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 rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounts. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system on the last day of the counting perion	em the accounting period should s	•
	NEMONT COMMUNICATIONS, INC. NEMONT COMMUNICATIONS, INC.			-
				6354020181
				63540 2018/1
	PO BOX 600 SCOBEY, MT 59263			
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: SCOBEY	the system, it dill	creme from the address give	- Space B.
	MAILING ADDRESS OF CABLE SYSTEM: PO BOX 600 2 (Number, street, rural route, apartment, or suite number) SCOBEY, MT 59263 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area	with all communities.	T		
Served	CITY OR TOWN	STATE MT		
First Community	SCOBEY		0	
	Below is a sample for reporting communities if you report multiple cha	STATE	Pace G. CH LINE UP	SUB GRP#
	Alda	MD	A	1
Sample	Alliance	MD	В	2
	Gering	MD	В	3
				4

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

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 63540 **NEMONT COMMUNICATIONS, INC.** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated 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# **SCOBEY** В MT **First CULBERTSON** В MΤ Community OUTLOOK MT В **FLAXVILLE** MΤ В WILLISTON C 2 ND **PLENTYWOOD** В MT See instructions for В **BAINVILLE** MT additional information on alphabetization. 2 **WESTBY** MT В **FROID** MT В **BROCKTON** В MT **FORT PECK** 3 MT Α Add rows as necessary. В **MEDICINE LAKE** MT 3 **NASHUA** MT A **POPLAR** MT В 2 3 **SACO** MT Α **GLASGOW** 3 MΤ **WOLF POINT** MT В **RESERVE** В MT В **AMBROSE** ND В **FORTUNA** ND 2 **DAGMAR** MΤ В **FRAZER** MT 3 3 **GLENTANA** MT Α 3 **HINSDALE** MT Α **LARSLAN** MT Α 3 **OPHEIM** MT 3 Α В **PEERLESS** MT

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEMONT COMMUNICATIONS, INC.

SYSTEM ID#
63540

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
Service to first set	2,083	\$	29.00	Preferred	1,987	\$	50.00
Service to additional set(s)				Ultimate	228	\$	10.00
FM radio (if separate rate)		ļ					
Motel, hotel	1	\$ 1	1,050.00	Hospitality	21	\$	69.48
Commercial	60	\$	67.85	MDU	3	\$	258.00
Converter							
Residential							
Non-residential							
1	I				1	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 1								
CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	F	RATE	(CATEGORY OF SERVICE	R	RATE
Continuing Services:			Installation: Non-residential						
• Pay cable			Motel, hotel	\$	99.00	٧	Whole Home DVR	\$	5.00
 Pay cable—add'l channel 			Commercial	\$	99.00	1	Additional Streams	\$	4.00
Fire protection			Pay cable			F	Protection Plan	\$	5.00
Burglar protection			 Pay cable-add'l channel 			ľ			
Installation: Residential			Fire protection			5	Starz/Encore	\$	16.00
First set	\$	99.00	Burglar protection			ŀ	НВО	\$	19.00
 Additional set(s) 	\$	99.00	Other services:			(Cinemax	\$	16.00
• FM radio (if separate rate)			Reconnect	\$	25.00	5	Showtime/TMC	\$	16.00
Converter			Disconnect						
			Outlet relocation	\$	25.00				
			Move to new address	\$	25.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **NEMONT COMMUNICATIONS, INC.** 63540 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 CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER **STATION** (If Distant) KRTV-DT 7 Ν Yes 0 Great Falls, MT KFBB-DT 8 Ν Yes 0 Great Falls, MT See instructions for additional information **KUSM-DT** Ε 9 Yes 0 Bozeman, MT on alphabetization. 50 Ν **KBGF-DT** Yes 0 **Great Falls, MT** 8 Ν 0 KFBB2-DT Yes **Great Falls, MT** Ν KXMD-DT 11 No Williston, ND **KUMV-DT** 8 Ν No Williston, ND KBMY-DT Ν 17 Yes 0 Bismarck, ND Yes 0 KXND-DT 24 Ν Minot, ND **KWSE-DT** 11 Ε No Williston, ND Ν KNDM-DT 26 Yes 0 Minot, ND KXMD-CW 11.2 Ν No Williston, ND KWSE-LL 11 E-M No Williston, ND **KWSE-WORLD** 11 E-M No Williston, ND KWSE-MN 11 E-M No Williston, ND **KRTV-CW** 7 N-M Yes 0 **Great Falls, MT**

FORM SA3E. PAGE 3.						1
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Namo
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List 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 he cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se	G, identify even yystem during tons in effect on .61(e)(2) and (.61(e)(2) and (.6	y television standard accounting in June 24, 194, or 76.63 (in the next prespect to any ations, or auth G—but do listitute basis. In the standard account in the station account in a station account in the station. In the station in the station in the station in the station. In the station in the station in the station in the station in columnity in columnity in the local service in columnity in the station i	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is a control of the report origination of the report origination of the reported in the reported i	(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 tering "LAC" if your cable system capacity. expaper your payment because it is the subject estem or an association representing ery transmitter, enter the designa- ether basis, enter "O." For a further	G Primary Transmitters: Television
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	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. channel line-up.	
,		CHANN	EL LINE-UP	AB	<u>·</u>	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						1

FORM SA3E. PAGE 3.						-
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				Namo
NEMONT COM	MUNICATIO	NS, INC.			63540) Name
PRIMARY TRANSMITTE In General: In space (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 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 here	MUNICATIO ERS: TELEVISIO G, identify every system during the ions in effect or 5.61(e)(2) and (exists, as explaine Stations: With re CC rules, regular in here in space only on a substand also in space formation concorm. The station's call associated with execution associated with execution in each case we rentering the lecast), "E" (for no ese terms, see pation is outside ice area, see pation with the interior is outside ice area, see pation is outside ice area, see pation with the interior is outside ice area, see pation ice area, see p	y television state accounting in June 24, 198 4), or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions are station accounting to the station account of the station. Whether the state "N" (for neconcommercial page (v) of the state (v) of the	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was station to be reported in control of the station is a network attion is a network attion is a network of the station of the station is a network of the station is a netwo	(1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Special Special Special Statement of the Special Statement of the Specia	es". If not, enter "No". For an ex-	Namo
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	sion of a distant tentered into or a primary transsimulcasts, also oree categories, e location of ear Canadian statio	multicast streen or before Ju mitter or an as o enter "E". If y , see page (v) ch station. Fo ons, if any, give	eam that is not some 30, 2009, be ssociation repreyou carried the of of the general in the of the of the general in the of the general in the of the name of the	subject to a royalty etween a cable systement in the primar channel on any ot instructions locate list the community ine community with	r payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form. It is which the station is licensed by the which the station is identifed.	
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	-
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						-

FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Namo	
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e							
explanation of these the Column 6: Give the	ree 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.		
		CHANN	EL LINE-UP	AD			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	16
NEMONT COMMUNICATIONS, INC.	63540	
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and I carried by your cable system during the accounting period, except (1) stations carried only FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain ne 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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable s 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 an 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 b basis. For further information concerning substitute basis stations, see page (v) of the ginthe paper SA3 form. Column 1: List each station's call sign. Do not report origination program services sucle each multicast stream associated with a station according to its over-the-air designation. Foast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independed educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncomme For the meaning of these terms, see page (v) of the general instructions located in the page Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If planation of local service area, see page (v) of the general instructions located in the page Column 5: If you have entered "Yes" i	y on a part-time basis under twork programs [sections]) certain stations carried on a system on a substitute program and d Program Log)—if the sais and also on some other general instructions located and as HBO, ESPN, etc. Identify for example, report multiam separately; for example broadcasting over-the-air in the different from the channel sent station, or a noncommercial l'' (for independent), "I-M" rocial educational multicast). In the basis on which your she basis on which your "LAC" if your cable system ity. Intent because it is the subject for an association representing insmitter, enter the designatiss, enter "O." For a further the paper SA3 form.	ary itters:
Column 6: Give the location of each station. For U.S. stations, list the community to wf FCC. For Mexican or Canadian stations, if any, give the name of the community with whic		
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-ups.	nel line-up.	
CHANNEL LINE-UP AE		
1. CALL SIGN 2. B'CAST CHANNEL OF NUMBER STATION 4. DISTANT? (Yes or No) CARRIAGE (If Distant) 6. LC	OCATION OF STATION	
<u> </u>		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
PRIMARY TRANSMITTE In General: In space of carried by your cable is FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bass. Substitute Basis is 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 each multicast stream cast stream as "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 have cable system carried the distant stat For the retransmiss of a written agreement the cable system and station of a carried the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of a written agreement the cable system and station of the cable system an	ers: TELEVISIO G, identify every system during to the consine effect on the consistency of the consistency o	y television state accounting of June 24, 19, 4), or 76.63 (red in the next respect to any attions, or auth G—but do listitute basis. ace I, if the state acerning substitute basis. Substitute basis of the station acestreams must be the FCC has station. Whether the state apage (v) of the local serving substitute (v) of the local serving age (v) of the local serving basis because of the local serving the me basis because of the local serving	g period, except 81, permitting the referring to 76.6 paragraph. It is a distant stations to report origination cording to its own the reported in own the report origination is a netwo etwork), "N-M" (I educational), of the educational), of the educational), of the educational), of the educational instruction area, (i.e. "or general instruction accounting periodic ause of lack of a disam that is not sune 30, 2009, be ssociation representations.	(1) stations carried to carriage of certal (e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service the er-the-air designation of the television statington, D.C. This ork station, an indefor network multicor "E-M" (for nonconstructions located in the distant"), enter "Yesions located in the mplete column 5, and Indicate by entertivated channel of the subject to a royalty enter a cable system in the prima	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial last), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	or U.S. stations, e the name of the	list the community ne community with	od in the paper SA3 form. If to which the station is licensed by the sharpel line-up.	
Note: If you are utilizing	ig multiple chai		EL LINE-UP	<u> </u>	channer inte-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.					OVOTEM ID#	T
LEGAL NAME OF OWN					SYSTEM ID#	Name
					03340	
carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute program base Substitute specific FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicast of local service). Column 4: If the st planation of local service column 5: If you he cable system carried the distant stat. For the retransmiss	ers: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula a here in space only on a subse and also in space formation concurrent. The station's call associated with a-2". Simulcast be channel numl se. For example system carried the in each case we are entering the le cast), "E" (for me action is outside to earea, see pa ave entered "Y the distant static ion on a part-tin sion of a distant	y television state accounting an June 24, 198 4), or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state arming substit sign. Do not refer the FCC hear station. Whether the state are station. The state on commercial page (v) of the state are station are station are station. The station are station are station.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was carried to the station was carried to the station was expected in compart origination of the station is a netwo network), "N-M" (If a distance area, (i.e. "origeneral instructive area, (i.e. "origeneral instructive, you must contact and the station of t	(1) stations carrie carriage of certa 1(e)(2) and (4))]; as carried by your cast of the special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statifington, D.C. This rk station, an indefor network multic r "E-M" (for noncontribute) for not located in the station of the special of the television statification, and indefor network multic r "E-M" (for noncontribute) for not located in the special of the speci	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity.	G Primary Transmitters: Television
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an as o enter "E". If y , see page (v) ch station. Fo ons, if any, give	ssociation repreyou carried the or of the general in U.S. stations, let the name of the	senting the primar channel on any ot nstructions locate list the community ne community with	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. It to which the station is licensed by the which the station is identifed. channel line-up.	
-		CHANN	EL LINE-UP	AG		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:				Namo
NEMONT COM	MUNICATIO	NS, INC.			6354	.0
PRIMARY TRANSMITTI In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fo 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 4: If the st planation of local servi Column 5: If you he cable system carried ti carried the distant stat	MUNICATIO ERS: TELEVISIO G, identify every system during to ions in effect or ions in erse or ions in space only on a subs and also in space only on a subs and also in space information concurre. In station's call associated with in-2". Simulcast ion each case to ion each case to ion each case to ion each; "E" (for ne ions ions outside ion or a part-tili in edistant static ion on a part-tili in system carried the in each case to ion on a part-tili	y television standard programment of the station. The station accounting the station accounting the station accounting the station accounting the station account to the station account	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in coas as assigned to sannel 4 in Wash attion is a netwoeltwork), "N-M" ("I educational), a egeneral instructive area, (i.e. "Cigeneral instructive area, instructive area of lack of a general counting period use of lack of a	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of th	is". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity.	Namo
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	t entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	n or before Jumitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ne 30, 2009, be ssociation repre you carried the of the general i r U.S. stations, e the name of th	etween a cable system and the primary channel on any of instructions locate list the community with the comm	payment because it is the subject stem or an association representing by 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.	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	EL LINE-UP			_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
NEMONT COM	MUNICATIO	NS, INC.			63540	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis 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 each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable system 4: If the st planation of local service Column 5: If you he cable system carried to	G, identify every system during the cystem carried to the cystem carried to the cystem carried to the cystem carried the cystem carried to the cystem carried the cystem carried to the cystem carried to the cystem carried the cystem	y television st he accounting hydrogen June 24, 19, and June 24, and	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: It it in space I (the stion was carried rute basis station recording to its own be reported in the stion is a network attion is a network, "N-M" (I educational), one general instructivice area, (i.e. "general instructivice area, (i.e. "general instructivice area, (i.e. "general instructivice area, (i.e. "carcounting period or paragraphic period accounting period or paragraphic period in the station is a network of the station of the station is a network of the st	(1) stations carried to carriage of certal (e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This book station, an indefer network multicor "E-M" (for noncontribution of the television statington) of the television statington, but the television statington, an indefer network multicor "E-M" (for noncontributions) located in the televisions located in the	es.' If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6 : Give the FCC. For Mexican or 0	sion of a distant tentered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	multicast streen or before Jumitter or an acontent "E". If , see page (v), ch station. Fo	earn that is not some 30, 2009, be ssociation repreyou carried the of the general in the some 10.5. Stations, the the name of the same same same same same same same sam	subject to a royalty etween a cable systemeting the prima channel on any of instructions locate list the community ne community with	y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further and in the paper SA3 form. If to which the station is licensed by the make the station is identified.	
Note: If you are utilizing	ng multiple char		use a separate EL LINE-UP	<u> </u>	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	
	<u> </u>	ļ				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space (carried by your cable self-CC rules and regulated 76.59(d)(2) and (4), 76 substitute program beson Substitute Basis Self-Self-Self-Self-Self-Self-Self-Self-	G, identify every eystem during the constant of the constant o	y television strate accounting and June 24, 199 (4), or 76.63 (r) do in the next prespect to any titions, or auth G—but do listitute basis. Ince I, if the state erning substitutes in a station accept a station accept the FCC here.	g 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 coording to its ow be reported in our was assigned to the	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the column 1 (list each the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program and and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify cion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servi Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	existem carried the in each case we entering the lecast), "E" (for noise terms, see lation is outside ce area, see parave entered "You have entered "You have in a distant station of a distant centered into on a part-tilicion of a distant in entered into on a primary transismulcasts, also ince categories de location of ea Canadian station	the station. In the station is the station in column is the station in the station in the station in the station is the station in the station in the station in the station is the station in the station in the station in the station is the station in the stati	ration is a netwo etwork), "N-M" ('I educational), o e general instructive area, (i.e. "c general instructive area (i.e. "c accounting perioduse of lack of a eam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations, e the name of the	ork station, an indefor network multicar "E-M" (for nonco- ctions located in the distant"), enter "Ye ions located in the mplete column 5, so do Indicate by entictivated channel caubject to a royalty tween a cable system a cable system on any of instructions locate list the community with	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). le paper SA3 form. s". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system sapacity. payment because it is the subject stem or an association representing transmitter, enter the designaher 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	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	

