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	2018/1				
Period					
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire accounting conducts the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of the counting perioa	em the accounting period should s		851
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM				
	Alliance Communication Cooperative, Inc.				
				851	2018/1
				851	2018/1
	PO Box 349				
	Garretson, SD 57030				
С	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syste	em unless t	these
C	names already appear in space B. In line 2, give the mailing address of	the system, if diffe	erent from the address give	n in space	B.
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:				
	2 (Number, street, rural route, apartment, or suite number)				
	(City, town, state, zip code)				
D	Instructions: For complete space D instructions, see page 1b. Identify	anly the fret comm	aunity convod below and rel	ist on nage	
_		offig the list confi	numity served below and rei	ist on page	ID
Area Served	with all communities. CITY OR TOWN	STATE			
First	Garretson	SD			
Community	Below is a sample for reporting communities if you report multiple cha		nace G		
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#
Commis	Alda	MD	A		1
Sample	Alliance	MD	В		2
	Gering	MD	В		3

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

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 851 Alliance Communication Cooperative, 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# Garretson SD First **Sherman** SD Community **Brandon** SD Α Corson SD **Valley Springs** SD Α 1 **Baltic** SD Α See instructions for Crooks SD A additional information on alphabetization. **Alcester** 2 SD В Hudson SD С 3 Inwood C 3 IA С **Alvord** 3 IA Add rows as necessary. D MN Hills D Steen MN MN D 4 Jasper D **Beaver Creek** MN 4 D 4 Hardwick MN Magnolia MN D 4 Kanaranzi D MN 4 D Kenneth MN Larchwood IA C 5 Lester IA

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Alliance Communication Cooperative, Inc.

SYSTEM ID#

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOG	CK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	ı	RATE
Residential:						
Service to first set			Basic	7,286	\$	49.95
 Service to additional set(s) 			Basic	586	\$	57.95
FM radio (if separate rate)			Elite	5,521	\$	15.00
Motel, hotel	4	\$ 9.00	Limited	49	\$	11.95
Commercial			Limited	4	\$	9.95
Converter			Nursing Home	49	\$	7.00
Residential			Nursing Home	365	\$	9.00
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2						
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	C	ATEGORY OF SERVICE	F	RATE	
Continuing Services:			Installation: Non-residential					
Pay cable			Motel, hotel					
 Pay cable—add'l channel 			Commercial		Н	BO	\$	16.95
Fire protection			Pay cable		C	inemax	\$	9.95
Burglar protection			 Pay cable-add'l channel 		S	howtime	\$	13.95
Installation: Residential			Fire protection		S	tarz/Encore	\$	9.95
First set	\$	51.00	Burglar protection		N	lusic	\$	-
Additional set(s)	\$	26.00	Other services:					
• FM radio (if separate rate)			Reconnect	\$ 30.00				
Converter	\$	8.00	Disconnect	 				
			Outlet relocation	 				
			Move to new address	 				

LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID:					
Alliance Comm	unication C	ooperative	e, Inc.		85	1 Name				
PRIMARY TRANSMITTE	RS: TELEVISIO)N								
					s and low power television stations)	G				
		-			ed only on a part-time basis under	G				
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)										
ubstitute 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 pasis under specific FCC rules, regulations, or authorizations:										
				e Special Statem	ent and Program Log)—if the					
station was carried	•									
	•				tute basis and also on some other of the general instructions located					
in the paper SA3 fo		orning oubout		110, 000 pago (v) (
		-			es such as HBO, ESPN, etc. Identify					
			•	•	ation. For example, report multi- h stream separately; for example					
VETA-simulcast).			•	`						
			•		tion for broadcasting over-the-air in may be different from the channel					
n which your cable sy	•		aiiiici 4 III VVdSI	iiigioii, D.C. IIIIS	may be different from the challier					
Column 3: Indicate	in each case v	vhether the st			ependent station, or a noncommercial					
	•	•	, ,		cast), "I" (for independent), "I-M" ommercial educational multicast).					
or the meaning of the	se terms, see	page (v) of the	e general instru	ctions located in t	he paper SA3 form.					
					es". If not, enter "No". For an ex-					
lanation of local servi					e paper SA3 form. stating the basis on which your					
•			•	-	tering "LAC" if your cable system					
				etivated channel	canacity					
	•									
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalt	y payment because it is the subject					
For the retransmiss of a written agreement	ion of a distant entered into o	multicast stre n or before Ju	eam that is not s ine 30, 2009, be	subject to a royalt etween a cable sy						
of a written agreement the cable system and a tion "E" (exempt). For s	ion of a distant entered into of a primary trans simulcasts, also	multicast stren n or before Ju mitter or an a o enter "E". If	eam that is not some 30, 2009, be ssociation repre you carried the	subject to a royalt etween a cable sy esenting the prima channel on any o	y payment because it is the subject stem or an association representing by transmitter, enter the designather basis, enter "O." For a further					
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Alliance Communication Cooperative, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	В	
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
KMEG-CBS	14.1	N	No		Sioux City, IA
KELO-CBS	11.1	N	Yes	0	Sioux Falls, SD
KTTW-Fox	7.1	N	Yes	0	Sioux Falls, SD
KTTW-ThisTv	7.2	IM	Yes	0	Sioux Falls, SD
KTTW-Cozi	7.3	IM	Yes	0	Sioux Falls, SD
KDLT-NBC	46.1	N	Yes	0	Sioux Falls, SD
KDLT-AntennaTv	46.2	IM	Yes	0	Sioux Falls, SD
KSFY-ABC	13.1	N	Yes	0	Sioux Falls, SD
KSFY-CW	13.2	IM	Yes	0	Sioux Falls, SD
KSFY-MeTV	13.3	IM	Yes	0	Sioux Falls, SD
КСРО	26	I	Yes	0	Sioux Falls, SD
KCSD-PBS	24.1	Е	Yes	0	Sioux Falls, SD
KCSD-EW	24.2	EM	Yes	0	Sioux Falls, SD
KCSD-EC	24.3	EM	Yes	0	Sioux Falls, SD
KELO-MyUTV	11.2	IM	Yes	0	Sioux Falls, SD
KCAU-ABC	9.1	N	No		Sioux City, IA
KTIV-NBC	4.1	N	No		Sioux City, IA
KPTH-Fox	44.1	N	No		Sioux City, IA

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Namo
Alliance Comm	unication C	ooperative	, Inc.		851	
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 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 sta planation of local servic Column 5: If you had cable system carried the	ers: TELEVISIC G, identify every ystem during the one in effect or .61(e)(2) and (.61(e)(2) and	y television standard programmer is a station accounting a June 24, 1984, or 76.63 (rad in the next prespect to any ations, or authors, or authors, or authors, or authors, or authors, it is the standard programmer is a station account of the station. Whether the station account of the station acco	ation (including period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: to the in space I (the ation was carried tute basis station report origination cording to its own be reported in containing to its own that it is a netwo etwork), "N-M" (the I educational), one general instructive area, (i.e. "or general instruction accounting period station is a network of the station is a n	(1) stations carried to carriage of cert (1(e)(2) and (4))]; as carried by your one Special Statement of the Special Stat	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 a tion "E" (exempt). For s	ion of a distant entered into or a primary trans simulcasts, also	multicast stre n or before Ju mitter or an as o enter "E". If y	eam that is not s ine 30, 2009, be ssociation repre you carried the	subject to a royalty etween a cable sy- esenting the prima channel on any of	payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further	
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, give nnel line-ups,	or U.S. stations, e the name of the use a separate	list the community ne community with space G for each	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	В		-
1. CALL			4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
KSIN	27	E	No	(II Diotant)	Sioux City, IA	1
KSMN	10.1	E	No		Worthington, MN	•

