M	No		Terre Haute Indiana
10	N	No		Terre Haute Indiana
10.1	N-M	No		Terre Haute Indiana
10.2	I	No		Terre Haute Indiana
28	I	No		Evansville, Indiana
7.1	I-M	No		Evansville, Indiana
36	N	No		Terre Haute Indiana
36.1	N-M	No		Terre Haute Indiana
22	Е	No		Vincennes, Indiana
22.1	E-M	No		Vincennes, Indiana
	10 10.1 10.2 28 7.1 36 36.1	10 N 10.1 N-M 10.2 I 28 I 7.1 I-M 36 N 36.1 N-M 22 E	10 N No 10.1 N-M No 10.2 I No 28 I No 7.1 I-M No 36 N No 36.1 N-M No 22 E No	10 N No 10.1 N-M No 10.2 I No 28 I No 7.1 I-M No 36 N No 36.1 N-M No 22 E No

#### PRIMARY TRANSMITTERS: TELEVISION

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**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.
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**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.

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		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE	47	N	No		Louisville, Kentucky
WAVE-HD/DT (Sir	3.1	N-M	No		Louisville, Kentucky
WAVE-Bounce T\	3.2	I-M	No		Louisville, Kentucky
WAVE-GRIT	3.3	I-M	No		Louisville, Kentucky
WBKI	19	l	No		Campbellsville, Kentucky
WBKI-HD/DT (Sim	34.1	I-M	No		Campbellsville, Kentucky
WBNA	8	I	No		Louisville, Kentucky
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Sir	9.1	N-M	No		Cincinnati, Ohio
WDRB	49	I	No		Louisville, Kentucky
WDRB-HD/DT (Sir	41.1	I-M	No		Louisville, Kentucky
WHAS	11	N	No		Louisville, Kentucky
WHAS-HD/DT (Sir	11.1	N-M	No		Louisville, Kentucky
WHAS-Justice Ne	11.2	I-M	No		Louisville, Kentucky
WHAS-Weather R	11.3	N-M	No		Louisville, Kentucky
WLKY	26	N	No		Louisville, Kentucky
WLKY-HD/DT (Sin	32.1	N-M	No		Louisville, Kentucky
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 PRIMARY TRANSMITTERS: TELEVISION

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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.

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		CHANN	EL LINE-UP	AD (2)	
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
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	Е	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
				1	

G

**Primary** Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	AE	
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
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	E	No		Fort Wayne, Indiana
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634

#### PRIMARY TRANSMITTERS: TELEVISION

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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.

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		CHANN	EL LINE-UP	AE (2)	
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
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

**Primary** Transmitters: Television

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**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

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WFFT	36	I	No		Fort Wayne, Indiana	
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana	
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WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana	
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana	
WFWA-Create	39.3	E	No		Fort Wayne, Indiana	
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana	
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WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana	
WPTA	24	N	No		Fort Wayne, Indiana	
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana	
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WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana	
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- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

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

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

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

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

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

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

	CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	ı	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	E	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sin	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
	•				

**Primary** Transmitters: Television

G

#### PRIMARY TRANSMITTERS: TELEVISION

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

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**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.

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CHANNEL LINE-UP AH											
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						
WCLJ	42	ı	No		Bloomington, Indiana						
WCPO	22	N	No		Cincinnati, Ohio						
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio						
WFYI	21	Е	Yes	0	Indianapolis, Indiana						
WFYI-HD/DT (Sim	20.1	E-M	Yes	Е	Indianapolis, Indiana						
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana						
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana						
WHMB	20	I	No		Indianapolis, Indiana						
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana						
WIPX	27	ı	No		Bloomington, Indiana						
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana						
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana						
WIPX-lon Life	63.3	I-M	No		Bloomington, Indiana						
WISH	9	I	No		Indianapolis, Indiana						
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana						
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana						
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana						
WLWT	35	N	No		Cincinnati, Ohio						

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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**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).

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**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.

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

		CHANN	EL LINE-UP	AH (2)		
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	
WLWT-HD/DT (Sii	5.1	N-M	No		Cincinnati, Ohio	
WNDY	32	I	No		Marion, Indiana	
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana	
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana	
WRTV	25	N	No		Indianapolis, Indiana	
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana	
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana	
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	
WTTV	48	N	No		Bloomington, Indiana	
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana	
WTTV - CW	4.2	I-M	No		Bloomington, Indiana	
WXIN	45	l	No		Indianapolis, Indiana	
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana	

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name			
CMN-RUS, INC	CMN-RUS, INC. 06263								
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space (carried by your cable set FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Basis Set basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and stion "E" (exempt). For statistical states of a written agreement the cable system and stion "E" (exempt). For statistical states of a written agreement the cable system and stion "E" (exempt). For statistical states of a written agreement the cable system and stion "E" (exempt). For statistical states of a written agreement the cable system and stion "E" (exempt). For statistical states of the system and stion "E" (exempt). For statistical states of the system and stion "E" (exempt). For statistical states of the system and stion "E" (exempt). For statistical states of the system and stion "E" (exempt). For statistical states of the system and stion "E" (exempt).	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television standard accounting in June 24, 19 4), or 76.63 (in din the next respect to any ations, or authors, or authors, or authors, or authors, in a station account in a station. Whether the station is a station in a station. Whether the station in a station	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that basis station report origination cording to its own be reported in contact as assigned to the station is a network etwork), "N-M" (I educational), one general instruction is a network etwork), "N-M" (I educational), one general instruction etwork), "University of the station is a network etwork," (i.e. "contact general instruction etwork), as a network etwork etwork), "N-M" (i.e. "contact general instruction etwork), etwork etwork etwork), etwork etwork etwork etwork etwork), etwork	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the special Statement of t	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper system or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further	G Primary Transmitters: Television			
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v ch station. Fo ns, if any, giv	of the general in U.S. stations, let the name of the	instructions locate list the community ne community with	d in the paper SA3 form.  to which the station is licensed by the which the station is identifed.				
Trotor ii you aro umzii			EL LINE-UP	<u> </u>	onamio mio ap.				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)	C. ECOATION OF CTATION				
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana				