REMONT COMMUNICATIONS, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, (setting) every television station (including translator stations and low power television stations) cararied by your called system during the accounting period, except (1) stations carried only on a part-time basis under profice of the profit of the p	FORM SA3E. PAGE 3.						
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 PCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (Scations 40, 78.619(2) and (4), 76.63 (referring to 76.63 (referring to 76.61(e)(2) and (4)); and (2) cartain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife PCC rules, regulations, or authorizations: 1.50 not list the station here, and also in space (1, the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign, Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, were called the station of the station of 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 estation. 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 n	LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				Name
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 76.59(q)(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 Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - 1st the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is outside the local service area, 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. "disfant"), 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 d	NEMONT COM	MUNICATIO	NS, INC.			63540	
Courned by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here, explained in the next paragraph. 10 not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 10 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 streams associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast, and the station. 10 column 1: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. 11 Column 5: If you column 1: If the station is outside the local service area, (i.e. "distant"), enter "Yes" if you carbie system carried the distant station on a part-time basis because of lack of activa	PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
(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 AK 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CARRIAGE	In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	G, identify even system during ti ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(y television standard y television y television standard y television y tele	g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the ation was carried tute basis station report origination coording to its over the reported in contact as assigned to the annel 4 in Wash thation is a netwo	(1) stations carried carriage of certal (e)(2) and (4))]; as a carried by your one Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistington, D.C. This ork station, an indexing a column of the station, an indexingted of the television, an indexingted of the station, an indexingted of the station of	ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi-h stream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial	Primary Transmitters:
CHANNEL LINE-UP AK 1. CALL SIGN 2. B'CAST CHANNEL 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	(for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you had cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for noise terms, see ation is outside ce area, see payave entered "Yine distant static ion on a part-tinion of a distant entered into on a primary transsimulcasts, also ree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an action enter "E". If , see page (v) ch station. Forns, if any, giv	I educational), of general instructivice area, (i.e. "or general instruction 4, you must confide the following period accounting period accounting period accounting period accounting period accounting period that is not some 30, 2009, be association repreyou carried the poof the general in U.S. stations, is the name of the general in the following the following the stations are general in the following the stations are general in the station ar	or "E-M" (for nonco ctions located in the distant"), enter "Yelions located in the mplete column 5, and. Indicate by en- activated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions located list the community me community with	ommercial educational multicast). The paper SA3 form. The paper SA	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	Note. If you are utilization			<u>'</u>	<u>'</u>	charmer inte-up.	
		CHANNEL	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every eystem during toons in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (period, except 81, permitting the seferring to 76.6 paragraph. It is in space I (the stion was carried ute basis station to be reported in compared in the seferring to 76.6 paragraph. It it in space I (the stion was carried ute basis station to be reported in compared in the sefer in the sefering period use of lack of a sem that is not some 30, 2009, be sesociation representation of the general in the sefer in the se	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your context of the carried by the carried b	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 says the subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the enter which the station is identified.	G Primary Transmitters: Television
			EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				Namo
NEMONT COM	MUNICATIO	NS, INC.			6354	0
PRIMARY TRANSMITTI In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fo 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 4: If the st planation of local servi Column 5: If you he cable system carried ti carried the distant stat	MUNICATIO ERS: TELEVISIO G, identify every system during to sons in effect or Sold(e)(2) and (sis, as explaine Stations: With a CC rules, regular there in space only on a subs and also in space formation conc rm. The station's call associated with the case of the case of the in each case of the case of	y television state accounting an June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state arming substitions are station acceptable. WRC is Chane station. Whether the state arming substitions whether the state arming substitions are station. Whether the state arming substitions are station. Whether the station acceptable (v) of the the local serving (v) of the es" in column on during the arm basis because the station of the station acceptable.	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in coas as assigned to sannel 4 in Wash attion is a netwoeltwork), "N-M" ("I educational), a egeneral instructive area, (i.e. "Cigeneral instructive area, instructive area of lack of a general counting period use of lack of a	(1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the carried column 1 (list each of the carried column 1 (list each of the carried column 1). This increase of the carried column 1 (list each of the carried column 1), and indefer network multicular the carried column 1 (list each of the carried column 1), enter "ye ions located in the column 5, so d. Indicate by entictivated channel column 1).	is". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity.	Namo
For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these the Column 6: Give the	ion of a distant entered into o a primary trans simulcasts, also aree categories e location of ea	multicast streen or before Ju mitter or an aso o enter "E". If , see page (v) ch station. Fo	eam that is not some 30, 2009, be association repreyou carried the of the general in U.S. stations,	subject to a royalty stween a cable sys- senting the primal channel on any ot instructions locate list the community	payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further d in the paper SA3 form.	
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.	
	l	1	EL LINE-UP			_
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
						····
		l				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM		Name
NEMONT COM	MUNICATIO	NS, INC.			63	3540	Name
PRIMARY TRANSMITTI	ERS: TELEVISIO	N					
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard programment of the station accounting of the station accounting of the station account of the station of the station account of the station account of the station account of the station account of the station. For the station account of the station acco	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, in the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the	(1) stations carried ec carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designation column 1 (list each the television statington, D.C. This light of the television statington, D.C. This light of the television statington, one that the column 5, od. Indicate by entitivated channel on the televisions located in the telev	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		Primary Transmitters: Television
Note: If you are utilizing		•	•	•	orienter inte up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.					OVOTEM ID#	T
LEGAL NAME OF OWN					SYSTEM ID#	Name
					03340	
carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute program base Substitute specific FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multicast of local service). Column 4: If the st planation of local service column 5: If you he cable system carried the distant stat. For the retransmiss	ers: TELEVISIO G, identify every system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regula a here in space only on a subse and also in space formation concurrent. The station's call associated with a-2". Simulcast be channel numl se. For example system carried the in each case we are entering the le cast), "E" (for me action is outside to earea, see pa ave entered "Y the distant static ion on a part-tin sion of a distant	y television state accounting a June 24, 1964, or 76.63 (rad in the next prespect to any ations, or auth G—but do list itute basis. ace I, if the state ring substit sign. Do not rate a station acceptate a station acceptate a station. Whether the state rate rate rate rate rate rate rate	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried to the station was carried to the station was carried to the station was expected in compart origination of the station is a netwo network), "N-M" (If a distance area, (i.e. "origeneral instructive area, (i.e. "origeneral instructive, you must contact and the station of t	(1) stations carrie carriage of certa 1(e)(2) and (4))]; as carried by your cast of the special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statifington, D.C. This rk station, an indefor network multic r "E-M" (for noncontribute) for not located in the station of the special of the television statification, and indefor network multic r "E-M" (for noncontribute) for not located in the special of the speci	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	G Primary Transmitters: Television
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also ree categories e location of ea Canadian statio	mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ssociation repreyou carried the or of the general in U.S. stations, let the name of the	senting the primar channel on any ot nstructions locate list the community ne community with	ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the u which the station is identifed.	
		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	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify every eystem during toons in effect on 6.61(e)(2) and (6.61(e)(2)	y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (period, except 81, permitting the seferring to 76.6 paragraph. It is in space I (the stion was carried ute basis station to be reported in compared in the seferring to 76.6 paragraph. It it in space I (the stion was carried ute basis station to be reported in compared in the sefer in the sefering period use of lack of a sem that is not some 30, 2009, be sesociation representation of the general in the sefer in the se	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your context of the carried by the carried b	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 says the subject estem or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the enter the station is identified.	G Primary Transmitters: Television
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	T	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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume	
PRIMARY TRANSMITTE	RS: TELEVISIO)N					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as seociated with a station according to its over-the-air designation. For example, report multicast stream as seociated 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. Thi							
explanation of these the	ree categories location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv) of the general i or U.S. stations, l re the name of th	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.		
Note: If you are utilization	y multiple chai	• •	EL LINE-UP	<u> </u>	channer inte-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Name
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume
PRIMARY TRANSMITTI	ERS: TELEVISION	ON				
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Passis Subasis under specific FC • Do not list the station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the discommunity of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiful For the meaning of the Column 4: If the st planation of local serving Column 5: If you head to system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	ERS: TELEVISIO G, identify ever system during to ions in effect on 5.61(e)(2) and (isis, as explaine stations: With the CC rules, regular in space only on a substand also in spartformation condition. In station's call associated with a station's call associated with a second control of the condition of the condition of the condition of the condition of a distantial in entered into on a part-inition of a distantial entered into on a primary transistinulcasts, also ree categories	y television state accounting an June 24, 19, 4), or 76.63 (in the next prespect to any first to the state accounting accounting substitute basis. If the state accounting substitute basis accounting substitute basis. If the state accounting substitute accounting the accounting the median substitute accounting the substitute accounting the median substitute accounting the substitu	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to tit in space I (the station was carried that basis station report origination coording to its own be reported in origination is a network as assigned to annel 4 in Wash station is a network etwork), "N-M" (I educational), or egeneral instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, in the same that is not some 30, 2009, be sesociation repreyou carried the of the general in the general instructivice.	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) on program service the er-the-air designation of the television statistical program of the television statistington, D.C. This the station, an indefor network multicular "E-M" (for noncontrol located in the interest of the television statistical program of the television of the television of the television statistical program of the television o	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify stion. For example, report multi- on stream separately; for example son for broadcasting over-the-air in may be different from the channel sependent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizing	ng multiple chai	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AR		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
NEMONT COM	MUNICATIO	NS, INC.			63540	Nume	
PRIMARY TRANSMITTE	ERS: TELEVISIO)N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.		
		CHANN	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	1	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						·
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Namo
NEMONT COM	MUNICATIO	NS, INC.			63540) rumo
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine and consine as explaine stations: With recording the consideration of the consideration	ne accounting In June 24, 198 4), or 76.63 (r d in the next prespect to any titions, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not r in a station acc streams must over the FCC h	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ov- be reported in our	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television statistics).	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat 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 varied the in each case varieting the le cast), "E" (for no ese terms, see partie in each case ave entered "Ye ave entered "Ye in on a part-tirion of a distant the entered into on a primary transisimulcasts, also aree categories, e location of ea Canadian statio	ne station. whether the st tter "N" (for ne concommercial coage (v) of the the local serv age (v) of the commercial coage (v) of the coage (v) coa	ation is a netwo etwork), "N-M" (I educational), o e general instruc- vice area, (i.e. "c general instruct- 4, you must cot ause of lack of a earn that is not s are 30, 2009, be association repre you carried the of the general in r U.S. stations, e the name of the	ork station, an indefor network multicor "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, and. Indicate by enterivated channel of subject to a royalty stween a cable systement on any of instructions located list the community with th	es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your dering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing the transmitter, enter the designation the pager SA3 form. If to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
NEMONT COM	MUNICATIO	NS, INC.			63540		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e							
				•	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AU			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name			
NEMONT COM	MUNICATIO	NS, INC.			63540				
PRIMARY TRANSMITTE	RS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for in									
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	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.				
		CHANN	EL LINE-UP	AV					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM	Namo		
NEMONT COM	MUNICATIO	NS, INC.			635	40		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for indepe								
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

Name	LEGAL NAME OF C							SYSTEM ID# 63540			
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			
	N/A										
	10/2										
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	I	<u> </u>	l		1	l	l	1			

FORM SA3E. PAGE 5.						ACCOUNTING	6 PERIOD: 2018/1			
LEGAL NAME OF OWNER OF						SYSTEM ID#	Namo			
NEMONT COMMUNICA	ATIONS, I	NC.				63540	Nume			
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG				ı			
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.										
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
During the accounting per broadcast by a distant stat	iod, did you			s, any nonne	twork television progra	m X No	Special Statement and			
Note: If your answer is "No" log in block 2.	", leave the	rest of this pag	ge blank. If your answer is '	Yes," you mu		am	Program Log			
2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every not distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the sadcast static adian static ath and day /e "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach additional nnetwork televition and that your authorization at use general cast live, enterstation broadca on's location (thous, if any, the when your system of a program carried listed program ons in effect du	al pages. ision program (substitute pour cable system substitute pour cable system substitute pour cable system substitute pour categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". o." m. station is lice station is idenorogram. Use cable system. 5 p.m. to 6:2 mming that ye enter the let	during the accounting ramming of another stands located in the pape List specific program need by the FCC or, in stiffied). The company of the times accurate the stands of the stands	ation r onth ely				
9	LIBSTITLIT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				
N/A					_					
										
	 	l			<u> </u>					
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEMONT COMMUNICATIONS, INC.