1 61(11) 67(62:17) 62 6:		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Alliance Communication Cooperative, Inc.	851	Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	С	
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
KELO-CBS	11.1	N	No		Sioux Falls, SD
KELO-MyUTV	11.2	IM	No		Sioux Falls, SD
KTTW-Fox	7.1	N	No		Sioux Falls, SD
KTTW-ThisTV	7.2	IM	No		Sioux Falls, SD
KTTW-Cozi	7.3	IM	No		Sioux Falls, SD
KDLT-NBC	46.1	N	No		Sioux Falls, SD
KDLT-AntennaTV	46.2	IM	No		Sioux Falls, SD
KSFY-ABC	13.1	N	No		Sioux Falls, SD
KSFY-CW	13.2	IM	No		Sioux Falls, SD
KSFY-MeTV	13.3	IM	No		Sioux Falls, SD
KCSD-PBS	24.1	E	No		Sioux Falls, SD
KCSD-EW	24.2	EM	No		Sioux Falls, SD
KCSD-EC	24.3	EM	No		Sioux Falls, SD
KCAU-ABC	9.1	N	No		Sioux City, IA
КСРО	26	I	No		Sioux Falls, SD
KSIN	27	Е	No		Sioux City, IA
	+ ······				
	†				

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Alliance Communication Cooperative, Inc.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

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

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

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

		CHANNEL LINE-UP D			
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
KELO-CBS	11.1	N	No		Sioux Falls, SD
KELO-MyUTV	11.2	IM	No		Sioux Falls, SD
KTTW-Fox	7.1	N	No		Sioux Falls, SD
KDLT-NBC	46.1	N	No		Sioux Falls, SD
KDLT-AntennaTV	46.2	IM	No		Sioux Falls, SD
KSFY-ABC	13.1	N	No		Sioux Falls, SD
KSFY-CW	13.2	IM	No		Sioux Falls, SD
КСРО	26	I	No		Sioux Falls, SD
KCSD-PBS	24.1	Е	No		Sioux Falls, SD
KCSD-EW	24.2	EM	No		Sioux Falls, SD
KCSD-EC	24.3	EM	No		Sioux Falls, SD
KSCB	53	I	No		Sioux Falls, SD
KTTW-ThisTv	7.2	IM	No		Sioux Falls, SD
KSFY-MeTv	13.3	IM	No		Sioux Falls, SD
KTTW-Cozi	7.3	IM	No		Sioux Falls, SD
KSMN	10.1	E	No		Worthington, MN

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
Alliance Comm	nunication C	ooperative	e, Inc.		851	Nume		
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 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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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), "H" (for indepe								
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AF				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
Alliance Comm	nunication C	ooperative	e, Inc.		851	Nume		
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 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), 0, 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 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"								
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AG				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
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FORM SA3E. PAGE 3.					0)/07514 ID	.1	
LEGAL NAME OF OW					SYSTEM ID:	Namo	
Alliance Comi	munication C	ooperative	e, Inc.		85′	1	
PRIMARY TRANSMIT	TERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
Column 6: Give the	ne location of ea Canadian statio	ch station. Fo ns, if any, given nel line-ups,	r U.S. stations, e the name of the use a separate	list the community ne community with space G for each	y to which the station is licensed by the n which the station is identifed.		
	1	CHANN	EL LINE-UP	АН		_	
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:			SYSTEM ID	Name	
Alliance Comm	unication C	ooperative	e, Inc.		85	1	
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), 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							
				•	which the station is identified.		
Note: If you are utilizing	ig multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	Al			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Alliance Comm	nunication C	ooperative	e, Inc.		851		
PRIMARY TRANSMITT	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							
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	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		

FORM SA3E. PAGE 3.						T	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Alliance Comm	unication C	ooperative	e, Inc.		851		
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 on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. • Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). • Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. • Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for							
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					0)/07514 ID	.1	
LEGAL NAME OF OW					SYSTEM ID:	Namo	
Alliance Com	munication C	ooperative	e, Inc.		85′	1	
PRIMARY TRANSMIT	TERS: 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)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "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 edu							
Column 6: Give t	he location of ea Canadian statio	ch station. Fo ns, if any, given nel line-ups,	r U.S. stations, e the name of thuse a separate	list the community ne community with space G for each	y to which the station is licensed by the n which the station is identifed.		
		CHANN	EL LINE-UP	AL		_	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM	Nam	ne
Alliance Comm	nunication C	ooperative	e, Inc.		8	351	
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 Basis 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 son which your cable sy Column 3: Indicate educational station, by (for independent multi. For the meaning of the Column 4: If the st planation of local servi	G, identify even system during the consistency of t	y television stane accounting in June 24, 1944), or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the state of the stat	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the time the time that it is space I (the time that it is space I) (the time that it is a space I) (the time that it is a network), "N-M" (the time that is a network), "N-M" (the time	t (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your one Special Statement of the Special Special Statement of the Special Special Special Statement of the Special Sp	es". If not, enter "No". For an ex- e paper SA3 form.	Prima Transmi Televis	ary itters:
		0 ()	0		e paper SA3 form. stating the basis on which your		
cable system carried to	he distant statio	on during the	accounting perio	od. Indicate by ent	ering "LAC" if your cable system		
carried the distant stat For the retransmiss	•				capacity. payment because it is the subject		
-				•	stem or an association representing		
•			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further		
explanation of these th	ree categories	, see page (v)	of the general	instructions locate	d in the paper SA3 form.		
				•	to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	ΛM			
		CHANN	EL LINE-UP	AIVI			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Alliance Comm	unication C	cooperative	e, Inc.		851	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consistence of	he accounting In June 24, 19, or 76.63 (in the next) respect to any attons, or auth G—but do listitute basis. In the stateming substitute sign. Do not reast a station acceptable with the statement of the statem	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our	(1) stations carried e carriage of certa 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati	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 tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.						
		CHANN	EL LINE-UP	AN		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.					Acco		71 ERIOD. 2010/1
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM	ID#	N
Alliance Comm	unication C	ooperative	e, Inc.		8	351	Name
PRIMARY TRANSMITTE	RS: TELEVISIO)N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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 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							G Primary Transmitters: Television
		CHANN	EL LINE UD	AO			
		CHANN	EL LINE-UP	AU	I		
1. CALL		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM I	Name	
Alliance Comm	unication C	ooperative	e, Inc.		8:	51	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for							
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Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN			_		SYSTEM ID#	Name		
Alliance Comm	unication C	ooperative	∍, Inc.		851			
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								
Note: If you are utilizing	ıg multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AQ		1		
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 OW					SYSTEM		Name
Alliance Comr	nunication C	ooperative	e, Inc.			851	
PRIMARY TRANSMITT	TERS: 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 76.65(e)(2) and (4), 76.61(e)(2) 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 sacciated 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 noncommer							Primary Transmitters: Television
				•			
		CHANN	EL LINE-UP	ΔR			
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.					0)/07514 ID	.1	
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID	Namo	
Alliance Comm	nunication C	ooperative	e, Inc.		851		
PRIMARY TRANSMITT	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), 76.61(e)(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 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 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 multi							
					y to which the station is licensed by the name which the station is identifed.		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AS			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Alliance Comm	unication C	ooperative	e, Inc.		851		
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), 76,63 (fee/(2) and (4), 76,63 (fee/(2) and (4)), 76,63 (feefring 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 specifs FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis: List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network). "N-M" (for network multicast). "For for nemanical educational nulticast). For the meanin							
Word: If you are amizing	ig manipic onai	•	·		onamici inic ap.		
	T .	CHANN	EL LINE-UP	AI			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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Alliance Comm											
Alliance Comm					SYSTEM ID#	Name					
	unication C	ooperative	e, Inc.		851						
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), 76.63 (fee/(2) and (4)), 76.63 (fee/(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, wRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (fo											
			Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
1	CHANNEL LINE-UP AU										
		CHANN	EL LINE-UP	AU	I						
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION						
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
		3. TYPE	4. DISTANT? (Yes or No)	5. BASIS OF							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							
	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE							

FORM SA3E. PAGE 3.						T		
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
Alliance Comm	nunication C	ooperative	e, Inc.		851	Numb		
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 on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)(2) and (4), 76,61(e)(2) and (4), 07,636 (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 "I" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for								
Note: If you are utilizir	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.			
		CHANN	EL LINE-UP	AV				
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				