#### PRIMARY TRANSMITTERS: TELEVISION

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CHANNEL LINE-U				Al	_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	ı	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana
WIPB - Weather	49.3	I-M	No		Muncie, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-lon Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	l	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	AI (2)		
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	
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana	
WNDY	32	ı	No		Marion, Indiana	
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana	
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana	
WRTV	25	N	No		Indianapolis, Indiana	
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana	
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana	
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	
WTTV	48	N	No		Bloomington, Indiana	
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana	
WTTV - CW	4.2	I-M	No		Bloomington, Indiana	
WXIN	45	I	No		Indianapolis, Indiana	
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana	

G

Primary Transmitters: Television

FURINI SAJE. PAGE 3.					23/2==== //		
CMN-RUS, INC		YSTEM:			SYSTEM ID# 062634	Name	
PRIMARY TRANSMITTI	ERS: TELEVISION	ON					
carried by your cable s FCC rules and regulat 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 each	system during to ions in effect of 5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and (5.61(e)(2) and as well as the end of t	he accounting In June 24, 19 (4), or 76.63 (4) and in the next respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitions, or not a sign. Do not	g period, except 181, permitting the referring to 76.6 paragraph. y distant stations norizations: at it in space I (the ation was carried tute basis station report origination	(1) stations carried carriage of cert. 1(e)(2) and (4))]; as carried by your one Special Statement both on a substitute, see page (v) on program service	s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi-	<b>G</b> Primary  Transmitters:  Television	
cast 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 ouring 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 e							
-		CHANN	EL LINE-UP	AI (3)			
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		
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana		

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	AJ (2)		
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	
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana	
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana	
WXIN	45	I	No		Indianapolis, Indiana	
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	
WCLJ	42	I	No		Bloomington, Indiana	
WIPX	27	ı	No		Bloomington, Indiana	
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana	
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	
WFYI	21	Е	No		Indianapolis, Indiana	
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana	
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana	

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					OVOTEM ID#					
CMN-RUS, INC		YSTEM:			SYSTEM ID# 062634	Name				
	RIMARY TRANSMITTERS: TELEVISION									
In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program base	G, identify ever system during t ions in effect of 5.61(e)(2) and ( sis, as explaine	y television st he accounting n June 24, 19 (4), or 76.63 ( ed in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	<b>G</b> Primary  Transmitters:  Television				
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 Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	here in space only on a subs and also in spa formation concern. The second of the seco	G—but do listitute basis.  ace I, if the state that it is sign. Do not a station act is streams must be the FCC hat is the station.  Whether the station.	t it in space I (the ation was carried tute basis station report origination cording to its own to be reported in the annel 4 in Wash tation is a network), "N-M" (I educational), or egeneral instructive area, (i.e. "General instructive area, (i.e. "General instruction of lack of a earn that is not some 30, 2009, be ssociation repreyou carried the of the general in	d both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for nonceptions located in the interest of the program of the program of the program of the prima channel on any of instructions located in the subject to a royalty streem a cable system of the prima channel on any of instructions located list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system					
Note: If you are utilizing	ig multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.					
	ı	CHANN	EL LINE-UP	AJ (3)						
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					
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana					

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
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**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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

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

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

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

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

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

		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WCLJ	42	I	No		Bloomington, Indiana	
WTTV	48	N	No		Bloomington, Indiana	
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana	
WTTV - CW	4.2	I-M	No		Bloomington, Indiana	
WTIU	14	E	No		Bloomington, Indiana	
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana	
WRTV	25	N	No		Indianapolis, Indiana	
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana	
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana	
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana	
WNDY	32	ı	No		Marion, Indiana	
WNDY-HD/DT (Sii	23.1	I-M	No		Marion, Indiana	
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana	
WISH	9	I	No		Indianapolis, Indiana	
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana	
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana	
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana	
WHMB	20	I	No		Indianapolis, Indiana	

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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**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.

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		CHANN	EL LINE-UP	AK (2)		
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	
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana	
WXIN	45	I	No		Indianapolis, Indiana	
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	
WIPX	27	I	No		Bloomington, Indiana	
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana	
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana	
WFYI	21	Е	No		Indianapolis, Indiana	
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana	
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana	
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana	

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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**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.

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

		CHANN	EL LINE-UP	AL	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	E	Muncie, Indiana
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB-Weather	49.3	E-M	Yes	0	Muncie, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

G

**Primary** 

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name
Name

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AL (2)	
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
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WLFI	11	N	No		West Layfatyette, Indiana
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana
WLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WPBI-LD	16.1	I	No		Lafayette, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
		T			

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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- 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.

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

		CHANN	EL LINE-UP	AM	
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
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sii	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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**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).

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**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.