SYSTEM ID#

63540

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
- 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 PA	ART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN CARRIAGE OCCURRED			
	DATE FROM TO				DATE	DATE FROM		URS TO	
N/A				<u>.</u>				_	
				_				_	
		_						_	
		_						_	
		_		-				_	
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#			
	MONT COMMUNICATIONS, INC.			63540	Name		
Ins all a (as pag	COSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's secidentified in space E) during the accounting period. For a further explanation of how to de (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary	transmiste this am	sion service	K Gross Receipts		
• Cor • Cor • If your fee • If your	YRIGHT ROYALTY FEE Juctions: Use the blocks in this space L to determine the royalty fee you owe: Implete block 1, showing your minimum fee. Implete block 2, showing whether your system carried any distant television stations. In system did not carry any distant television stations, leave block 3 blank. Enter the a from block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				Copyright Royalty Fee		
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below.	e ente	red on line	e 1 of			
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entere	d on line 2	2 in block			
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered o	on line			
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.		064 perce	nt of the			
	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.		\$	720,677.27			
	This is your minimum fee.	\$		7,668.01			
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 period x Yes—Complete the DSE schedule.	mn 4, y iod?	ou must o	check			
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	8,332.71			
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00			
	Line 3. Add lines 1 and 2 and enter here	\$		8,332.71			
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	8,332.71	Cable systems		
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r		0.00	submitting additional deposits under		
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing		
	Line 4. FILING FEE						
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		9,057.71	appropriate form for submitting the additional fees.		
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of t	the			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC. 63540
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations
	on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
for Further Information	Name KRISTIN BEKKER Telephone 406-783-2200
	Address PO BOX 600 (Number, street, rural route, apartment, or suite number) SCOBEY, MT 59263 (City, town, state, zip)
	Email kristin.bekker@nemont.coop Fax (optional) 406-783-5283
O Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	 [Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or [★ (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ Remi Sun
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings. Typed or printed name: REMI SUN
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Title: CHIEF FINANCIAL OFFICER (Title of official position held in corporation or partnership)
	Date: August 24, 2018

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

U.S. Copyright Office

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Line 1 Enter the amount of late payment or underpayment.	LEGAL NAME OF OWN	IER OF CABLE SYSTEM:	SYSTEM ID#	Name
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 includes subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No YES. Enter the total here and list the satellite carrier(s) below. **Name** Mailing Address** **Name** Mailing Address** **Nume** Mailing Address** **Address** **Address** **Address** Interess Assessment* **Address** Line 1 Enter the amount of late payment or underpayment	NEMONT COM	MUNICATIONS, INC.	63540	Name
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? No	The Satellite Ho lowing sentence "In deter service of scribers For more inform	ome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add exists: mining the total number of subscribers and the gross amounts paid to the cable system for of providing secondary transmissions of primary broadcast transmitters, the system shall not and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions pursuant tran	the basic t include sub- ction 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Vou must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment x days Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original	made by satellit		ansmissions	
Name Mailing Address INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum here	X NO			
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment	YES. Enter	the total here and list the satellite carrier(s) below		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment				
For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment	INTEREST A	SSESSMENTS		
Line 2 Multiply line 1 by the interest rate* and enter the sum here				Q
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter th	ne amount of late payment or underpayment		Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply	line 1 by the interest rate* and enter the sum here	<u>-</u>	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	Line 3 Multiply			
 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 	Line 4 Multiply	space L, (page 7)	<u>-</u>	
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		(interes	est charge)	
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			stance please	
please list below the owner, address, first community served, accounting period, and ID number as given in the original	** This is the	e decimal equivalent of 1/365, which is the interest assessment for one day late.		
	please list below	•		
Owner Address				
First community served Accounting period ID number	Accounting peri			

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

ACCOUNTING PERIOD: 2018/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



	Distant Stations Carried		Identification o	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	E SYSTEM:			S	STEM ID#
Т	NEMONT COMMUNICAT	TIONS, INC.				63540
	SUM OF DSEs OF CATEGOR					
	Add the DSEs of each station					
	Enter the sum here and in line		s schedule.		2.25	
2	Instructions: In the column headed "Call S	Sign": list the cal	I signs of all distant stations	identified by t	the letter "O" in column 5	
_	of space G (page 3).	Jigir . list the cal	i signs of all distant stations	dentified by t	inc letter o in column o	
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-	
of DSEs for	mercial educational station, giv	e the DSE as ".2				
Category "O"			CATEGORY "O" STATION	IS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	KRTV-DT	0.250				
	KFBB-DT	0.250				
	KUSM-DT	0.250				•••••
	KNDM-DT	0.250				
	KBGF-DT	0.250				
Add rows as	KFBB2-DT	0.250				
necessary.		0.250 0.250				
Remember to copy	KRTV-CW					
all formula into new	KBMY-DT	0.250				
rows.	KXND-DT	0.250				
						•••••
				ļ		
						••••••
		, I				1

Name	NEMONT COMMUNICATIONS, INC.							63540	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3. NI JRS 0 ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	E	
						x			
						x x			
			÷	=		x	=		
						x x			
			_	_		v	=		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, Instructions:								
Computation of DSEs for Substitute-Basis Stations	 Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 								
	SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs							I	
	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	
		÷		=		÷		=	
			÷ =			÷	÷ =		
		÷		=		÷		= <u> </u>	
		÷		=		÷		=	
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system.								
Total Number	1. Number of DSEs from part 2 ● 2.25 2. Number of DSEs from part 3 ● 0.00 3. Number of DSEs from part 4 ● 0.00								
of DSEs									
	TOTAL NUMBE	R OF DSEs				>		2.25	

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

	OWNER OF CABLE							S	YSTEM ID# 63540	Name
In block A: • If your answer if schedule.	ck A must be com	emainder of		7 of the DSE sche	edule blank a	and	d complete pa	art 8, (page 16) of	the	6
ii your answer ii	140, complete bit			TELEVISION M	ARKETS					Computation of
effect on June 24, X Yes—Com	m located wholly o , 1981? nplete part 8 of the plete blocks B and	schedule—l	•						gulations in	3.75 Fee
		BLO	CK B: CARR	IAGE OF PERI	MITTED D	SE	Es			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Ju edule. (Note: T	part 2, 3, and 4 o ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explar	nati	on of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions fo E Carried pursus *F A station pre	ed pursuant on as define al education d station (76. or DSE schee ant to individ viously carri	ulations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(de)(1), 76.63(63(a) referring the bestitution of the state of the	on b), (a) ng gra	June 24, 198 76.61(b)(c), referring to 7 to 76.61(d) andfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	entified by the l	n parts 2, 3, and 4 etter "F" in column				vorksheet on pag	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
						1				
						Щ.				
						+				
						1				
									0.00	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE					
_ine 1: Enter the	e total number of	DSEs from	part 5 of this	schedule						
ine 2: Enter the	e sum of permitte	d DSEs fro	m block B ab	ove						
	line 2 from line 1 leave lines 4–7 b			•		5 r 	ate.			
_ine 4: Enter gro	oss receipts from	space K (p	page 7)					x 0.03	375	Do any of the DSEs represen partially
_ine 5: Multiply I	line 4 by 0.0375 a	and enter s	um here					. x		permited/ partially nonpermitted carriage?
_ine 6: Enter tot	al number of DSI	Es from line	e 3							If yes, see part 9 instructions.
ine 7: Multiply I	line 6 by line 5 ar	nd enter he	re and on line	2, block 3, spac	e L (page 7	')			0.00	

Name	YSTEM ID# 63540							WNER OF CABLE		
			JED)	(CONTINU	SION MARKETS	A: TELEVIS	BLOCK			
6	3. DSE	2. PERMITTED	1. CALL	3. DSE	2. PERMITTED	1. CALL	3. DSE	2. PERMITTED	1. CALL	
Computatio		BASIS	SIGN		BASIS	SIGN		BASIS	SIGN	
3.75 Fee										
										•••
	•									•••
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Name	LEGAL NAME OF OWN										S	YSTEM ID#	
Nume	NEMONT COM	MUNICATIO	ONS, INC	•								63540)
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	reputating he DSE hedule for ermitted t-Time and ubstitute 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									pe entere			
		PERMITT	ED DSE FO	OR STA	TIONS CARRI	ED	ON A PART-TII	ME AN	ND SUBSTI	TUTE BASIS			
											6. P		
	SIGN	DSE		PE	RIOD		CARRIAGE			OSE		DSE	_
7 Computation of the Syndicated	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks E locks B and	l C blank	and complete		art 8 of the DSE ELEVISION M						
Exclusivity													
Surcharge	Is any portion of the or	cable system w	vithin a top 1	100 majo	r television ma	rke	t as defned by se	ction 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	1 C .				No—Proc	eed to	part 8				
	DI OOK D. O		E/O	2	04-4:	$ \top $	_	21.001		4-4:£ F	+ DOE		_
		arriage of VHF				\dashv				tation of Exem	•		_
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places	•	•			Was any station nity served by the to former FCC r	ne cab	ole system p				
	Yes—List each s	tation below wif	th its approp	riate pern	nitted DSE		Yes—List e	each st	tation below v	with its appropria	ate permi	itted DSE	
	X No—Enter zero a	and proceed to	part 8.				X No—Enter	zero a	nd proceed t	o part 8.			
	CALL SIGN	DSE	CALL S	SIGN	DSE		CALL SIGI	N	DSE	CALL SIG	iN	DSE	ì
													i
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		<u> </u>		205	0.00					T O	_	0.00	ı
			TOTAL	USES	0.00	1				TOTAL DS	ES	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC.	SYSTEM ID# 63540	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	720,677.27	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section			
3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
I	NEMONT COMMUNICATIONS, INC.	63540
Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here. G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B 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"	elow
	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
• Did v		
	Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$ 720,677	7.27
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	2.25
Section 3	B. Enter 0.00701 of gross receipts (the amount in section 1)	1.93
	Instruction 4b Instruction 4b	Section Ab If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). S. S.