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Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in to 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 at 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 with which the station is licensed by the ECC. For Mexican or Canadian stations, if a	FORM SA3E. PAGE 3.						
Alliance Communication Cooperative, Inc. RIMARY TRANSMITTERS: TELEVISION General: In space G. identify every television station (including translator stations and low power television stations) arrived by your cable system during the accounting period, except (1) stations carried only on a part-time basis under (6,59(d)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations: 10 not list the station here, and also in space I, if the station was carried both on a substitute basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as H80, ESPN, etc. Identify each in the paper SA3 form. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in stormmunity 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 multicast). "F (for noncommercial educational multicast). Fer for the meaning of these terms, 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 sable system carried the distant of the open and substitute in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations,	LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:				Name
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 76.594(92) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.51(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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space 1, 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. Lentify and mitted paragraph. WETA-Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in Is originally to 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 'Ni' (for network), 'N-M' (for network multicast). 'Ti' (for independent), '1-M' for independent multicast). 'Ti' (for network), 'N-M' (for network multicast), 'Ti' (for independent), '1-M' for the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 6: If you have entered 'Yes' in column 4, you must complete column 5, stating the basis on which your cable s	Alliance Comm	unication C	ooperative	e, Inc.		85	1
CC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections ro.56,59(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, as explained in the next paragraph. To 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. 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 streams with EFA2-Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the 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 'Nr' (for network), 'N-Mr' (for network multicast), 'T' (for independent multicast), 'T' (for independent multicast), 'T' (for independent multicast). 'T' (for independent multicast), 'T' (for independen	PRIMARY TRANSMITTE	RS: TELEVISIO	N				
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	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 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 he cable system carried th carried the distant statt For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For se	G, identify every system during the lons in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations for izations: to the station was carried that basis station report origination cording to its own be reported in contact as assigned to sannel 4 in Wash station is a network etwork), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i.e. "or general instruction is a network of the sannel of the s	in (1) stations carried the carriage of certain (1(e)(2) and (4))]; as a carried by your content of the Special Statement of the Special S	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 if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast), he paper SA3 form. In the paper SA3 form. It is not, enter "No". For an expaparity in the basis on which your stering "LAC" if your cable system capacity. Payment because it is the subject stem or an association representing by transmitter, enter the designatine basis, enter "O." For a further	Primary Transmitters:
CCC. 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 AW 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL CHANNEL OF (Yes or No) CARRIAGE							
CHANNEL LINE-UP AW 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE							
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 utilizing	g multiple char	nel line-ups,	use a separate	space G for each	channel line-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AW		
	1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
NUMBER STATION (If Distant)	SIGN			` ,			
		NUMBER	STATION		(If Distant)		_
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 851 Alliance Communication Cooperative, Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2018/1
LEGAL NAME OF OWNER OF						SYSTEM ID#	Name
Alliance Communicati	on Coope	erative, Inc.				851	
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG				_
In General: In space I, ident substitute basis during the a explanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations	. For a further	Substitute
1. SPECIAL STATEMEN							Carriage: Special
 During the accounting per broadcast by a distant sta 		ır cable system	carry, on a substitute basi	s, any nonnet	work television prograi Yes	m XNo	Statement and Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is '	'Yes," you mu	st complete the progra	ım	Frogram Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant state gulations, oution. Do no Lucy" or "NE m was broad sign of the state addeast station and day ove "5/7." es when the Example: a er "R" if the and regulation or gramming	am on a separa attach additionannetwork televion and that your authorization it use general of the separation of the separation of the separation of the station broadca on's location (the separation of the sepa	al pages. ision program (substitute pur cable system substitutes. See page (vi) of the geneategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute purposed by a system from 6:01:	rogram) that, d for the progreral instruction "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:26 mming that yo; enter the lett	during the accounting ramming of another stans located in the paper List specific program need by the FCC or, in tified). numerals, with the mount of the times accurate 8:30 p.m. should be pur system was required the "P" if the listed pro-	ation nth ely	
	•			WHE	N SUBSTITUTE		
5	UBSTITUT	E PROGRAM	<u> </u>		AGE OCCURRED	7. REASON FOR	
1. 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	DELETION	
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Alliance Communication Cooperative, Inc.
SYSTEM ID#

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Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

		DAT	ES AND HOURS	OF PART-TIME CARI	RIAGE			
CALL SIGN -	WHEN	CARRIAGE OC		CALL SIGN	WHEN CARRIAGE OCCURRED			
O'TEE O'O'T	DATE FROM		DURS TO	SALE SIGIV	DATE	H FROM	OURS TO)
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	5A3E. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
	ance Communication Cooperative, Inc.			851	Name					
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)										
ConConIf you feetIf you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: plete block 1, showing your minimum fee. plete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the air rom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable propanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee					
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\!\kappa$ 3 below.	e entere	ed on line 1 o	of						
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered	on line 2 in I	olock						
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be e	entered on lir	ie						
	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K		34 percent of							
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		<u>, </u>							
	This is your minimum fee.	\$		31,361.67						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and c 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	mn 4, yo od? omplete	u must chec	k						
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	-		0.00						
	Line 3. Add lines 1 and 2 and enter here	\$		7,079.52						
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	_	\$	31,361.67	Cable systems					
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r _		0.00	submitting additional					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	-		0.00	deposits under Section 111(d)(7) should contact the Licensing					
	Line 4. FILING FEE									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		32,086.67	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 pag	ge (i) of the		additional 1665.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
	Alliance Communication Cooperative, Inc.	851								
8.4	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions								
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
	Enter the total number of channels on which the cable	22								
	system carried television broadcast stations									
	2. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations	333								
	and nonbroadcast services									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
Individual to	we can contact about this statement of account.)									
Be Contacted										
for Further	Name Kari J. Flanagan Telephone 609	5-594-8228								
Information										
	Address PO Box 349 (Number, street, rural route, apartment, or suite number)									
	Garretson, SD 57030									
	(City, town, state, zip)									
	Email karif@alliance.coop Fax (optional) 605-594-677	76								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulated in the control of the cont	tions.								
0										
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)									
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or								
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys	stem 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 identifed as owne in line 1 of space B.	r of the cable system								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained the are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	nerein								
	[18 U.S.C., Section 1001(1986)]									
	/s/ Kari J. Flanagan									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement.									
	(e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus co									
		inputionity octango.								
	Typed or printed name: Kari J. Flanagan									
	Till. CEO									
	Title: CFO (Title of official position held in corporation or partnership)									
	Date: August 27, 2018									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N				
Alliance Communication Cooperative, Inc.	851	Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergreater an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	payment.	Q				
Line 1 Enter the amount of late payment or underpayment		Interest Assessment				
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days					
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- harge)					
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance 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 filing.						
Owner Address						
First community served Accounting period ID number						

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

40,00						
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs .	1.083	DSEs .	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

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

ACCOUNTING PERIOD: 2018/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)												
1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851												
ı													
	SUM OF DSEs OF CATEGOR												
	 Add the DSEs of each station 												
	Enter the sum here and in line		1.50										
2	Instructions:												
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).												
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-												
of DSEs for	mercial educational station, give the DSE as ".25."												
Category "O"													
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE							
	KSMN	0.250											
	KCSD-PBS	0.250		.									
	KSFY-ABC KELO-CBS	0.250		. .									
		0.250											
Add rows as	KTTW-FOX	0.250											
necessary.	KDLT-NBC	0.250											
Remember to copy				·									
all formula into new				· - -		<u> </u>							
rows.				· - -		<u> </u>							
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	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						SYSTEM ID#			
Name	Alliance Communication Cooperative, Inc.										
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	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.										
		CATEGORY LAC STATIONS: COMPUTATION OF DSEs									
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	JRS ED BY M	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE VALU	E	SE			
			÷		=	x	=				
			÷		= 	<u>x</u>	<u>=</u>				
			÷		= -	x x	<u>-</u>				
			÷ -			······					
						x x					
	***************************************		÷		=		=				
			÷		=	x	=				
	Add the DSEs of	OF CATEGORY LAC S of each station. m here and in line 2 of page		ıle,		0.00					
Computation of DSEs for Substitute-Basis Stations	 Instructions: 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). 										
		SU	BSTITUTE-BA	SIS STATION	S: COMPUTA	ATION OF DSEs	ı	_			
	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			
		÷		=		4	+	=			
		÷		=		÷		=			
		÷		=		÷		=			
				=		-	-				
		÷		=			-	=			
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. m here and in line 3 of pa		ıle,	▶	0.00					
5		R OF DSEs: Give the am applicable to your systen		es in parts 2, 3, and	d 4 of this schedule	e and add them to provide	the tota				
Total Number	1. Number of	1. Number of DSEs from part 2● ▶ 1.50									
of DSEs		2. Number of DSEs from part 3 • • • • • • • • • • • • • • • • • •									
	3. Number of DSEs from part 4 ●						0.00				
	TOTAL NUMBE	R OF DSEs				•		1.50			