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•	•	•	•	•	·	
		CHANN	EL LINE-UP	AM (2)		
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	
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana	
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana	
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana	
WTHR	13	N	No		Indianapolis, Indiana	
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana	
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana	
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana	
WIPX	27	l	No		Bloomington, Indiana	
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana	
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana	
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana	
WFYI	21	Е	No		Indianapolis, Indiana	
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana	
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana	
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana	
				1		

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	AN	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sin	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	ı	No		Indianapolis, Indiana

G

Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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		CHANN	EL LINE-UP	AN (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
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WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	Е	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana
WIPB	23	Е	No		Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana
WIPB-Create	49.2	E-M	No		Muncie, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
CMN-RUS, INC	•				062634	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 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	system during to the stations in effect or a sexplaine stations: With a constant of the stations: With a constant of the station of the stati	he accounting In June 24, 1984, or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. ace I, if the stateming substite sign. Do not red a station accept the FCC here.	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried tute basis station report origination cording to its own be reported in common assigned to the	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your cee Special Statement I both on a substitus, see page (v) or a program services er-the-air designation of the television statistics.	and low power television stations) do noly on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify the stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you had be system 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	e in each case was entering the lecast), "E" (for no ese terms, see ation is outside ce area, see prave entered "You he distant station on a part-tipicion of a distant entered into o a primary trans is imulcasts, also aree categories e location of ea Canadian statio	whether the stater "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the communities the concomment of the conc	etwork), "N-M" (I I educational), o e general instruc- vice area, (i.e. "o general instructi 4, you must cor- accounting perio accounting peri	for network multica r "E-M" (for nonco- ctions located in the listant"), enter "Ye ons located in the mplete column 5, so ad. Indicate by ent- ctivated channel of tubject to a royalty tween a cable sys- senting the primar channel on any of nstructions locate list the community with	sa. If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AN (3)		
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	
WIPB - Weather	49.3	I-M	No		Muncie, Indiana	

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

-							
		CHANN	EL LINE-UP	AO			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois		
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois		
WBBM	12	N	No		Chicago, Illinois		
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois		
WLS	44	N	No		Chicago, Illinois		
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois		
WPWR-CW	51	I	No		Gary, Indiana		
WPWR-Movies!	50.2	I-M	No		Gary, Indiana		
WPWR-Buzzr	50.4	I-M	No		Gary, Indiana		
WCPX-HD/DT	38.1	I	No		Chicago, Illinois		
WFLD-HD/DT	32.1	I	No		Chicago, Illinois		
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana		
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana		
WYIN-NHK World	56.2	E-M	No		Gary, Indiana		

G

Primary Transmitters: Television

**Primary** 

Transmitters:

Television

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 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 substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	AP	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WILL	9	E	No		Urbana, Illinois
WEEK-HD/DT	25.1	N	No		Bloomington, Illinois
WEEK-ABC	25.2	N-M	No		Bloomington, Illinois
WEEK-CW HD	25.3	I-M	No		Bloomington, Illinois
WMBD	30	N	No		Bloomington, Illinois
WMBD-Bounce	31.2	I-M	No		Bloomington, Illinois
WAOE	39	I	No		Bloomington, Illinois
WYZZ	28	I	No		Bloomington, Illinois
WYZZ-Get TV	43.3	I-M	No		Bloomington, Illinois
WTVP	46	E	No		Peoria, Illinois
WTVP-Create/Wo	47.3	E-M	No		Peoria, Illinois
	<b></b>	1			1

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

Name	CMN-RUS, I		LE SYSTEM	<b>ν</b> :				SYSTEM ID# 062634					
H Primary Transmitters: Radio	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.  Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions 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	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION					

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2018/1						
LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634													
SUBSTITUTE CARRIAGI In General: In space I, ident					a that your cable s	evetem carried on a	I						
substitute basis during the a explanation of the programm	ccounting pening that must	eriod, under spe st be included in	ecific present and former FC n this log, see page (v) of the	C rules, regula	ations, or authoriza	ations. For a further	Substitute Carriage:						
During the accounting per	<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li> </ul>												
<b>Note:</b> If your answer is "No log in block 2.	", leave the		ge blank. If your answer is '	'Yes," you mu		* *	Program Log						
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every nor distant statigulations, o tion. Do no Lucy" or "NE m was broad sign of the sadcast statication and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	m on a separa attach addition nnetwork televion and that your r authorization t use general of the station broadca on's location (the ons, if any, the when your system a substitute program on program carri-	al pages. ision program (substitute pour cable system substitute so so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ded by a system from 6:01:	rogram) that, d for the progreral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:20 mming that yo; enter the lett	during the accouramming of anothins located in the List specific programmed by the FCC tiffied). In the List the times act as:30 p.m. should bur system was reter "P" if the listed	or, in the month courately be required d pro							
S	SUBSTITUT	E PROGRAM	1		EN SUBSTITUTE	ED 7. REASON							
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM —	ION							
	<del> </del>												
					_								
					_								
					_								
			J										

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

062634

### J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE									
CALL SIGN	WHEN	CARRIAGE OCCU		CALL SIGN	WHEN	CARRIAGE O			
	DATE FROM TO			DATE	FROM	DURS TO	)		
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LEG	AL NAME OF OWNER OF CABLE SYSTEM:  N-RUS, INC.			SYSTEM ID# 062634	Name			
all a (as pag	OSS RECEIPTS  tructions: The figure you give in this space determines the form you fle and the amount imounts (gross receipts) paid to your cable system by subscribers for the system's section identified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ondary tompute	transmi this an	ssion service nount, see 4,379,474.94	K Gross Receipts			
COPY Instru	PORTANT: You must complete a statement in space P concerning gross receipts.  PRIGHT ROYALTY FEE lections: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee.	(	(Amount c	of gross receipts)	L Copyright			
<ul><li>If you fee</li><li>If you</li></ul>	nplete block 2, showing whether your system carried any distant television stations. bur system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. bur system did carry any distant television stations, you must complete the applicable parameters of account.				Royalty Fee			
bloo	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.							
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.  art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho							
2 in	block 4 below.  MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more							
1	least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K							
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  This is your minimum fee.	\$		46,597.61				
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 colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule.  No—Leave block 3 below blank and continued the property of the property	nn 4, yo	ou must	check				
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	_	\$	10,797.31				
	Line 2. <b>3.75 Fee:</b> 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	\$		10,797.31				
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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	_	\$	46,597.61	Cable systems			
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under			
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)							
	Line 4. FILING FEE	-	\$	725.00	the Licensing additional fees. Division for the appropriate			
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$		47,322.61	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 pa	ge (i) of	the	auditiviidi 1663.			