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

	ONT COMMUNICATIONS, INC.	SYSTEM ID# 63540	Name
	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00330 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here \$		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
instead	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
	G. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
	on, you must:		Base Rate Fee
station DSEs a	ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be table system is wholly located outside all major television markets, complete block A only.	, ,	for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations	C	for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were let the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscril	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Der group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups.	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syssection:	tem's subscriber	
	y the communities/areas represented by each subscriber group.		
subscri	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a pers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it if this schedule; or,	n parts 2, 3,	
2) any p	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in l 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form.	instructions	
page. I	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (th or that group's complement of stations and total gross receipts from the subscribers in that group). You do not ne	at is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63540 **NEMONT COMMUNICATIONS, INC.** Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					NS, INC.	NICATIO	NEMONT COMMU
BEGGIVI. GOMING TIVING OF BIOCE TWILE I EEG TON ENGINE GROOT	BER GROUP	SUBSCRIE	TE FEES FOR EAC	BASE RA	COMPUTATION O	LOCK A: 0	В
FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP	SUBSCRIBER GROU	SECOND S		UP	SUBSCRIBER GRO	FIRST	
EA BISMARCK DMA COMMUNITY/ AREA WILLISTON DMA	ON DMA	WILLIST	COMMUNITY/ ARE		RCK DMA	BISMAF	COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
0.25 KBMY-DT 0.25		0.25	KBMY-DT			0.25	KUMV-DT
0.25 KXND-DT 0.25		0.25	KXND-DT			0.25	KXMD-DT
0.25 KNDM-DT 0.25	-	0.25	KNDM-DT	•••••••••••		0.25	KXMD-CW
0.25				•••••••••••••••••••••••••••••••••••••••		· · · · · · · · · · · · · · · · · · ·	KBMY-DT
0.25			-				KXND-DT
0.25		···		···			KNDM-DT
0.25		<u></u>				· · · · · · · · · · · · · · · · · · ·	KWSE-DT
0.23		···				0.25	XVV3E-DI
······································					-	····	
							
		<u></u>					
						.	
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1.75			Total DSEs	1.75			otal DSEs
st Group \$ 0.00 Gross Receipts Second Group \$ 301,909.67	\$ 30	nd Group	Gross Receipts Sec	0.00	\$	roup	Bross Receipts First G
st Group \$ 0.00 Base Rate Fee Second Group \$ 2,409.24	\$	nd Group	Base Rate Fee Sec	0.00	\$	roup	Base Rate Fee First G
THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP	SUBSCRIBER GROU	FOURTH S		UP	SUBSCRIBER GRO	THIRD	
EA GREAT FALLS DMA COMMUNITY/ AREA 0					FALLS DMA	GREAT	COMMUNITY/ AREA
			COMMUNITY/ ARE			ONLA	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE		DSE			CALL SIGN
	CALL SIGN	DSE		DSE		DSE	
0.25	CALL SIGN	DSE		DSE		DSE 0.25	CALL SIGN KRTV-DT KFBB-DT
0.25 0.25 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25	KRTV-DT KFBB-DT
0.25 0.25 0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25	KRTV-DT KFBB-DT KBGF-DT
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25	KRTV-DT KFBB-DT KBGF-DT KFBB2-DT
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE		DSE		DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW
0.25	CALL SIGN	DSE	CALL SIGN			DSE 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW (USM-DT
0.25			Total DSEs	1.50	CALL SIGN	DSE 0.25 0.25 0.25 0.25 0.25 0.25	(RTV-DT (FBB-DT (BGF-DT (FBB2-DT (RTV-CW

LEGAL NAME OF OWN NEMONT COMM						S	YSTEM ID# 63540	Name
		COMPUTATION C SUBSCRIBER GRO		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe and
								Syndicated
								Exclusivity
	·····		····			-		Surcharge for
								Partially
	<u>.</u>							Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
001444114477//4054		SUBSCRIBER GRO				SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····					
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Total DSEs Gross Receipts First Group \$ 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	O Cor
COMMUNITY/ AREA 0 COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE <td< th=""><th>SE Base Sy Ex</th></td<>	SE Base Sy Ex
CALL SIGN DSE CALL SIGN	SE Base Sy Ex
CALL SIGN DSE CALL SIGN DSE CALL SIGN D CALL SIGN DSE CALL S	SE Base Sy Ex
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	Sy Ex Su F I
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	Ex Su F I S
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	Ex Su F I S
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	St. F
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	S
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	S
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	s
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	.00_
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00	.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.	.00
ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP	.00
COMMUNITY/ AREA COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN D	SE
Total DSEs 0.00 Total DSEs 0.00	.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	.00
	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	

LEGAL NAME OF OWN NEMONT COMMU						S	YSTEM ID# 63540	Name
E	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
TH	IRTEENTH	SUBSCRIBER GROU	JP	TT .		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ILL GIGIT	DOL	OALL GIGIT	DOL	Of REE CICIT	DOL	O/ALL OIGIN	DOL	Base Rate Fee
								and
								Syndicated
					<u></u>			Exclusivity
	<u></u>				<u></u>			Surcharge for
	<u></u>						····	Partially
								Distant
		-						Stations
					<u></u>			
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
	<u></u>			-				
	<u></u>						····	
		-			<u></u>			
	<u></u>							
		-			<u></u>			
		-						
					<u></u>			
	<u></u>				<u></u>			
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
julia ju	P				[-	<u>·</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in blood			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 63540	Name
				TE FEES FOR EAC	LU CLIDCOD	IDED COOLD	000.0	
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	9
CALL SIGN	DSE	CALLSION	DSE	CALL SIGN	DSE	II CALL SICN	DOE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
					•••••	-	•••••	and
								Syndicated
								Exclusivity
						-		Surcharge
						 		for Partially
					••••		·····	Distant
								Stations
						-		
	···		•				····	
					••••	•		
Total DSEs	•		0.00	Total DSEs	•	•	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	UP	<u> </u>	TWENTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			·-					
	···	-	······································			-		
		-			••••	-		
						 		
		-			••••	-		
	···							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
-	-				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

	63540						R OF CABL	NEMONT COMMU
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
0	JP	SUBSCRIBER GROU	Y-SECOND	TWENT	UP	SUBSCRIBER GRO	TY-FIRST	TWEN
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I			<u> </u>		<u></u>			
and	<u></u>				<u> </u>	-		
Syndicate Exclusivi	····				<u>-</u>			
Surcharg		H	·-		-			
for								
Partially		_						
Distant						-		
Stations						-		
			·		<u>.</u>			
			·		-			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	TWENT	UP	SUBSCRIBER GRO	Y-THIRD	TWEN
				H				COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			SOMMONT IT THE
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
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		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN	DSE	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE			Total DSEs	DSE	CALL SIGN		CALL SIGN
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		

	BLE SYSTEM: IONS, INC.				S	YSTEM ID# 63540	Name	
BLOCK A	: COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCR	RIBER GROUP			
	H SUBSCRIBER GRO		H		SUBSCRIBER GROU	UP	9	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α	0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of	
					-		Base Rate	
							and	
							Syndicat	
		<u>.</u>		·····			Exclusiv	
	····			·····		<u> </u>	Surcharg for	
		·					Partiall	
		···					Distant	
							Station	
						<u> </u>		
					<u> </u>			
otal DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
TWENTY-SEVENT	H SUBSCRIBER GRO	OUP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	O/ LEL OIOIV					DOL		
	O/ILE OIGIV					502		
	O/LEC GIGIT					552		
	STALE GION					302		
	O'ALL GIGHT					302		
	O'ALL GIGHT							
	O'ALL GION							
	O'ALL GION							
Fotal DSEs		0.00	Total DSEs			0.00		
Fotal DSEs	\$		Total DSEs Gross Receipts Fou	irth Group	\$			
		0.00		urth Group	\$	0.00		