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

LEGAL NAME OF (OWNER OF CABLE	SYSTEM:					S	YSTEM ID#	
Alliance Com	munication Co	operative,	Inc.					851	Name
In block A:	ck A must be com	•	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
schedule.			•				, , ,		
• II your answer II	"No," complete blo			TELEVISION M	ARKETS				Computation of
effect on June 24	m located wholly on the state of the state o	outside of all	major and sma	aller markets as de	efined under s			gulations in	3.75 Fee
I <u>=</u>	olete blocks B and								
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo he letter M below r Act of 2010.)	urther explana	ation of permitt	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfatherec instructions fc E Carried pursu *F A station pre	ules and reguled pursuant to as defined that educations distation (76. or DSE schedant to individuationally carries). The station will be the stat	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (e)(1), 76.63(a) referring the stitution of goods asis prior to June 20.57, 76.59 (e)(1),	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:	*(Note: For those this schedule to	e stations ide determine the	entified by the I	n parts 2, 3, and 4 etter "F" in column	n 2, you must	complete the v	. °	Т	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KSMN	С	0.25							
									
	<u></u>	<u> </u>							
								0.25	
_		В	LOCK C: CO	MPUTATION OF	F 3 75 FFF				
Line 1: Enter the	e total number of						· •		
Line 2: Enter the	e sum of permitte	ed DSEs from	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply	line 4 by 0.0375	and enter si	um here				×		partially permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7))	<u> </u>	0.00	

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

		OWNER OF CABLE		, Inc.					YSTEM ID# 851	Name
			BLOCK	A: TELEVIS	ION MARKET	S (CONTIN	UED)			
	. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation 6
•••••										
									•••••	
••• <mark>••••</mark>					 					
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Name	LEGAL NAME OF OWN								S	YSTEM ID#			
	Alliance Comm	unication Co	operative, in	C.						851			
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters												
		PERMITTER	DSF FOR STA	TIONS CARRIE	-D	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_		
	1. CALL	2. PRIOR		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	_		
	SIGN	DSE	PE	ERIOD		CARRIAGE	[OSE		DSE			
											•••		
											٠		
											_		
7	Instructions: Block A In block A:	•											
Computation of the	If your answer is	, ·			na	ırt 8 of the DSE schedı	ulo						
Syndicated	ii your ariswer is	No, leave bloc			•	ELEVISION MARK					-		
Exclusivity			BLOCK	A. WAJOR	1 0	ELEVISION WARK	<u> </u>				_		
Surcharge	l <u>—</u> * ·	•		r television mark	ket	as defned by section 7		rules in effect J	une 24,	1981?			
	Yes—Complete	blocks B and C				X No—Proceed to	part 8						
		-	Grade B Contour		4	BLOCK	C: Compu	tation of Exem	ipt DSEs	3			
	Is any station listed in commercial VHF stati- or in part, over the cal	ion that places a				Was any station listed nity served by the cab to former FCC rule 76	le system p						
	Yes—List each st		its appropriate pern rt 8.	nitted DSE		Yes—List each st			ate permi	tted DSE			
						_							
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE			
							·····						
		 											
		 					ļ 						
		<u> </u>											
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Alliance Communication Cooperative, Inc.	851	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,947,525.61	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.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7)		
	Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

		DOE COTTEDUE: TAGE TO
Name		THE OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$\begin{array}{c} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	Letions: Let complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. Ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. It answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. It answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below It is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers located within that station's local service area and others were located outside that area. For the definition of a station's "local area," see page (v) of the general instructions.
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?
	_	X Yes—Complete part 9 of this schedule.
	L	-
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	1	Enter the amount of gross receipts from space K (page 7) ▶\$
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1).
		Base Rate Fee.

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

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Alliar	ce Communication Cooperative, Inc.	851	
Section	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) **Section 1.1**		8
	B. Enter 0.00701 of gross receipts	_	0
	(the amount in section 1)► \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here▶		
	F. Multiply line D by line E and enter here ▶		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ► \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.	•	9
In Gen	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee		Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:	dvantage of this	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	o the same	and Syndicated
DSEs a	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and 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.		Exclusivity Surcharge
•	If any portion of your cable system is located within the top 100 television market and the station is not exempt in	part 7, you must	for Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.	elow. However,	Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant sta to that community.	tion you	Stations
Step 2 outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lot the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
Step 3 subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compi	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
	section:		
	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al	l of the	
	bers in the group.		
• lf: 1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i	n parts 2_3	
and 4 o	of this schedule; or,		
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	NOUK D,	
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is paper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the particular subscriber group). You do not need that group's complement of stations and total gross receipts from the subscribers in that group). You do not need the particular subscribers in that group.	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 851 Alliance Communication Cooperative, 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.

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

LEGAL NAME OF OWNE Alliance Commun						S	YSTEM ID# 851	Name
В	LOCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA	Minneh	aha		COMMUNITY/ ARE	***************************************	SD		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KSMN	0.25			KSMN	0.25			Base Rate Fee
	<u> </u>			KELO-CBS	0.25			and
				KTTW-FOX	0.25			Syndicated
				KDLT-NBC	0.25			Exclusivity
			†	KSFY-ABC	0.25			Surcharge
			†					for
			†					Partially
	-		†					Distant
						_		Stations
			†			_	•••••	
	····		†				•••••	
	·		†					
	····		-		•••••		•••••	
	······		+		······		·····	
	·							
Total DSEs	-		0.25	Total DSEs	•		1.25	
Gross Receipts First G	roup	\$ 1,928	,523.07	Gross Receipts Se	cond Group	\$ 1	57,324.82	
Base Rate Fee First G	roup	\$ 5	,129.87	Base Rate Fee Sec	cond Group	\$	1,949.65	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	S Lyon,	Sioux, Lincon		COMMUNITY/ ARE				
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 C	Group	\$ 248	907.64	Gross Receipts For	urth Group	\$ 3	87,917.95	
Base Rate Fee Third Group \$ 0.00			Base Rate Fee For	urth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$	7,079.52	

EGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851										
	FIFTH	SUBSCRIBER GRO		TE FEES FOR EAC	SIXTH	IBER GROUP SUBSCRIBER GROU	JP	0		
COMMUNITY/ AREA	N Lyon	, IA		COMMUNITY/ ARE	9 Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
						-		Syndicated		
								Exclusivity		
						-		Surcharge for		
								Partially		
						-		Distant		
			<mark></mark>			-		Stations		
						-				
	<u></u>		···			1				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Group \$ 224,852.13				Gross Receipts Sec						
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
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 (Base Rate Fee Third Group \$ 0.00			Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$				

Name	EGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851										
		IBER GROUP	SUBSCRI	TE FEES FOR EACH				BL			
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH				
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate											
and			-								
Syndicate Exclusivi	<u></u>		-			-					
Surcharg											
for						-					
Partially											
Distant											
Stations						-					
	<u></u>										
						-					
	0.00			Total DSEs	0.00			Total DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr			
	JP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GROU	.EVENTH	EL			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
			-								
	<u></u>										
		<u> </u>				-					
						-					
						-					
	<u></u>										
	0.00			Total DSEs	0.00			Total DSEs			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G			
	0.00			1			-	•			
	0.00										