Name	LEGAL NAME OF	OWNER OF CABLE	SYSTEM:	SYSTEM ID# 062634
	•	INC.		002034
M Channels		_	(1) the number of channels on which the cable system carried television broadcast sta cable system's total number of activated channels, during the accounting period.	itions
			channels on which the cable oadcast stations	58
			activated channels carried television broadcast stations	
		=		300
N Individual to Be Contacted			CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual attement of account.)	
for Further	Name <b>E</b>	D CORR	Telephone 812	2.213.1081
oracion		337 BOND S	TREET oute, apartment, or suite number)	
			PARK, KS 66214	
	(Ci	ty, town, state, zip)		
	Email		Fax (optional)	
0	CERTIFICATION	ON (This statem	ent of account must be certifed and signed in accordance with Copyright Office regulat	tions.
Certifcation	• I, the unders	igned, hereby ce	rtify that (Check one, but only one, of the boxes.)	
	(Owner ot	her than corpor	ation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
			<b>n corporation or partnership)</b> I am the duly authorized agent of the owner of the cable system that the owner is not a corporation or partnership; or	stem as identified
		r partner) I am a 1 of space B.	in officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner	r of the cable system
	are true, comp		nt of account and hereby declare under penalty of law that all statements of fact contained hereby to the best of my knowledge, information, and belief, and are made in good faith.	nerein
		X	/s/ Ed Corr	
		(e.g., /s	n electronic signature on the line above using an "/s/" signature to certify this statement.  ( John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the ton, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus con	
		Typed	or printed name: ED CORR	
		Title:	VICE PRESIDENT TAX  (Title of official position held in corporation or partnership)	
		Date:	August 29, 2018	

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634	Name
CMN-RUS, INC. 062634	
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.	Special Statement Concerning Gross Receipts
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?	Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	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	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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

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

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF 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  $\varepsilon$  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	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
6	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	E 11. (CONTINUED)												
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE												
1	CMN-RUS, INC.					062634							
	SUM OF DSEs OF CATEGOR	DV "O" STATIO	MC.			1							
	• Add the DSEs of each station		NO.										
			s schedule.		1.50								
		Enter the sum here and in line 1 of part 5 of this schedule.											
2	Instructions:	<b>6</b>	Harten and Fall affairs of a fall and		U I. II #6": I								
	In the column headed "Call of space G (page 3).	Sign": list the ca	all signs of all distant stations	s identified by	the letter "O" in column 5								
Computation	In the column headed "DSE	": for each indep	endent station, give the DS	E as "1.0": for	each network or noncom-								
of DSEs for	mercial educational station, gi			,									
Category "O"			CATEGORY "O" STATION	NS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	WFYI	0.250	WFYI-Kids	0.250	WFYI-Create	0.250							
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250							
		00				00							
Add rows as				<mark></mark>									
necessary.				<mark>.</mark>		<u> </u>							
Remember to copy		<b></b>		<mark> </mark>		<b></b>							
all formula into new													
rows.													
				······································									
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						ļ							

Name	CMN-RUS, II	NC.					s	062634
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista L: For each station, give the correspond with the infonts: For each station, give the correspond with the infonts: Divide the figure in column at least to the third decire: For each independent size of the correspond of the corresponding to the call size of the corresponding to the call size of the call si	the number of hours mation given in space total number of hourn 2 by the figure in the point. This is the station, give the "typ lumn 4 by the figure.	your cable system of J. Calculate on ours that the statin column 3, and g "basis of carriage e-value" as "1.0." in column 5, and	n carried the stati ly one DSE for each on broadcast over ive the result in control evalue" for the state For each network	on during the accounting ach station.  If the air during the accounting the air during the accounting the accounting the accounting the accounting the accounting the air during the accounting the accou	ounting period. his figure must cational station,	
Capacity	0710101111	C	ATEGORY LAC	STATIONS: (	COMPUTATION	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. N JRS O ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	βE
						x		
			÷	=		X	<u>=</u>	
						x x		
			÷	=		X	=	
			÷ ÷	=		x x	= = =	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page 2.		э,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations and the space I).     Column 2: at your option.     Column 3: Column 4:	e the call sign of each start by your system in substant on October 19, 1976 (one or more live, nonnetwown each station give the This figure should correst Enter the number of days Divide the figure in colum This is the station's DSE	itution for a program as shown by the lett ork programs during number of live, non spond with the inform in the calendar years to by the figure in	that your system er "P" in column 7 that optional carrie network programs nation in space I. ir: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by the carried in substi- a leap year. the the result in col-	delete under FCC rules the word "Yes" in column 2 tution for programs that umn 4. Round to no less	2 of were deleted s than the third	rm).
		SU	BSTITUTE-BAS	IS STATIONS	S: COMPUTA	TION OF DSEs		1
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=		÷		=
		÷		=		÷		=
		÷ ÷		=		÷		=
		÷		=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. um here and in line 3 of pa		e,	<b>&gt;</b>	0.00		
<b>5</b> Total Number of DSEs	number of DSEs  1. Number of 2. Number of 2. Number of 2.	ER OF DSEs: Give the am s applicable to your systen f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	and add them to provide	1.50 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						1.50