DI OCK /	TIONS, INC.					YSTEM ID# 63540	Name
BLUCK F	A: COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	TH SUBSCRIBER GRO				H SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
						<u></u>	Syndicate Exclusivit
······							Surcharge
							for
							Partially
							Distant
						<u></u>	Stations
				·····			
		••••		•••••		····	
				<u></u>			
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIR	ST SUBSCRIBER GRO	OUP	THIR	RTY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				•••••			
		<u>.</u>					
		····		······		·····	
						·····	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
				•			
	1			rth Group			

					_	YSTEM ID# 63540	Name
T. UDT. / T. UD	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	O SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Ά		0	Computation
CALL SIGN DSE				DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicate
							Exclusivity
							Surcharge
							for Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			Gross Receipts Sec	ond Group	\$	0.00	
						1	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIFT	H SUBSCRIBER GRO	DUP	Т	HIRTY-SIXTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		^					
		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
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	CALL SIGN				CALL SIGN		
Fotal DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		DSE	Total DSEs	DSE		DSE	
Total DSEs Gross Receipts Third Group		DSE	Total DSEs	DSE		DSE	

NEMONT COMMUNICATIO	E SYSTEM: NS, INC.				S	43540 PSTEM 1D#	Name	
BLOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP			
	SUBSCRIBER GROU				SUBSCRIBER GROU		9	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	OMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN			CALL SIGN DSE CALL SIGN DSE CALL SIGN D			DSE	Computation of
							Base Rate F	
							and	
							Syndicated	
					<u> </u>		Exclusivity	
							Surcharge	
			·		-		for Partially	
			·				Distant	
			•	••••	-		Stations	
		 			<u> </u>			
					<u> </u>			
Total DSEs		0.00	Total DSEs			0.00		
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
THIRTY-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		 			<u> </u>			
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				····	 			
				••••				
					 			
					1			
		0.00	Total DSEs			0.00		
Γotal DSEs			II	th Group	\$	0.00		
Fotal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Four	iii Oloup	Ψ	0.00		
	\$	0.00	Gross Receipts Four	ui Gioup	<u>*</u>	0.00		

LEGAL NAME OF OWN NEMONT COMM						S	YSTEM ID# 63540	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FO	RTY-FIRST	SUBSCRIBER GRO		FOR	9			
COMMUNITY/ AREA			0 COMMUNITY/ AREA 0					_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fe
	••••				•••••		•••••	and
								Syndicated
								Exclusivity
		_						Surcharge
	<mark>.</mark>	 	<u></u>			-		for
	<mark></mark>		<u></u>					Partially Distant
	····	-	<u></u>			-		Stations
		H	···			-		Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	RTY-THIRD	SUBSCRIBER GRO	DUP	FOF	RTY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
	<u></u>							
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			<u></u>			-	<u> </u>	
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	····				····			
•••••••	····		···		•••••	•		
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		·						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	9 omputation of use Rate F and Syndicated Exclusivity Surcharge for Partially Distant
OMMUNITY/ AREA O COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba S E S E S S S S S S S S S	omputation of use Rate F and Syndicated Exclusivity Surcharge for Partially
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	omputation of use Rate F and Syndicated Exclusivity Surcharge for Partially
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	of ase Rate F and Syndicated Exclusivity Surcharge for Partially
	and Syndicated Exclusivity Surchargo for Partially
	Syndicated Exclusivity Surcharge for Partially
	Exclusivity Surcharge for Partially
	Surcharge for Partially
	for Partially
	Partially
	DISTANT
	Stations
	
otal DSEs Total DSEs	
iross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
otal DSEs	
otal DSEs 0.00 Total DSEs 0.00	
otal DSEs 0.00 Total DSEs 0.00 gross Receipts Third Group \$ 0.00 \$ 0.00	

LEGAL NAME OF OWN NEMONT COMM						S	YSTEM ID# 63540	Name
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
								Syndicated
				·	·····		<u> </u>	Exclusivity Surcharge
•••••	····	-						for
								Partially
		ļ						Distant
								Stations
	····				·····			
	····	-	····				·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GRO	OUP	FIF	TY-SECONE	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·			<u> </u>	
••••••	····	-	····					
		<u> </u>						
								
	····				·····			
	····		•••••••••••••••••••••••••••••••••••••••					
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	the base rat	te fees for each subs		as shown in the boxe		\$	0.00	

MMUNICATIONS, INC. 6354	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	9
REAO COMMUNITY/ AREA	Computat
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	•••
	Base Rate
	and
······································	Syndicate
	Exclusivi
	for
	Partially
	Distant
······································	Stations
	_
First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	_
First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP	
REA O COMMUNITY/ AREA	<u></u>
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	<u></u>
	•••••
	····· ·····
0.00 Total DSEs 0.00	
	_
	_

63540 Name						NEMONT COMMU	
CRIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl	
1TH SUBSCRIBER GROUP	ΓΥ-EIGHTH		JP 0	SUBSCRIBER GRO	SEVENTH		
0 Computation	COMMUNITY/ AREA 0					COMMUNITY/ AREA	
	DSE	CALL SIGN	CALL SIGN DSE		SIGN DSE CALL SIGN		
Base Rate F							
and							
Syndicate					<u></u>		
Exclusivit Surcharge	<u> </u>				<u></u>		
for	······································				··		
Partially	<u>-</u>				<u> </u>		
Distant							
Stations							
······································				-	<u> </u>		
······································	·				<u> </u>		
0.00	•	Total DSEs	0.00	•	•	Total DSEs	
	ad Cuarra						
\$ 0.00	ia Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
0.00	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
ETH SUBSCRIBER GROUP	SIXTIETH		JP	SUBSCRIBER GRO	TY-NINTH	FIF	
O		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
				-			
					<u></u>		
······································	·				<u> </u>		
				-			
				-			
0.00		Total DSEs	0.00			Total DSEs	
	n Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group		
	n Group			\$	Group	Fotal DSEs Gross Receipts Third G	

	BLE SYSTEM: IONS, INC.				S	YSTEM ID# 63540	Name
BLOCK A	: COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	T SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Computati			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
							and
		····				····	Syndicate Exclusivit
		·····					Surcharg
							for
							Partially
							Distant
							Stations
		····					
		····					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-THIF	D SUBSCRIBER GRO	OUP	SIX	(TY-FOURTH	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<mark></mark>					
						····	
			·				
		0.00	Total DSEs			0.00	
Total DSEs							
Fotal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rtn Group	\$	0.00	
	\$	0.00	Gross Receipts Fou	rtn Group	\$	0.00	

LEGAL NAME OF OWNE						S	YSTEM ID# 63540	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GRO			9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL OIGH	DOL	OTTLE CICIA	BOL	OTTLE GIGIT	DOL	O'ALL GIGIT	DOL	Base Rate Fe
			····					and
								Syndicated
								Exclusivity
	<u> </u>							Surcharge
	<mark></mark>		<u>.</u>					for
			<u></u>					Partially
	<u></u>							Distant Stations
						-		Otations
••••••	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>		<mark>.</mark>					
			<u></u>					
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	<mark> </mark>		<u></u>		<u></u>			
	<mark> </mark>							
	<mark></mark>		<u></u>		·····	-		
	<u></u>		···		·····	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne base ra t	te fees for each subs				\$	0.00	

ONT COMMUNICATIONS, INC.	STEM ID# 63540	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		
SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIBER GROU		9
IUNITY/ AREAO COMMUNITY/ AREA	0	Computati
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	of
		Base Rate
		and
	<u> </u>	Syndicate Exclusivi
		Surcharg
		for
		Partially
		Distant
	<u> </u>	Stations
	<u></u>	
OSEs Total DSEs	0.00	
Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00	
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00	
SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROU	Р	
IUNITY/ AREA O COMMUNITY/ AREA	0	
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
	<u> </u>	
	<u> </u>	
	<u> </u>	
	<u></u>	
DSES 0.00 Total DSEs	0.00	
	0.00	

SEVENTY-THIRD SUB							
COMMUNITY/ AREA		SEVEN	TY-FOLIRTH	CURCORINER ORGI			
	^			SUBSCRIBER GROU		9	
	0	. COMMUNITY/ AREA					
	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
						Base Rate F	
				-		and	
				-	<u></u>	Syndicated Exclusivity	
	······					Surcharge	
						for	
						Partially	
				-		Distant	
				-		Stations	
			·····		<u> </u>		
				-			
Total DSEs	0.00	Total DSEs			0.00		
Gross Receipts First Group \$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First Group \$	0.00	Base Rate Fee Second	ond Group	\$	0.00		
SEVENTY-FIFTH SUB	SCRIBER GROUP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP .		
COMMUNITY/ AREA	0	. COMMUNITY/ AREA	A		0		
CALL SIGN DSE C	ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u></u>			-			
				-			
				-			
				-	<u></u>		
				-			
Fotal DSEs	0.00	Total DSEs			0.00		
Gross Receipts Third Group \$	0.00	Gross Receipts Four	th Group	\$	0.00		
· <u></u>		1	•				
Base Rate Fee Third Group \$	0.00	Base Rate Fee Four	th Group	\$	0.00		

LEGAL NAME OF OWN NEMONT COMM						S	YSTEM ID# 63540	Name
	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
SEVENTY	/-SEVENTH	SUBSCRIBER GRO	DUP	SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILL OF OTT	BOL	CALL CICIT	BOL	OF ILLE STOTE	502	OF ILLE GIGIT	502	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
		 						Partially
								Distant
								Stations
							<u></u>	
	·····					-		
							····-	
						-		
						+		
Total DSEs			0.00	Total DSEs		!!	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
						<u>-</u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	DUP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	·····		····					
						-		
							····	
Total DCCa			0.00	Total DCFa			0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