LEGAL NAME OF OWN Alliance Commu						S	YSTEM ID# 851	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		F(9			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
	····		<u></u>		·····		<u></u>	Exclusivity Surcharge
	····					-	<u></u>	for
		=						Partially
								Distant
	<u></u>							Stations
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec				
·					·			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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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.	\$		

Name	EGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851										
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL			
9		SUBSCRIBER GROU			SUBSCRIBER GRO	TEENTH					
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate F											
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	•			Total DSEs	0.00			Total DSEs			
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr			
	0.00	\$	l Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr			
	JP	SUBSCRIBER GROU	/ENTIETH	T\	JP	SUBSCRIBER GRO	NTEENTH	NIN			
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	_	\$	Group			\$	Group	Total DSEs Gross Receipts Third G			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851										
				TE FEES FOR EACH						
	Y-FIRST	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP 0	9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Computation					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00			
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
TWENT	Y-THIRD	SUBSCRIBER GROU	JP	TWENT	Y-FOURTH	SUBSCRIBER GROU	IP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA						
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Total DSEs			0.00	Total DSEs	-		0.00			
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
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Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$				

Name	851							LEGAL NAME OF OWNER Alliance Communi
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GROU	Y-FIFTH	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP	SUBSCRIBER GROL	EVENTH	TWENTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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						cooperative, Inc.	R OF CABL	Alliance Commun
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: (Bl
9		SUBSCRIBER GROU	THIRTIETH			SUBSCRIBER GROU	ΓΥ-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
_	JP	SUBSCRIBER GROU	Y-SECOND	THIRT	JP	SUBSCRIBER GROU	TY-FIRST	THIR
	JP 0	SUBSCRIBER GROU	Y-SECOND	THIRT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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otal DSEs _		0.00	Total DSEs			0.00	
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Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIRTY-FIFTH S	SUBSCRIBER GROU	JP	TH	HIRTY-SIXTH	SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0	
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

0 Computatio	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA			
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DSE of Base Rate F and		Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
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and	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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DUP	FORTIETH SUBSCRIBER GROUP				SUBSCRIBER GROU	TY-NINTH	THIR
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LEGAL NAME OF OWNE Alliance Communi						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU	JP	ii e		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 851	S						LEGAL NAME OF OWNE Alliance Communi
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	JP	SUBSCRIBER GROU	RTY-SIXTH		JP	SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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	0.00	•		Total DSEs	0.00	•	•	Γotal DSEs
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	0.00	•	u Group	Gloss Receipts Secon	0.00	\$	oup	sioss Receipts Filst Gi
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		SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
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	851							LEGAL NAME OF OWNE Alliance Communi
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GROU	Y-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Base Rate F								
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		SUBSCRIBER GROU	-SECOND		JP	SUBSCRIBER GROU	TY-FIRST	FIF
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_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G

						LEGAL NAME OF OWNE Alliance Commun
ACH SUBSCRIBER GROUP	H SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
FIFTY-FOURTH SUBSCRIBER GROUP				SUBSCRIBER GROU	ry-third	
REA 0 Computati		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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econd Group \$ 0.00	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
econd Group \$ 0.00	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
FIFTY-SIXTH SUBSCRIBER GROUP	IFTY-SIXTH	FI	JP	SUBSCRIBER GROU	TY-FIFTH	FIF
REA		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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ourth Group \$ 0.00	h Group	Gross Receipts Fourtl	0.00	\$	Group	Gross Receipts Third G
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Name	YSTEM ID# 851	S'						LEGAL NAME OF OWNE Alliance Commun	
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl	
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	_	SIXTIETH SUBSCRIBER GROUP				JP	SUBSCRIBER GRO	TY-NINTH	FIFT
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LEGAL NAME OF OWNER Alliance Communi						SY	STEM ID# 851	Name
				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		Ti .	Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GROU	JP	SIXT				
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	851	S						LEGAL NAME OF OWNE Alliance Communi
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
۵		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
	851 Nam			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0	COMMUNITY/ AREA		0			COMMUNITY/ AREA	
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Name	851 851	S						LEGAL NAME OF OWNE Alliance Communi
		IBER GROUP	SUBSCRI	E FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
۵		SUBSCRIBER GROU	'ENTIETH			SUBSCRIBER GROU	Y-NINTH	
	DSE Of Base Rate and Syndice Exclusion Surchard for Partia Dista Station 0.00 0.00 0.00			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	I Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	-SECOND	SEVENT	JP	SUBSCRIBER GROU	ΓY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
			•	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00	.S	(irnin					
	0.00	\$	Group	oroso : 1000,p10 : 00.11		4	Toup	orosa receipta mira o

Name	851	S'						LEGAL NAME OF OWNE Alliance Communi	
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL	
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	ry-third		
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I						-	ļ		
and						-			
Syndicate Exclusivit									
Surcharg	····								
for									
Partially									
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Stations			.			-			
						-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr	
	JP	SUBSCRIBER GROU	NTY-SIXTH	SEVE	JP	SUBSCRIBER GROU	TY-FIFTH	SEVEN	
	0	COMMUNITY/ AREA 0						COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Fotal DSEs	
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		\$	Group			\$	Group	Fotal DSEs Gross Receipts Third G	

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851									
SEVENTY	-SEVENTH	COMPUTATION C SUBSCRIBER GRO	DUP	ii e	NTY-EIGHTH	RIBER GROUP I SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
					<u></u>			Base Rate Fe		
	·····	 	····		·····		<u></u>	and Syndicated		
								Exclusivity		
	<u>.</u>							Surcharge		
	····	 						for Partially		
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		<u> </u>						Stations		
	····	H								
	<u>.</u>	<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	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
		SUBSCRIBER GRO				1 SUBSCRIBER GROU	_			
COMMUNITY/ AREA			0	COMMUNITY/ ARE	.A		0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		H								
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	·····	 	····							
Total DSEs	•		0.00	Total DSEs	1		0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00			
,	•				r					
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.	\$				

O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant	ROUP									
O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE Of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant		SUBSCRIBER CPC								
DSE CALL SIGN DSE CALL SIGN DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant	0									
DSE CALL SIGN DSE CALL SIGN DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant										
and Syndicate Exclusivit Surcharge for Partially Distant	DSE	CALL SIGN		CALL SIGN						
Syndicated Exclusivity Surcharge for Partially Distant			<u> </u>							
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0.00 Total DSEs 0.00	0.00		Es	Total DSEs						
0.00 Gross Receipts Second Group \$ 0.00	0.00	Gross Receipts First Group \$ 0.00								
0.00 Base Rate Fee Second Group \$ 0.00	0.00	\$	te Fee First Group	Base Rate Fee Fire						
EIGHTY-FOURTH SUBSCRIBER GROUP	ROUP	SUBSCRIBER GRO	EIGHTY-THIRD	El						
0 COMMUNITY/ AREA 0	0		NITY/ AREA	COMMUNITY/ ARE						
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0.00 Gross Receipts Fourth Group \$ 0.00	0.00	\$	eceipts Third Group	Gross Receipts Thi						
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0.00 Base Rate Fee Fourth Group \$ 0.00	0.00	\$	te Fee Third Group	Base Rate Fee Thi						

LEGAL NAME OF OWN Alliance Commu			•			S	YSTEM ID# 851	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.111				Base Rate Fee
								and
								Syndicated
								Exclusivity
						 		Surcharge
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	····		····					Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
oross receipts i list	Oloup	<u>+</u>	0.00	Gross Receipts occ	ona Oroap		0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
EIGHTY	-SEVENTH	SUBSCRIBER GRO	DUP	EIG	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		•	0.00	
Gross Receipts Third	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	
		T	3.00		2 m k	[*	3.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 851	S						LEGAL NAME OF OWNE Alliance Communi
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GROU	Y-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate Exclusivit	<u></u>							
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for								
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Distant	<u></u>						ļ	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	'-SECOND	NINETY	JP	SUBSCRIBER GROU	TY-FIRST	NINE
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
				1				

ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	9 Computati
MMUNITY/ AREA O COMMUNITY/ AREA SEE	Computati
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	Computati
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Ba	
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	Syndicate
	Exclusivi
	Surcharg for
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DSEs	
ss Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
e Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP	
MMUNITY/ AREA 0 COMMUNITY/ AREA 0	
ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
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0.00 Total DSEs	
ss Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
e Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

SCRIBER GROUP 0 Computatio of Base Rate For and Syndicated Exclusivity Surcharge for	IBER GROUP SUBSCRIBER GROU		TE FEES FOR EACH	BASE RA		0014 4 4				
O Computation CALL SIGN DSE of Base Rate Form And Syndicated Exclusivity Surcharge for	SUBSCRIBER GROU	TY-EIGHTH			SOM OTATION OF	OCK A: (Bl			
Computation ALL SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge for										
ALL SIGN DSE of Base Rate F and Syndicated Exclusivity Surcharge for							COMMUNITY/ AREA			
and Syndicated Exclusivity Surcharge	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Syndicated Exclusivity Surcharge for										
Exclusivity Surcharge for										
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0.00			Total DSEs	0.00			Total DSEs			
0.00	\$	nd Group	Gross Receipts Secon	0.00	Gross Receipts First Group \$ 0.00					
0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G			
SCRIBER GROUP	SUBSCRIBER GROU	JNDREDTH	ONE HU	JP	SUBSCRIBER GROU	Y-NINTH	NINE			
0	COMMUNITY/ AREA 0						COMMUNITY/ AREA			
ALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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0.00			Total DSEs	0.00			Total DSEs			
0.00	\$	n Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third G			
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0.00	\$	n Group	Base Rate Fee Fourt	0.00	\$	roup	Base Rate Fee Third G			

LEGAL NAME OF OWNE						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	H .		SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u> </u>					and Syndicated
								Exclusivity
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								for
	<u></u>		<u></u>					Partially
			<u></u>					Distant Stations
	···	-	<u></u>					Stations
	<u></u>		<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 G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	11		I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			<u></u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851									
BLOC	K A: C	OMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP				
	FIFTH S	SUBSCRIBER GRO		1		SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computatio		
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate F		
								and		
								Syndicated		
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						•	····	for		
								Partially		
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						•				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Group		\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
oroco recoupie r not oroup	·	•		01000110001pt0 0000	ona Group	*				
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00			
ONE HUNDRED SEVI	ENTH S	SUBSCRIBER GRO	JP	ONE HUNDF	RED EIGHTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0						
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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F-+-I DOF-			0.00	T-4-1 DOE-			0.00			
	=		0.00	Total DSEs		-	0.00			
Total DSEs		\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Total DSEs Gross Receipts Third Group	p .	*								

LEGAL NAME OF OWNE						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ED NINTH	SUBSCRIBER GRO		††		I SUBSCRIBER GROU	JP	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
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	···		<u></u>					
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	<u> </u>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Gross Receipts First Group \$ 0.00				ond Group	\$	0.00	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>		<u> </u>					
	<u></u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Alliance Commun						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THII	RTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orded redespte i not e	Тоар	<u> </u>			ona Group	*		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	···		·	·				
T			0.00	T			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 C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

			EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Illiance Communication Cooperative, Inc. 851									
В	LOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP						
ONE HUNDRED SEVE	NTEENTH	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 Fee				
								and				
								Syndicated				
								Exclusivity				
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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	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00					
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP					
COMMUNITY/ AREA			0	COMMUNITY/ ARE								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
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	···											
Total DSEs			0.00	Total DSEs	•	-	0.00					
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00					
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00					
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$						

Amarice Communication	ABLE SYSTEM: Cooperative, Inc				S	YSTEM ID# 851	Name
	A: COMPUTATION C		TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWENTY-FIR	ST SUBSCRIBER GRO		ONE HUNDRED TWE	0	9		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Computa			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWENTY-THIR	RD SUBSCRIBER GROU	IP	ONE HUNDRED TWE	NTY-FOURTH	H SUBSCRIBER GROUP	,	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		····					
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		····					
		····					
		•••••••••••••••••••••••••••••••••••••••					
otal DSEs		0.00	Total DSEs			0.00	
i olai DoLs	•	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	\$	0.00					
Gross Receipts Third Group	\$	0.00					

ES FOR EACH SUBSCRIBER GROUP E HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP MUNITY/ AREA D Computation Of Base Rate Fe and Syndicated Exclusivity Surcharge for				BL
MUNITY/ AREA O Computation of Base Rate Fe and Syndicated Exclusivity Surcharge	0 0	SUBSCRIBER GROUP		
L SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge	0 0		NTY-FIFTH	ONE HUNDRED TWEN
L SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge				COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge	Ξ	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge				
Exclusivity Surcharge				
Surcharge				
Partially				
Distant				
Stations				
	-			
DSEs	<u> </u>			Total DSEs
Receipts Second Group \$ 0.00	_	\$	roup	Gross Receipts First G
Rate Fee Second Group \$ 0.00)	\$	oup	Base Rate Fee First Gr
HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
MUNITY/ AREA	<u>o</u> .			COMMUNITY/ AREA
L SIGN DSE CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN
······································				
			-	
······································				
······································				
DSEs 0.00	,			Total DSEs
Receipts Fourth Group \$ 0.00	- 1	•	iroup	Gross Receipts Third G
- 1.000 pto 1 out in 1010up	_ `	\$	oup	C. 330 Receipts Tillid C
Rate Fee Fourth Group \$ 0.00)	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWN Alliance Commun						S	YSTEM ID# 851	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE		SUBSCRIBER GROU		ONE HUNDR	ED THIRTIETH	H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<mark>.</mark>					Syndicated
								Exclusivity Surcharge
								for
								Partially
		_						Distant
								Stations
					·····			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Groun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
oroso receipto i not v	Sioup		0.00	Cross receipts dec	ond Group	*		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IRTY-SECONI	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····	-	···		·····			
		-						
	····	-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	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.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP IRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP OCOMMUNITY/ AREA O 9
<u> </u>
0 COMMUNITY/ARFA 0 3
Comput
DSE CALL SIGN DSE CALL SIGN DSE OF
Base Ra
and Syndic
Syndic
Surcha
for
Partia
Dista
Statio
Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
HIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
DSE CALL SIGN DSE CALL SIGN DSE
···· ·········· ··················
···· ········ · · · · · · · · · · · ·
<u></u>
0.00 Total DSEs 0.00
Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00