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

CMN-RUS, INC		SYSTEM:					S	YSTEM ID# 062634	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of pocks B and C	below.			nd complete pa	rt 8, (page 16) of	the	6
DEGGIVA: TELEVIGION WANTE TO									Computation of 3.75 Fee
		schedule—I C below.	DO NOT COMP		AINDER OF F	PART 6 AND 7	·CC rules and re	gulations in	
Column 1:	List the call signs			part 2, 3, and 4 of			em was permitte	d to carry	
CALL SIGN	under FCC rules	and regulati ne DSE Sche	ons prior to Jur edule. (Note: Th	ne 25, 1981. For fune letter M below r	urther explana	ation of permitte	ed stations, see the	he	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]  B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7)  *F A station previously carried on a part-time or substitute basis prior to June 25, 198′ G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5) M Retransmission of a distant multicast stream.									
Column 3:		e stations ide	entified by the le	parts 2, 3, and 4 etter "F" in column			orksheet on page	∋ 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WFYI	C	0.25	WFYI-Kids		0.25	WFYI-Crea	C	0.25	
WIPB	С	0.25	WIPB-Crea	С	0.25	WIPB-Wea	С	0.25	
<u> </u>									
······				•••••					
			1						
								1.50	
		В	BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs fro	m block B abo	ove					
Line 3: Subtract (If zero, I	line 2 from line 1 eave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	space K (p	page 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375 a	and enter s	um here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter hei	re and on line	2, block 3, spac	e L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name CMN-RUS, INC. 062634 **BLOCK A: TELEVISION MARKETS (CONTINUED)** 6 3. DSE 1. CALL 2. PERMITTED 3. DSE 1. CALL 2. PERMITTED 1. CALL 2. PERMITTED 3. DSE SIGN BASIS SIGN BASIS SIGN BASIS Computation of 3.75 Fee

Name	CMN-RUS, INC.		3YSTEM:						S	98TEM ID# 062634
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections									
		PERMITTE	D DSE FOR STA	TIONS CARRIE	ΞD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS		
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED
	SIGN	DSE	PE	ERIOD		CARRIAGE		OSE		DSE
					•••••					
					••••					
_	In atmostic new Diselet	must be some	latad							
7	Instructions: Block A In block A:	t must be comp	ietea.							
Computation	,	, .	e blocks B and C,							
of the	If your answer is	"No," leave bloo		•	•	art 8 of the DSE schedu				
Syndicated Exclusivity			BLOCK	( A: MAJOR	ΙĿ	ELEVISION MARK	EI			
Surcharge	Is any portion of the c	able system with	hin a top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	lune 24,	1981?
	X Yes—Complete	blocks B and C	<b>)</b> .			No—Proceed to	part 8			
	BLOCK B: Ca	arriage of VHF/0	Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	npt DSE:	3
	Is any station listed in commercial VHF stati or in part, over the cal	on that places a				Was any station listed nity served by the cab to former FCC rule 76	le system p			
	Yes—List each st		its appropriate perr art 8.	mitted DSE		Yes—List each st			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN .	DSE
			TOTAL DSEs	0.00				TOTAL DS	3Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	SYSTEM ID# 062634	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	4,379,474.94	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.      No—Complete the applicable section below.  If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	SE	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	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.		
0.5	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	-	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			STEM ID# 062634
		CMN-RUS, INC.	062634
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7)  Syndicated Exclusivity Surcharge	
	Instruc	ctions:	
8	You mi	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.  bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation	• If you	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of Base Rate Fee	• If you blank	ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
<b>2000</b>		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	Service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is <b>4.000 or less</b> , 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) ▶ \$	
		(the amount in section 1).	
		B. Enter 0.00701 of gross receipts  (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ <u>\$</u>	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	<u> </u>

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

LEGAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID# 062634	Name
Section If the figure	in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in section 2 is more than 4.000, compute your base rate ree nere and reave section 5 blank.		8
	0.01064 of gross receipts mount in section 1) ▶ \$		0
B. Enter (the a	0.00701 of gross receipts mount in section 1)		Computation of
	bly line B by 3.000 and enter here <b>&gt;</b> \$	_	Base Rate Fee
D. Enter (the a	0.00330 of gross receipts mount in section 1)   **Section 1.1**  **Section		
	act 4.000 from total DSEs gure in section 2) and enter here		
	oly line D by line E and enter here <b>▶</b> \$		
	nes A, C, and F. This is your base rate fee.		
	here and in block 3, line 1, space L (page 7)  Rate Fee  \$	0.00	
IMPORTANT: It is	no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	net cianale chall	
	d on a community-by-community basis (subscriber groups) if the cable system reported multiple channels	0	9
receipts from subs	of the stations you carried were partially distant, the statute allows you, in computing your base rate fee cribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
exclusion, you mus	it.		Base Rate Fee and
station or the same DSEs and the port	your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine ion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for ge separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge for
also compute a Sy	on of your cable system is located within the top 100 television market and the station is not exempt in producted Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B been is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and
-	Subscriber Group for Partially Distant Stations community served, determine the local service area of each wholly distant and each partially distant starmunity.	tion you	for Partially Permitted Stations
outside the station	wholly distant and each partially distant station you carried, determine which of your subscribers were loost Is local service area. A subscriber located outside the local service area of a station is distant to that state e station is distant to the subscriber.)		
subscriber group n	r subscribers into subscriber groups according to the complement of stations to which they are distant. nust consist entirely of subscribers who are distant to exactly the same complement of stations. Note the nly one subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the bagroups.	ase rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each section:			
•	nunities/areas represented by each subscriber group.  for each of the stations in the subscriber group's complement—that is, each station that is distant to al group.	I of the	
• If:			
and 4 of this sched	ocated wholly outside all major and smaller television markets, give each station's DSE as you gave it i lule; or, our system is located in a major or smaller televison market, give each station's DSE as you gave it in b		
part 6 of this sc	· · · · · · · · · · · · · · · · · · ·	noon D,	
Add the DSEs for	each station. This gives you the total DSEs for the particular subscriber group.		
Calculate gross resin the paper SA3	eceipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i form.	nstructions	
page. In making th	rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the nis computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the p's complement of stations and total gross receipts from the subscribers in that group). You do not need on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