		EGAL NAME OF OWNER OF CABLE SYSTEM: EMONT COMMUNICATIONS, INC. SYSTEM ID# 63540								
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
EIGI	HTY-FIRST	SUBSCRIBER GRO	UP	EIGH	ITY-SECONE	SUBSCRIBER GRO	JP	0		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							<u></u>	Base Rate Fo		
				1				Syndicated		
			<u></u>					Exclusivity		
								Surcharge		
								for		
			<u></u>					Partially Distant		
	···							Stations		
			<u></u>							
			<u></u>							
										
Γotal DSEs			0.00	Total DSEs		11	0.00			
	_						-			
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
EIGH	HTY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	····			·			<u> </u>			
			<u></u>							
			<u></u>							
	···									
	<u></u>		<u></u>							
										
Γotal DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
										
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block	the base rat	re fees for each subs				\$	0.00			

	ABLE SYSTEM: TIONS, INC.				S	43540 PYSTEM ID#	Name
BLOCK /	A: COMPUTATION (OF BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP		
	TH SUBSCRIBER GR		Ħ		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A			Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
					-		and
							Syndicate
				······			Exclusivit Surcharg
			·				for
							Partially
							Distant
							Stations
			·	······			
			·				
otal DSEs		0.00	Total DSEs			0.00	
					-	-	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY-SEVEN	TH SUBSCRIBER GR	OUP	EIG	HTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-		
		·····	·	·····			
Total DSEs		0.00	Total DSEs			0.00	
	S S			irth Group	S S	0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	_	

	ONS, INC.				S	63540	Name
BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩	0	Computation	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
					<u> </u>		Exclusivity Surcharge
	<u> </u>						for
							Partially
							Distant
							Stations
		···		••••			
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
or occurrence is most endap			ll cross resource doe	oa	<u>*</u>		
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-FIRS	SUBSCRIBER GRO	UP	NINE	TY-SECOND	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	^		_	
			COMMONT IT AIRL			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
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	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE		DSE	CALL SIGN Total DSEs	DSE		DSE	
		DSE	CALL SIGN Total DSEs	DSE		DSE	

NEMONI COMMUNICA	EGAL NAME OF OWNER OF CABLE SYSTEM: EMONT COMMUNICATIONS, INC. SYSTEM ID# 63540								
BLOCK A	A: COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCF	RIBER GROUP				
	RD SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO		9		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	:A		0	Computati		
CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
							Base Rate I		
							and		
		····		·····		<u></u>	Syndicate Exclusivit		
		····					Surcharg		
							for		
							Partially		
							Distant		
				·····		<u></u>	Stations		
		····		·····					
		····	•	•••••					
Total DSEs		0.00	Total DSEs			0.00			
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00			
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00			
NINETY-FIF	TH SUBSCRIBER GRO	OUP	N	INETY-SIXTH	SUBSCRIBER GROU	UP			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
				·····					
		····		•••••		·····			
······································		····		·····		<u></u>			
			1						
		••••							
Fotal DSEs		0.00	Total DSEs			0.00			
				ırth Group	\$	0.00			
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	_			

NI	43540 PSTEM 1D#	S						LEGAL NAME OF OWNE NEMONT COMMU
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
9	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	EVENTH	
0 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
••••	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-						
Syndicated								
Exclusivity Surcharge								
for						-		
Partially								
Distant								
Stations								
		 						
<u>) </u>	0.00			Total DSEs	0.00			Total DSEs
<u>) </u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	Y-NINTH	NINET
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
<u></u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
•••••						-		•••••
		 						
						-		
	0.00			Total DSEs	0.00			Fotal DSEs
)			0	Gross Receipts Fourth	0.00	¢	roup	Gross Receipts Third G
_	0.00	c	(aroun					
_	0.00	\$	Group	o.coc.roco.p.c.r.cara	0.00	\$	iroup	Silves Necelpte Tillia G

LEGAL NAME OF OWN NEMONT COMMU						S	YSTEM ID# 63540	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDE	RED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>		·····			Base Rate Fe
			 		·····			and Syndicated
	····	-	···		·····			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDF	RED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			 		·····			
					·····			
		-						
	····	<u> </u>	···		·····			
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							i	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW NEMONT COMM						S	YSTEM ID# 63540	Name
				ATE FEES FOR EACI			ID.	
COMMUNITY/ AREA		SUBSCRIBER GROU	0	COMMUNITY/ AREA		I SUBSCRIBER GRO	0 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
					<u></u>			and Syndicated
								Exclusivity
								Surcharge
					<u></u>			for Partially
					<u></u>			Distant
								Stations
								
					<u></u>			
								
Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
	·							
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii —		SUBSCRIBER GROU		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
				-				
				-				
								
					<u></u>			
					<u></u>			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

NEMONT COMN						S	YSTEM ID# 63540	Name
ONE HUND	RED NINTH	COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROI	UP	9
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
				-				Surcharge for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	: Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
		SUBSCRIBER GROU		II		SUBSCRIBER GROU		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	a Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 63540	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GRO		 		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u></u>					and
	···		<u></u>		·····			Syndicated Exclusivity
			-	-				Surcharge
								for
								Partially
			<u> </u>					Distant
			<u> </u>					Stations
	···		<u></u>					
			<u>-</u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
			-					
	···		<u>-</u>					
			<u></u>					
			<u>-</u>					
		-	-					
			<u> </u>					
	···		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

NEMONT COMMU						S	YSTEM ID# 63540	Name
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	JP	H		I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u> </u>		<u></u>			Base Rate Fee
	···		<u>.</u>		·····			and Syndicated
			<u>.</u>		••••			Exclusivity
								Surcharge
								for
								Partially
								Distant
		-	<u>.</u>		····			Stations
	···		<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				-				
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	···		<u>.</u>		·····			
Total DSEs			0.00	Total DSEs			0.00	
	Crou	•			rth Crave	•	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	iui Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN NEMONT COMMU						S	YSTEM ID# 63540	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO		1		SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fo
	···			·				Syndicated
	<u></u>							Exclusivity
								Surcharge
								for
								Partially
	<u></u>							Distant Stations
	···							Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	I SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>		<u></u>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
		_						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ee Third	Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

NEMONT COMM						S	YSTEM ID# 63540	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
			<u></u>					and
	····				·····			Syndicated Exclusivity
								Surcharge
		-						for
								Partially
								Distant
			<u></u>					Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>	-	<u></u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN						S	YSTEM ID# 63540	Name	
			BASE RA	ATE FEES FOR EACH	I SUBSCE	RIBER GROUP			
		SUBSCRIBER GROUP		H		SUBSCRIBER GROUP)		
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
OALL SIGIV	DOL	CALL SIGIV	DOL	OALL GIGIT	DOL	OALL SIGIV	DOL	Base Rate Fee	
								and	
	••••				•			Syndicated	
								Exclusivity	
								Surcharge	
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		-						Partially	
								Distant	
		-						Stations	
		-							
		-							
		-							
					·				
Total DSEs		-	0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED TH	HIRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECONE	SUBSCRIBER GROUP)		
COMMUNITY/ AREA			0	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	Group	¢	0.00	Gross Receipts Fourt	Group	\$	0.00		
C.000 Receipts Hillu	Sioup	\$	3.00	- Cross Receipts Fourth	. Oroup	*	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWN NEMONT COMM						S	YSTEM ID# 63540	Name
[BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		tt -		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 070.1	302	07122 01011	202	37.EE 373.Y	202	07.122.01.01.1	302	Base Rate Fe
								and
								Syndicated
								Exclusivity
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								for
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								Distant
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	····					-		
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	••••					1		
Total DSEs	<u>-</u>		0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	HIRTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

NEMONT COMMU						S	YSTEM ID# 63540	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fe
			<u>-</u>					and Syndicated
								Exclusivity
								Surcharge
								for
			<u></u>					Partially
			<u></u>					Distant Stations
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	···		<u>-</u>		••••			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	Þ	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE NEMONT COMMU						S	YSTEM ID# 63540	Name
Bl	OCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROU	Р	H		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u> </u>		<u></u>					Base Rate F and
	·				·····			Syndicated
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								Surcharge
								for
			<u></u>					Partially
								Distant Stations
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						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FOR	RTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
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Total DSEs	l I		0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	e base rat	\$	0.00	Base Rate Fee Fou	rth Group			

	63540	S					R OF CABL	NEMONT COMMU
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION C	LOCK A: C	BI
9		SUBSCRIBER GROUP	ORTY-SIXTH	ONE HUNDRED F)	SUBSCRIBER GROU	RTY-FIFTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and	<u></u>		<u> </u>			-		
Syndicate Exclusivit	····					-		
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for								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	1	SUBSCRIBER GROUP	RTY-EIGHTH	ONE HUNDRED FOR)	SUBSCRIBER GROU	-SEVENTH	ONE HUNDRED FORTY
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Fotal DSEs
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OWN NEMONT COMMU						S	YSTEM ID# 63540	Name
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		††		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u> </u>		<u> </u>			Base Rate Fe and
	···		······································		·····			Syndicated
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								Surcharge
								for
								Partially
	···		<u> </u>		·····			Distant Stations
								Stations
					•••••			
					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIR	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		<u> </u>		·····			
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					<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