LEGAL NAME OF OWNE						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUI				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<u></u>					Syndicated
	<u></u>			-				Exclusivity Surcharge
	···		<u>-</u>	·				for
								Partially
								Distant
			<u> </u>					Stations
	<u> </u>		<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	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THII	RTY-NINTH	SUBSCRIBER GROUI	P	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
	<u></u>		<u></u>	·				
••••••	<u></u>		<u>-</u>		••••			
	<u> </u>	ļ	<u> </u>					
	<mark></mark>		<u></u>					
	<u> </u>		<u></u>					
			<u>-</u>		•••••			
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Alliance Commun						S	YSTEM ID# 851	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	RTY-FIRST	SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.122				Base Rate Fee
								and
								Syndicated
								Exclusivity
						 		Surcharge
			<u></u>					for
			<u></u>					Partially Distant
						-		Stations
	···		<u></u>					Stations
	···	-						
	••••••••••					-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
orodo redesplo i mat e	этоир	<u>*</u>		Gross recorpts occ	ona Group	•		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	RTY-THIRD	SUBSCRIBER GROU		ii –		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Alliance Commur						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	H SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate F
	···		···					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 C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	/-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				1				
	···							
				·				
		-						
		-						
			····					
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 t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNI Alliance Commun						S	YSTEM ID# 851	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		t e		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
							••••	and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
						-	<u></u>	Partially Distant
	···		···		·····	-	<u> </u>	Stations
	···	H	···		•••••	-	<u> </u>	Guarono
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 FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u>.</u>	-		
	····						<u></u>	
						-	<u></u>	
					••••	-	<u></u>	
			<mark></mark>		<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 Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO		i i		I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u> </u>					and
	<u></u>		<u></u>					Syndicated
	<u></u>		<u></u>					Exclusivity Surcharge
		-	<u> </u>					for
								Partially
								Distant
			<u> </u>					Stations
			<u></u>					
	<u></u>		. 					
••••••	<u></u>		<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	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
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>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
	- ·/P				2. 			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Alliance Commur						S	YSTEM ID# 851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY	/-SEVENTH	SUBSCRIBER GROU		H		SUBSCRIBER GROUP	0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	···		···				····	Syndicated
								Exclusivity
								Surcharge
								for
	···							Partially Distant
				1				Stations
	···					.		
			···	·				
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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTY-NINTH	SUBSCRIBER GROU		H		H SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							····	
	···			·			····	
	···							
			<u></u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•	_			,			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Illiance Communication Cooperative, Inc. 851									
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACI		RIBER GROUP SUBSCRIBER GROUP	UP			
COMMUNITY/ AREA	Minneh			COMMUNITY/ AREA				9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
					<u></u>			and		
	·-	_						Syndicated Exclusivity		
								Surcharge		
					<u></u>			for		
					<u></u>			Partially Distant		
								Stations		
		_								
					<u></u>					
	···									
					<u></u>					
Total DSEs	•		0.00	Total DSEs	•		0.00			
Gross Receipts First G	roup	\$ 1,928	,523.07	Gross Receipts Seco	57,324.82					
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
		SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA	S Lyon	, Sioux, Lincon		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	\$ 248	,907.64	Gross Receipts Fourt	th Group	\$ 3	87,917.95			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add th	ne base rat	te fees for each subsc	criber aroun	as shown in the boxes	above.					
Enter here and in block			group		22010.	\$	0.00			

Name	STEM ID# 851	S			<u> </u>			LEGAL NAME OF OWNE Alliance Communi
	ID.			TE FEES FOR EACH				BL
9 Computation	0	SUBSCRIBER GROU	SIXIH	COMMUNITY/ AREA	J.	, IA		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-						
Syndicated Exclusivity	<u></u>	-				-		
Surcharge								
for		-				-		
Partially Distant								
Stations		-				-		
		-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	852.13	\$ 224	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	FIGHTH		IP	SUBSCRIBER GROU	EVENTH	9
	0	OGBOOKIBEK GROO	LIGITITI	COMMUNITY/ AREA	0	ODBOOKIBEK GROE	LVLIVIII	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
		-						
		-						
	<u> </u>	-						

	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G
		<u>\$</u>	Group	Total DSEs Gross Receipts Fourth		\$ \$	roup	

Name	STEM ID# 851	S			.			LEGAL NAME OF OWNE Alliance Communi
				TE FEES FOR EACH				BL
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GRO	NINTH	
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		-						
and		-				-		
Syndicated Exclusivity		-						
Surcharge		-						
for								
Partially								
Distant		-						
Stations		-						
		-						
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	TWELVTH		JP	SUBSCRIBER GRO	EVENTH	EL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-						
	<u></u>	-				-		
		-						
	<u></u>						 	
		-						
	<u></u>							
	0.00		<u> </u>	Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	l.							

EGAL NAME OF OWNER OF Alliance Communicat			•			S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
THIRTEE	ENTH SU	BSCRIBER GRO	UP 0	FOL COMMUNITY/ AREA	JRTEENTH	I SUBSCRIBER GROU	JP 0	9
								Computation
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
			-					and
								Syndicate
							<u></u>	Exclusivity
					···		<u></u>	Surcharge for
								Partially
								Distant
								Stations
Fotal DSEs	¥ ¥		0.00	Total DSEs	_		0.00	
Gross Receipts First Group	\$		0.00	Gross Receipts Secon	nd Group	\$	0.00	
Stock Recorpto Filet Group	<u>*</u>			Cross rescipto costi	ia Group			
Base Rate Fee First Group	\$		0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	ENTH SU	BSCRIBER GRO		11	IXTEENTH	I SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
			-				<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$ <u></u>		0.00	Gross Receipts Fourth	Group	\$	0.00	
	1		0.00	Base Rate Fee Fourth	Croup	\$	0.00	
e Rate Fee Third Group				II Raco Pato Foo Fourth	Croun	¢	0.00	

SEVENTI COMMUNITY/ AREA		OMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC	LH SI IBSCE	DIRED GROUD		
SEVENTI COMMUNITY/ AREA 						VIDELY OLVOOL		
			UP	E		SUBSCRIBER GRO	JP	^
CALL SIGN			0	COMMUNITY/ AREA	Α		0	9 Computation
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
					····			Distant Stations
								Stations
			•					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	ıp	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Grou		\$	0.00	Base Rate Fee Sec		\$	0.00	
	EENTH S	SUBSCRIBER GRO		İ		SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
						-		
			•		••••			
T 1 1 DOE			0.00	T 1 1 DOE			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gro	up	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third Gro	up	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	-		I		· 		-	
Base Rate Fee: Add the b	oase rate	e fees for each subs	criber aroun	as shown in the boxe	s above			

LEGAL NAME OF OWNER Alliance Communi						S	YSTEM ID# 851	Name
BL	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	•
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
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		-			•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENT	Y-THIRD	SUBSCRIBER GRO)UP	TWEN	ITY-FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs	<u>. </u>		0.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNEI Alliance Communi						S	YSTEM ID# 851	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GRO		H	NTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GRO	UP	TWENT	Y-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

	YSTEM ID# 851	S					R OF CABI	Alliance Commun		
				TE FEES FOR EACH						
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	ΓΥ-NINTH			
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G		
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	0			COMMUNITY/ AREA	0			THIRTY-FIRST		
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	YSTEM ID# 851						R OF CABL	Alliance Commun
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Nonpermitted 3.75 Stations

	YSTEM ID# 851	Sì			•			LEGAL NAME OF OWNE Alliance Communi
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	FORTIETH		JP	SUBSCRIBER GRO	Y-NINTH	THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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1 Name	851						ilication C	Alliance Commun
	ID.			TE FEES FOR EACH				
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 	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	FOR
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 	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	FOR
	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	FOR
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	JP 0	SUBSCRIBER GROU	′-FOURTH	FORT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-THIRD	COMMUNITY/ AREA
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	DSE DSE O.00	SUBSCRIBER GROU	DSE	FORT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE O.00	SUBSCRIBER GROU	DSE	FOR COMMUNITY/ AREA CALL SIGN Fotal DSEs
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Name	STEM ID# 851	S						LEGAL NAME OF OWNE Alliance Commun
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation				COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	IP	SUBSCRIBER GROU	Y-EIGHTH	FOR 1	UP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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Name	YSTEM ID# 851	S'						LEGAL NAME OF OWNE Alliance Commun
				TE FEES FOR EACH				
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. 851								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GRO	TY-THIRD		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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LEGAL NAME OF OWNE Alliance Commun						S	YSTEM ID# 851	Name
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
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Name	YSTEM ID# 851							LEGAL NAME OF OWNE Alliance Commun
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	YSTEM ID# 851							Alliance Commun
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	JP 0		Y-EIGHTH	SIX'	0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
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	JP 0		Y-EIGHTH	SIX'	0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
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				TE FEES FOR EACH				
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Manaa	STEM ID# 851	S)			•			LEGAL NAME OF OWNE Alliance Communi
				TE FEES FOR EACH				
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LEGAL NAME OF OWNER Alliance Communi						S	YSTEM ID# 851	Name
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Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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SEVENT	Y-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
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	roup	\$	0.00	Total DSEs Gross Receipts Fourt	h Group	\$	0.00	
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Nonpermitted 3.75 Stations