and Syndicated Stations	LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	YSTEM ID# 062634	Name
COMMUNITY/ AREA SEYMOUR  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and Syndicated and Syndicated Computation of Partially Surcharge for Partially Distant Stations  Total DSEs 0.00 Gross Receipts First Group \$ 157,489.92 Gross Receipts Second Group \$ 382,420.38 Base Rate Fee Second Group \$ 0.00 Gross Receipts First Group \$ 1.00 Gro	В				TE FEES FOR EACH				
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee First Group \$ 0.00  THIRD SUBSCRIBER GROUP COMMUNITY/ AREA VINCENNES  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE and Receipts For Third Croup \$ 189,520.20  Base Rate Fee Fourth Group \$ 0.00  Total DSEs D.0.00  Third Subscriber GROUP COMMUNITY/ AREA NORTH VERNON  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  Cross Receipts Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00		FIRST	SUBSCRIBER GROU	JP	<u> </u>	SECOND	SUBSCRIBER GROU	UP	•
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Fee   And   Syndicated   Syndi	COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	UR		_
And Syndicated Sexclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Gross Receipts First Group \$ 157,489.92 Gross Receipts Second Group \$ 382,420.38  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 382,420.38  THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/AREA NORTH VERNON  CALL SIGN DSE Gross Receipts Fourth Group \$ 189,520.20 Gross Receipts Fourth Group \$ 183,370.14  Base Rate Fee Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Gross Receipts Fourth Group \$ 0.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Total DSEs 0.00  Gross Receipts First Group \$ 157,489.92 Gross Receipts Second Group \$ 382,420.38  Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00  THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY AREA MORTH VERNON  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE									Base Rate Fee
Exclusivity Surcharge for Partially Distant Stations  Total DSEs  0.00 Gross Receipts First Group 5 157,489.92  Base Rate Fee First Group 5 .0.00  THIRD SUBSCRIBER GROUP COMMUNITY/ AREA VINCENNES  COMMUNITY/ AREA NORTH VERNON  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Gross Receipts Forum on the choice of the company of									and
Surcharge for Partially Distant Stations  Total DSEs  Total DSEs  D.0.00  Total DSEs  Gross Receipts First Group  THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE									Syndicated
Total DSEs									Exclusivity
Partially Distant Stations  Total DSEs									Surcharge
Total DSEs Gross Receipts First Group  Total DSEs Gross Receipts Second Group  Third Subscriber GROUP  Third DSES Gross Receipts Second Group  Third DSES Gross Receipts Fourth Subscriber GROUP  COMMUNITY/AREA VINCENNES  CALL SIGN DSE CALL S									for
Stations  Statio				<b></b>		<b></b>			
Total DSEs  Gross Receipts First Group  Third Subscriber GROUP  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CALL SIGN				<b></b>		<b></b>			Distant
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL									Stations
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL								<mark></mark>	
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL				<b></b>		<b></b>		<u></u>	
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL				<b></b>		<b></b>		<u></u>	
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL				<b></b>		<b></b>		····	
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  VINCENNES  CALL SIGN  DSE  CAL				<u> </u>		<u> </u>			
Base Rate Fee First Group  THIRD SUBSCRIBER GROUP COMMUNITY/ AREA VINCENNES COMMUNITY/ AREA VINCENNES CALL SIGN DSE CALL SIGN DS	Total DSEs				Total DSEs				
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA VINCENNES  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  Total DSEs  Gross Receipts Third Group \$ 189,520.20  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts First G	iroup	\$ 157	,489.92	Gross Receipts Secon	d Group	\$ 3	82,420.38	
COMMUNITY/ AREA VINCENNES  COMMUNITY/ AREA NORTH VERNON  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN		THIRD	SUBSCRIBER GROU	ΙΡ		FOURTH	SUBSCRIBER GROU	UP	
Total DSEs O.00 Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ AREA	NORTH	VERNON		
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	***************************************		-						
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						ļ			
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			_	<b></b>		<b></b>		<u></u>	
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-	<b></b>		<b></b>			
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			-	<b></b>		<b></b>			
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<b>+</b>		<b>+</b>			
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<b>+</b>		<b>+</b>	H		
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	•••••	···		<del> </del>		<del> </del>		····	
Gross Receipts Third Group \$ 189,520.20 Gross Receipts Fourth Group \$ 153,370.14  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.				<b>†</b>	-	<b>†</b>			
Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 0.00  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third (	Group	<b>\$</b> 189	,520.20	Gross Receipts Fourth	Group	\$ 1	53,370.14	
	Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			,						
				riber group	as shown in the boxes a	bove.	\$	10,797.31	