NEMONT COMMU						S	YSTEM ID# 63540	Name
BI ONE HUNDRED FIF				ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
		<u> </u>		-				Surcharge for
								Partially
								Distant Stations
								Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU		 		I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	eroup	\$	0.00	Gross Receipts Fourti	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

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				TE FEES FOR EACH				
9		SUBSCRIBER GROUP	TY-EIGHTH	t t		SUBSCRIBER GROUP		ONE HUNDRED FIFTY
Comput	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and					<u>.</u>			
Syndica Exclusi					<u>.</u>			
Surcha								
for						-		
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O	JP 0 DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	TWEN' COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	TWENTY- COMMUNITY/ AREA CALL SIGN

Name	YSTEM ID# 63540	S					ER OF CABI	NEMONT COMMU
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	TY-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F						-		
and		-						
Syndicated Exclusivity		-				-	<u></u>	
Surcharge		-						
for								
Partially								
Distant		-					<u></u>	
Stations		-					<mark></mark>	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GRO	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
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	0.00	\$		Total DSEs	0.00			Total DSEs

Name	YSTEM ID# 63540					NS, INC.		NEMONT COMMU
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-						
Syndicated								
Exclusivity Surcharge	<u></u>	-					<u></u>	
for	<u></u>	-					<u></u>	
Partially	<u> </u>						<u></u>	
Distant								
Stations								
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	0.00	11		T	0.00			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	3ase Rate Fee First G
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	JP			THIF	JP			THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THII COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	DSE	SUBSCRIBER GROU	DSE	THII COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA CALL SIGN

SYSTEM ID# 63540				NS, INC.	NICATIO	NEMONT COMMU
BASE RATE FEES FOR EACH SUBSCRIBER GROUP						
	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
O COMMUNITY/ AREA O C		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00 Total DSEs		Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00 Base Rate Fee Second Group \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
UP FORTIETH SUBSCRIBER GROUP	FORTIETH		JP	SUBSCRIBER GRO	TY-NINTH	THIR
0 COMMUNITY/ AREA 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
		GOWING WITT TO TAKE A				
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DSE CALL SIGN DSE CALL SIGN DSE	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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DSE CALL SIGN DSE CALL SIGN DSE	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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DSE CALL SIGN DSE CALL SIGN DSE O.00 Total DSEs O.00	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN Total DSEs
0.00 Total DSEs		Total DSEs	0.00			Total DSEs
		Total DSEs	0.00	CALL SIGN		

Name	YSTEM ID# 63540							NEMONT COMMU
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	RTY-FIRST	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated				••••••		-		
Exclusivity Surcharge	<u> </u>						···	
for	<u> </u>				······································			
Partially								
Distant								
Stations								
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	0.00			Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	<u>'</u>	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
	<u>'</u>							FOR
	JP			FORT	JP			FOR
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	FOR COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	FORT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	FOR COMMUNITY/ AREA

LEGAL NAME OF OWNER NEMONT COMMUN						S	48TEM ID# 63540	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GRO		i t	RTY-SIXTH	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of the ofoly	DOL	O/ LEE GIGIT	DOL	O/ALL OIGIN	BOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
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			<u> </u>					
Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GRO	UP	FOR	TY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	1 1				<mark></mark>			
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Total DSEs			0.00	Total DSEs			0.00	
			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00	
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·	\$			·	\$ \$		

	IUNICATIO	LE SYSTEM: DNS, INC.					63540	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		COMMUNITY ASS		SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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	·····				·····			Syndicated Exclusivity
			····		·····			Surcharge
								for
								Partially
								Distant
	·····					-		Stations
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	·····				<u>.</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	FIFTY-FIRST	SUBSCRIBER GRO	OUP	FIF	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE								
	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	COMMUNITY/ ARE.	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		
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CALL SIGN		CALL SIGN				CALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third	DSE	\$	0.00 0.00	Total DSEs Gross Receipts Fou	DSE	\$	DSE	
CALL SIGN CALL SIGN Total DSEs	DSE		0.00	CALL SIGN Total DSEs	DSE		DSE	

NI	YSTEM ID# 63540	S						LEGAL NAME OF OWNE
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and		-						
Syndicated Exclusivity		-			<u>.</u>		<u></u>	
Surcharge		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
-	JP	SUBSCRIBER GROU		F	UP	\$UBSCRIBER GROU		FIF
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	JP			F	UP			FIF
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	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-SIXTH	FI COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIFTH	FIF
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Name	YSTEM ID# 63540	S						NEMONT COMMU
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Exclusivity Surcharge		-			<u> </u>			
for	<u></u>	-		•••••	<u>.</u>		···	
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	<u>'</u>	SUBSCRIBER GROU		Base Rate Fee Secon		SUBSCRIBER GROU		
	<u>'</u>			COMMUNITY/ AREA				FIF
	JP				UP			FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF
	JP 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-NINTH	FIF COMMUNITY/ AREA CALL SIGN
	JP 0 DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA	DSE	SUBSCRIBER GROU	DSE	FIF COMMUNITY/ AREA

	COMPUTATION OF SUBSCRIBER GRO		1				
COMMUNITY/ AREA	SUBSCRIBER GRO	JP	II SIX	TV SECONIC	OUDOCO:		
		_			SUBSCRIBER GRO		9
CALL SIGN DSE		0	COMMUNITY/ ARE	Α		0	Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
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Total DSEs		0.00	Total DSEs			0.00	ı
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	ı
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	ì
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	SUBSCRIBER GRO		İ		SUBSCRIBER GRO	_	ı
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	CABLE SYSTEM: TIONS, INC.					63540	Name
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Nonpermitted 3.75 Stations

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Nonpermitted 3.75 Stations

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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E PAGE 20

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#
Name	NEMONT COMMUNICATIONS, INC.	63540
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	☐ First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered the subscriber group in the step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group is the subscriber group of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group is the subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the formula of the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the surcharge for each subscriber group using the subscriber group using the subscriber group using the subscriber group using the subscriber group using the subscriber group using the subscriber group using the subscriber group using	rial VHF Grade B contour stations listed in block A, part 9 of rithe VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge.
Stations	,	1
	TWENTY-NINTH SUBSCRIBER GROUP	THIRTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Second Group\$
	THIRTY-FIRST SUBSCRIBER GROUP	THIRTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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		FORM SA3E. PAGE 20.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC.	SYSTEM ID# 63540				
	BLOCK B: COMPUTATION OF SYNDICATED EXC	LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market as Syndicated Exclusivity Surcharge. Indicate which major television by section 76.5 of FCC rules in effect on June 24, 1981:	· · · · · · · · · · · · · · · · · · ·				
Computation of	☐ First 50 major television market	Second 50 major television market				
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 ☐ First 50 major television market ☐ Second 50 major television market ☐ INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 					
	FORTY MINITH CURSORIDED CROUD	FIFTIETH CHROOPINED ODOUR				
	FORTY-NINTH SUBSCRIBER GROUP	FIFTIETH SUBSCRIBER GROUP				
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs				
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs				
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	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page 1) and the boxes above.					

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E PAGE 20

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC.	SYSTEM ID# 63540			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:				
Computation of	☐ First 50 major television market ☐ Se	econd 50 major television market			
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 □ First 50 major television market □ Second 50 major television market INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 				
	NINETY-THIRD SUBSCRIBER GROUP	NINETY-FOURTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs Lin	ne 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs Lin	ne 2: Enter the Exempt DSEs			
	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	ne 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	NINETY-FIFTH SUBSCRIBER GROUP	NINETY-SIXTH SUBSCRIBER GROUP			
	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation				

		FORM SA3E. PAGE 20.			
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Computation of	☐ First 50 major television market	☐ Second 50 major television market			
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	NINETY-NINTH SUBSCRIBER GROUP	ONE HUNDREDTH SUBSCRIBER GROUP			
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	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7				

FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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		FORM SA3E. PAGE 20.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEMONT COMMUNICATIONS, INC.	SYSTEM ID# 63540			
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP				
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Computation of	First 50 major television market	Second 50 major television market			
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 				
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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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		FORM SA3E. PAGE 20.			
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FORM SA3E. PAGE 20.

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name NEMONT COMMUNICATIONS, INC. 63540 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#			
	NEMONT COMMUNICATIONS, INC.	63540			
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9					
Computation of	☐ First 50 major television market	☐ Second 50 major television market			
Base Rate Fee	INSTRUCTIONS:				
and Syndicated Exclusivity Surcharge for Partially Distant Stations	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.				
	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP	ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP			
		ONE HONDINED HITT-I GONTH GODGONDEN GROOT			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the			
	total number of DSEs for	total number of DSEs for			
	this subscriber group	this subscriber group			
	subject to the surcharge	subject to the surcharge			
	computation	computation			
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY			
	SURCHARGE First Group	SURCHARGE Second Group			
	ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP			
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs			
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs			
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1			
	and enter here. This is the total number of DSEs for	and enter here. This is the total number of DSEs for			
	this subscriber group	this subscriber group			
	subject to the surcharge	subject to the surcharge			
	computation	computation			
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group			
	Tillia Gloup	1 odiai Gloup			
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7				

FORM SA3E. PAGE 20.

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

Space I Substitute

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