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Name	YSTEM ID# 851						R OF CABL	Alliance Commun
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9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	IP	SUBSCRIBER GROU	Y-EIGHTH	EIGHT	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	
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Name	YSTEM ID# 851	S'					R OF CABL	Alliance Commun
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	JP	SUBSCRIBER GROU	/-SECOND	NINET	UP	SUBSCRIBER GRO	TY-FIRST	NINE
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9	UP	SUBSCRIBER GROU	/-FOURTH	NINET		SUBSCRIBER GROU	TY-THIRD	NINE
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				TE FEES FOR EACH				
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDREI	FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

TH SUBSCRIBER GROUP 0 Computation	RED SIXTH	TE FEES FOR EACH ONE HUNDI COMMUNITY/ AREA			OCK A: (BL
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CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant			0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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ITH SUBSCRIBER GROUP	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
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LEGAL NAME OF OWNER Alliance Communi			•			Sì	STEM ID# 851	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRE	D NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED TENTH	I SUBSCRIBER GROU	Р	•
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
								Surcharge
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Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts First Gr	auo	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
C. 000 1 1000.pto 1 1101 C.	o u p			eress ressipte esser	u 0.0up			
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and
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Syndicated
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Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
IFTEENTH SUBSCRIBER GROUP ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
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Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00

	STEM ID# 851	SY				LE SYSTEM: Cooperative, Inc.		Alliance Communi		
				TE FEES FOR EACH						
9		SUBSCRIBER GROUP	GHTEENTH			SUBSCRIBER GROUP	NTEENTH	ONE HUNDRED SEVE		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
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	Р	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TV	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED NIN		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
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	DSE	OALL SIGN	DSE	CALL SIGN	302					
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	0.00		DSE	Total DSEs	0.00			Total DSEs		
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LEGAL NAME OF OWNE Alliance Communi						S	YSTEM ID# 851	Name
				TE EEEO EOO E : 3	NI 01 15 0 5 1	NIDED COOLS	001	
ONE HUNDRED TWEN				TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		O COBCOLLIBERY OF COL	0	9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWE	NTY-FOURTH	I SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Alliance Communi			•			SY	STEM ID# 851	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP			NTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	0.00			
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-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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Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

nication Cooperative, Inc.	Εľ	SYS							•				GAL NAME OF OWNE liance Communi
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	_		ROUP	IBER G	BSCRIE	H SU	OR EACI	TE FEES F	BASE RA				
NTY-NINTH SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP		UP	IBER GROU	SUBSCF	TIETH S	D THII	HUNDRE	ONE		CRIBER GROUP	SUBSC	TY-NINTH	NE HUNDRED TWEN
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Group \$ 0.00 Gross Receipts Second Group \$ 0.00	_0			\$	oup	nd Gr	eipts Seco	Gross Rec	0.00		\$	oup	oss Receipts First Gr
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	_0			\$	oup	nd Gr	Fee Seco	Base Rate	0.00			oup	se Rate Fee First Gr
IRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP		UP	IBER GROU	SUBSCF	COND S	RTY-SI	RED THIR	ONE HUNI		CRIBER GROUP	SUBSC	RTY-FIRST	ONE HUNDRED THIR
O COMMUNITY/ AREA O							TY/ AREA	COMMUNI	0				MMUNITY/ AREA
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liance Communication Cooperat	ive, Inc.				SYSTEM ID# 851	Name
BLOCK A: COMPUTA		TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-THIRD SUBSCRIE	ER GROUP	ONE HUNDRED THIF	RTY-FOURTH	SUBSCRIBER GROUP)	0
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CALL SIGN DSE CALL S	SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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tal DSEs	0.00	Total DSEs			0.00	
oss Receipts First Group \$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
se Rate Fee First Group \$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
se Rate Fee First Group \$ NE HUNDRED THIRTY-FIFTH SUBSCRI				\$ SUBSCRIBER GRO	•	
			IRTY-SIXTH	1	•	
NE HUNDRED THIRTY-FIFTH SUBSCRI	BER GROUP 0	ONE HUNDRED THE	IRTY-SIXTH	SUBSCRIBER GRO	UP	
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NE HUNDRED THIRTY-FIFTH SUBSCRI	BER GROUP 0 SIGN DSE	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ED THIRTY-SEVENTH SUBSCRIBER GROUP Y/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
9 Computation N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant
Computation N DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant
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and Syndicated Exclusivity Surcharge for Partially Distant
Syndicated Exclusivity Surcharge for Partially Distant
Exclusivity Surcharge for Partially Distant
Surcharge for Partially Distant
for Partially Distant
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pts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
RED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP
Y/ AREA
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pts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00

	YSTEM ID# 851	S)						LEGAL NAME OF OWNE Alliance Communi
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED FORT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED FOR
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FORT		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR
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l l			cooperative, Inc.		LEGAL NAME OF OWNE Alliance Communi
ASE RATE FEES FOR EACH SUBSCRIBER GROUP	S FOR EACH SUBS	BASE RA	COMPUTATION OF	OCK A: 0	BL
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0.00 Base Rate Fee Second Group \$ 0.00	Rate Fee Second Group	0.00	s	roun	Base Rate Fee First Gr
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ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA 0	IUNITY/ AREA	0	SUBSCRIBER GROUP	-SEVENTH	COMMUNITY/ AREA
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE	L SIGN DSE	0	SUBSCRIBER GROUP	-SEVENTH	CALL SIGN
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DS	L SIGN DSE	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FORTY- COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER Alliance Communi			po			S	YSTEM ID# 851	Name	
				TE FEES FOR EACH					
ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP				ONE HUNDRED	FIFTIETH	SUBSCRIBER GROU	JP	Ω	
COMMUNITY/ AREA 0			COMMUNITY/ AREA	0	9 Computation				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
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Total DSEs 0.00				Total DSEs					
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon					
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	NDRED FIFTY-SECOND SUBSCRIBER GROUP				
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Total DSEs			0.00	Total DSEs			0.00		
Total DSEs Gross Receipts Third G	roup	\$	0.00	Total DSEs Gross Receipts Fourth	n Group	\$	0.00		
	·	\$				\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Alliance Communication Cooperative, Inc. SYSTEM ID# 851							Name	
				TE FEES FOR EACH				
ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP				ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
						-	<u>.</u>	and
						-		Syndicated Exclusivity
								Surcharge
								for
						-		Partially
								Distant
								Stations
					ļ			
							····	
Total DSEs			0.00	Total DSEs	<u> </u>	II.	0.00	
Gross Receipts First Gr	Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$ 0.00			0.00	
Dana Data Fan Sinat On			0.00	B B-4- F 0	-1 0	\$	0.00	
Base Rate Fee First Gr		\$ 0.000 DIPER 0.000	0.00	Base Rate Fee Secon	0.00			
ONE HUNDRED FIFT	I Y-FIF I H	SUBSCRIBER GROU		ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				
COMMUNITY/ AREA 0			U	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
		0.00	Gross Receipts Fourth Group \$ 0.00			0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth Group \$		0.00		
	e base rat	e fees for each subsc		as shown in the boxes a	· .	\$		

Alliance Communication	BLE SYSTEM: Cooperative, Inc.	•			S	YSTEM ID# 851	Name
	COMPUTATION O		TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-SEVENT	H SUBSCRIBER GROUI	P	ONE HUNDRED F	IFTY-EIGHTH	H SUBSCRIBER GROUP	•	0
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
							Syndicated
		<u> </u>					Exclusivity
		<u></u>					Surcharge
		. 		·····		<u> </u>	for Partially
		<u> </u>				·····	Partially Distant
					-	<u></u>	Stations
						····	Stations
		<u>-</u>				····	
otal DSEs 0.00			Total DSEs 0.00				
Gross Receipts First Group	Gross Receipts First Group \$ 0.00		Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Group \$ 0.00			Base Rate Fee Seco	0.00			
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GRO	UP	ONE HUNDRED SIXTIETH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		<u></u>				<u></u>	
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Total DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	<u>s</u>	0.00	Total DSEs Gross Receipts Four	th Group	<u>s</u>	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Alliance Communication Cooperative, Inc. 851 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 Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Alliance Communication Cooperative, Inc. 851 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-NINTH SUBSCRIBER GROUP ONE HUNDRED 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 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 FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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