CMN-RUS, INC.	ER OF CABI	LE SYSTEM:				5	062634	Name
BI	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GRO	)UP	0
COMMUNITY/ AREA		ON		COMMUNITY/ AREA	A WABAS			<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WFYI	0.25	WFYI-Kids	0.25	Base Rate Fee
	<u> </u>			WFYI-Create	0.25	-		and
	<mark></mark>							Syndicated
				-		-	·····	Exclusivity Surcharge
	··	-				-		for
	<u>-</u>			•	••••	-		Partially
								Distant
								Stations
	<mark></mark>							
	<mark></mark>							
	···			·				
	<u>-</u>			•	••••			
Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts First G	roup	\$ 355	049.46	Gross Receipts Sec	ond Group	\$	175,835.10	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	1,403.16	
	SEVENTH	SUBSCRIBER GROU	JP	i	EIGHTH	SUBSCRIBER GRO	)UP	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	··							
						-		
					••••			
		<u> </u>						
	···							
	···	-		·		-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$ 56	198.34	Gross Receipts Fou	rth Group	\$ 2	203,017.32	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

	062634	S,				LE SYSTEM:	R OF CABL	LEGAL NAME OF OWNE CMN-RUS, INC.
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (	BL
0	JP	SUBSCRIBER GROU	TENTH		JP	SUBSCRIBER GROU	NINTH	
9 Computation		ASTLE	NEW CA	COMMUNITY/ AREA		RSVILLE		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F					0.25	WFYI-Kids	0.25	WFYI
and							0.25	WFYI-Create
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant								
Stations							. <mark>.</mark>	
						-		
			<u>.</u>					
							·	
	0.00			Total DSEs	0.75			Total DSEs
	05,255.86	\$ 20	d Group	Gross Receipts Secon	,695.52	\$ 135	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	,082.85	<b>\$</b> 1	roup	<b>Base Rate Fee</b> First G
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROU	LEVENTH	El
		LIN	FRANKI	COMMUNITY/ AREA		ON	LEBAN	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					0.25	WIPB-Creat	0.25	WIPB
							0.25	WIPB-Weather
							. <mark>.</mark>	
							. <mark>.</mark>	
							. <mark>.</mark>	
	0.00			Total DSEs	0.75			Total DSEs
	•		Group		0.75	. 402		
	0.00	\$ 32	Group	Total DSEs Gross Receipts Fourth	0.75	ş 183	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNE	ER OF CABI	LE SYSTEM:				S	062634	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
THII	RTEENTH	SUBSCRIBER GRO	UP	F	OURTEENTH	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA		ETTE		COMMUNITY/ ARE				9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WIPB	0.25	WIPB-Creat	0.25					Base Rate F
WIPB-Weather	0.25	_						and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
		_						Distant
					·····		·····	Stations
	··				·····			
	··				·····			
Total DSEs		<u> </u>	0.75	Total DSEs		Ц	0.00	
		<u> </u>			and Craun	• 3	22 424 06	
Gross Receipts First G	roup	\$ 857	,653.50	Gross Receipts Sec	ona Group	\$ 2	33,434.86	
Base Rate Fee First G	roup	\$ 6	,844.07	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	WESTF	TIELD		COMMUNITY/ ARE	A GREEN	WOOD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-				-		
	·		·					
	·	-	·					
			•					
Total DSEs		<b></b>	0.00	Total DSEs		-11	0.00	
Gross Receipts Third (	Group	\$ 222	,666.30	Gross Receipts Fou	rth Group	\$ 1	57,688.52	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee I hird C  Base Rate Fee: Add the Enter here and in block	ne <b>base rat</b>	te fees for each subse			·	\$	0.00	

LEGAL NAME OF OWNE	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 062634	Name
BI	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
SEVE	NTEENTH	SUBSCRIBER GRO	UP	E	IGHTEENTH	SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA	PLAIN	FIELD		COMMUNITY/ ARE	A BLOOM	IINGTON		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<mark></mark>			and
	<u> </u>							Syndicated
	<mark></mark>						<u> </u>	Exclusivity Surcharge
	<u>.                                    </u>	H					····	for
								Partially
								Distant
					<mark></mark>			Stations
	<mark></mark>							
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	<u></u>	H			•••••		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 68	3,661.48	Gross Receipts Sec	ond Group	<b>\$</b> 1	82,674.08	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NII	NTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	FISHE	RS		COMMUNITY/ ARE.	A OSWE	GO		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>	-			<mark></mark>			
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	<u></u>	H		·				
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	<mark></mark>				·····			
	<u>"</u>	-						
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$ 17	7,197.08	Gross Receipts Fou	rth Group	\$	76,786.32	
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 CMN-RUS, INC.	ER OF CAB	LE SYSTEM:				S	YSTEM ID# 062634	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	UP	TWEN	ITY-SECONE	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA	ROME	OVILLE		COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<del>.</del>					Base Rate Fe
								and Syndicated
				· · · · · · · · · · · · · · · · · · ·		•		Exclusivity
								Surcharge
								for
								Partially
			<del></del>					Distant Stations
	······································	<u> </u>	<u></u>	·				Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 35	5,309.22	Gross Receipts Sec	ond Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	)UP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<del></del>					
	··		···		·····			
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	·		···		•••••			
			<u>.</u>					
Total DSEs			0.00	Total DSEs		II	0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	ne <b>base ra</b>	te fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:	-			S	YSTEM ID# 062634	Name
ВІ		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		ICASTLE		COMMUNITY/ AREA				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
	<u> </u>					-		Syndicated Exclusivity
	·-					-		Surcharge
								for
	<mark>.</mark>					-		Partially
						-		Distant
	··					-		Stations
	<u> </u>					-		
	<mark>.</mark>							
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roun	\$ 157,	489.92	Gross Receipts Secon	d Group	\$ 3	82,420.38	
Gross Necelpts i list G	Toup	<b>4</b> 137,	703.JZ	Gross Receipts Secon	u Group	3	02,420.30	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	VINCE	NNES		COMMUNITY/ AREA NORTH VERNON				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	··					-		
	<u> </u>					-		
							<u> </u>	
Total DSEs			0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third C	Group	\$ 189,	520.20	Gross Receipts Fourth	Group	\$ 1	53,370.14	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				U				
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	bove.	\$	0.00	

LEGAL NAME OF OWNE	R OF CAB	LE SYSTEM:				S	YSTEM ID# 062634	Name
BI				TE FEES FOR EACH			LID	
COMMUNITY/ AREA	MADIS	SUBSCRIBER GRO	J.C.	COMMUNITY/ AREA		SUBSCRIBER GRO	Ur	9 Commutation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.0.1	502	57 LEE 61611	302	07.122.01.01.1	202	07.22 0.011	332	Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
						-		for
								Partially
								Distant
								Stations
	·						<u></u>	
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 355	,049.46	Gross Receipts Secon	d Group	<u>\$ 1</u>	75,835.10	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
(	SEVENTH	SUBSCRIBER GRO	JP					
COMMUNITY/ AREA	NORTH	MANCHESTER		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
			<u>.</u>					
		<del> </del>				-		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$ 56	,198.34	Gross Receipts Fourth	Group	\$ 2	03,017.32	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			criber group	as shown in the boxes a	above.	\$		

							062634	Name
В				TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA	CONN	ERSVILLE		COMMUNITY/ ARE	A NEW CA	ASTLE		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivit
					•••••			Surcharge
	•••••••••••				·····			for
	•••••••	H	······································			-	····	Partially
	···			·	·····	-	····	Distant
	···	H					····	Stations
	<mark></mark>			·			<del></del>	Stations
				<b></b>			<del></del>	
	<mark></mark>				<mark></mark>			
	<u> </u>						<u></u>	
	<mark> </mark>							
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 135	,695.52	Gross Receipts Sec	ond Group	\$ 2	05,255.86	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	ID	
	ELEVENTH SUBSCRIBER GROUP		<u> </u>		IVVLLVIII	OODOONIDEN ONO	OI .	
COMMUNITY/ AREA				COMMUNITY/ ARE				
	LEBAN	ION			A FRANK	LIN		
COMMUNITY/ AREA			DSE	COMMUNITY/ ARE			DSE	
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
	LEBAN	ION			A FRANK	LIN		
CALL SIGN	LEBAN	ION			A FRANK	LIN		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	
tal DSEs	DSE	CALL SIGN	DSE	CALL SIGN  Total DSEs	DSE	CALL SIGN	DSE	

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CAB	LE SYSTEM:					062634	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO	UP			H SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	LAFAY	ETTE		COMMUNITY/ ARE	A CRAWI	FORDSVILLE		Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 85	7,653.50	Gross Receipts Sec	ond Group	<u>\$</u> 2	33,434.86	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FII	FTEENTH	SUBSCRIBER GRO	)UP		SIXTEENTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	WESTE	FIELD		COMMUNITY/ ARE	A GREEN	IWOOD		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OF REE OF OTT	BOL	O/ LEE OIGIT	BOL	GALLE GIGIT	DOL	07122 01014	502	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	Group	\$ 222	2,666.30	Gross Receipts Fou	rth Group	\$ 1	57,688.52	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th		te fees for each subs	scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634										
Bl	OCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP					
SEVE	NTEENTH	SUBSCRIBER GRO	JP	EIG	Δ						
COMMUNITY/ AREA				COMMUNITY/ AREA				<b>9</b> 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			
			·								
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			·····			<del>                                     </del>					
Total DSEs	-		0.00	Total DSEs		Į.Į.	0.00				
Gross Receipts First G	roup	\$ 68	,661.48	Gross Receipts Secon	nd Group	\$ 182,674.08					
							<u> </u>				
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon							
NII	NTEENTH	SUBSCRIBER GRO	JP	Т							
COMMUNITY/ AREA FISHERS				COMMUNITY/ AREA							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	CALL SIGN	DSE				
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Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third Group \$ 17,197.08			Gross Receipts Fourth Group \$ 76,786.32								
Base Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth	h Group	\$ 0.00					
Rate Fee: Add there and in block			criber group	as shown in the boxes	above.	\$					

**Nonpermitted 3.75 Stations** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:  CMN-RUS, INC.  SYSTEM ID#  062634										
Bl	OCK A: (	COMPUTATION O	F BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP				
TWENTY-FIRST SUBSCRIBER GROUP				TWENT	UP	0				
COMMUNITY/ AREA				COMMUNITY/ AREA 0				<b>9</b> Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
		_						Syndicated		
		-						Exclusivity		
								Surcharge		
								for		
					<u></u>			Partially		
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			····				····			
Total DSEs	-	!!	0.00	Total DSEs			0.00			
Gross Receipts First G	roup	\$ 35	5,309.22	Gross Receipts Second Group \$ 0.0			0.00			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
TWEN	ry-third	SUBSCRIBER GRO	UP	TWENTY-FOURTH SUBSCRIBER GROUP						
COMMUNITY/ AREA 0				COMMUNITY/ AREA						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		_								
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							<u></u>			
Total DSEs			0.00	Total DSEs		П	0.00			
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourth Group \$ 0.00			0.00				
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
ase Rate Fee: Add thater here and in block			criber group	as shown in the boxes	above.	\$				