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					
02/11/2019	\$ 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	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period		2018/2										
B	rate	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM											
		Cumberland Cellular, Inc.										
		Duo County Telecom										
					02728	520182						
					027285	2018/2						
		P.O. Box 80 Jamestown, KY 42629										
С		ETRUCTIONS: In line 1, give any business or trade names used to the nes already appear in space B. In line 2, give the mailing address of	•									
System	1	IDENTIFICATION OF CABLE SYSTEM:										
		MAILING ADDRESS OF CABLE SYSTEM:										
	2	2 (Number, street, rural route, apartment, or suite number)										
		(City, town, state, zip code)										
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst com	munity served below and re	elist on pa	ge 1b						
Area	with	n all communities.										
Served		CITY OR TOWN	STATE									
First	Russell Springs KY											
Community	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.											
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#						
Sample	Ald		MD	Α		1						
	_	ance	MD	В		2						
	Ger	ing	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 this 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Cumberland Cellular, Inc.			027285						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (all communities with the channel line-up "A" in the appropriate column below or le on a partially distant or partially permitted basis in the DSE Schedule, associate edesignated by a number (based on your reporting from Part 9).	ave the column blank.	If you report any	stations						
When reporting the carriage of television broadcast stations on a community-by-c channel line-up designated by an alpha-letter(s) (based on your Space G reportin (based on your reporting from Part 9 of the DSE Schedule) in the appropriate colu	g) and a subscriber gr								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Russell Springs	KY	Α	1	First					
Adair County	KY	В	2	Community					
Columbia	KY	В	2						
Cumberland County	KY	С	3						
Jamestown	KY	Α	1						
Russell County	KY	Α	1	See instructions for					
				additional information					
				on alphabetization.					
				Add rows as necessary					
		L	I	l					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cumberland Cellular, Inc.

SYSTEM ID# 027285

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			BLOCK 2					
	NO. OF				NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	F	RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE		
Residential:									
 Service to first set 	3,753	\$	27.95	Standard Cable	3,571	\$	77.59		
 Service to additional set(s) 				Digital	1,632	\$	15.95		
 FM radio (if separate rate) 				HDTV Premuim	38	\$	4.95		
Motel, hotel									
Commercial	267	\$	92.09						
Converter									
Residential									
Non-residential		1							
		†							

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.

		BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential				
• Pay cable	\$	27.95	Motel, hotel		HBO Unlimited	\$	20.95
 Pay cable—add'l channel 			Commercial		Cinemax Package	\$	17.95
Fire protection			Pay cable		Showtime Unlimited	\$	17.95
Burglar protection			Pay cable-add'l channel		Starz Super Package	\$	17.95
Installation: Residential			Fire protection		HBO & Cinemax	\$	29.95
First set	\$	35.00	Burglar protection		Cinemax & Showtime	\$	26.95
 Additional set(s) 	\$	15.00	Other services:		HBO & Showtime	\$	29.95
• FM radio (if separate rate)			Reconnect	\$ 15.00	HBO/Cinemax/Showtime	\$	39.95
Converter			Disconnect		All 4 Super Pack	\$	48.95
			Outlet relocation	\$ 25.00			
			 Move to new address 	\$ 20.00			

FORM SA3E. PAGE 3. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 027285 Cumberland Cellular, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify ach multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up CHANNEL LINE-UP A Russell 2. B'CAST 3. TYPE 5. BASIS OF 1 CALL 1 DISTANT? 6 LOCATION OF STATION SIGN CHANNEL CARRIAGE (Yes or No) STATION NUMBER (If Distant) WBKO-DT 0 13 Ν Yes Bowling Green, KY WBKO-HD 13.1 N-M Yes **Bowling Green, KY** Ε See instructions for additional information WDKY-DT 31 Danville, KY ı on alphahetization WDKY-HD Danville, KY 31.1 I-M WDKY-Comet 31.2 I-M Danville, KY WDKY-Charge 31.3 I-M Danville, KY WKSO-DT 53 Ε Bowling Green, KY WKSO-KY 53.1 E-M Bowling Green, KY WKSO2 53.3 E-M Bowling Green, KY WKSO-HD 53.2 E-M Bowling Green, KY WKYT-DT 36 Ν Lexington, KY WKYT-HD 36.1 N-M Lexington, KY WKYT-CW 36.2 I-M Lexington, KY WKYU-DT 18 Ε Bowling Green, KY WLEX-DT 39 Ν Lexington, KY WLEX-HD 39.1 N-M Lexington, KY WLEX-2 39.2 Lexington, KY I-M WLEX-2HD 39.3 I-M Lexington, KY WLKY-DT 26 Ν Yes 0 Louisville, KY WLKY-HD 26.1 N-M Louisville, KY Yes Е WTVQ-DT 40 Ν Lexington, KY WTVQ-HD 40.1 N-M Lexington, KY WTVQ-My 40.2 I-M Lexington, KY WTVQ-MyHD 40.5 I-M Lexington, KY WTVQ-QuestTV I-M Lexington, KY 40.3 WTVQ-QuestTV2 40.4 I-M Lexington, KY

Primary

Transmitters:

Television

FORM SA3F PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027285 Cumberland Cellular, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G

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

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

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

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

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

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

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

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

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

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

		CHANN	EL LINE-UP	B Adair	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WAVE-DT	47	N			Louisville, KY
WAVE-HD	47.1	N-M			Louisville, KY
WAVE-Grit	47.2	N-M			Louisville, KY
WBKO-DT	13	N	Yes	0	Bowling Green, KY
WBKO-HD	13.1	N-M	Yes	E	Bowling Green, KY
WDRB-DT	49	I			Louisville, KY
WDRB-HD	49.1	I-M			Louisville, KY
WDRB-ANT	49.2	I-M			Louisville, KY
WHAS-DT	11	N			Louisville, KY
WHAS-HD	11.1	N-M			Lexington, KY
WKSO-DT	53	Е			Bowling Green, KY
WKSO-KY	53.1	E-M			Bowling Green, KY
WKSO2	53.3	E-M			Bowling Green, KY
WKYT-DT	36	N			Lexington, KY
WKYT-HD	36.1	N-M			Lexington, KY
WKYU-DT	18	E			Bowling Green, KY
WLKY-DT	26	N			Louisville, KY
WLKY-HD	26.1	N-M			Louisville, KY
WLKY-32	26.2	I-M			Louisville, KY
WMYO-HD	51.2	I-M			Salem, IN
WMYO-MyNet	51.1	I-M			Salem, IN
WMYO-DT	51	ı			Salem, IN

ACCOUNTING PERIOD: 2018/2 FORM SA3F_PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027285 Cumberland Cellular, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C Cumberland 2. B'CAST TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WBKO-DT 13 Ν Bowling Green, KY WBKO-HD 13.1 N-M **Bowling Green, KY** WHAS-DT 11 Ν Louisville, KY WHAS-HD 11.1 N-M Lexington, KY WKSO-DT 53 Ε Bowling Green, KY WKSO-KY E-M Bowling Green, KY 53.1 WKSO2 53.3 E-M **Bowling Green, KY** WKSO-HD 53.2 E-M Bowling Green, KY WKYT-DT 36 N Lexington, KY WKYT-HD 36.1 N-M Lexington, KY WKYU-DT 18 Ε **Bowling Green, KY** WLEX-DT 39 Ν Lexington, KY N-M Lexington, KY WLEX-HD 39.1 WLKY-DT 26 Ν Louisville, KY WLKY-HD 26.1 N-M Louisville, KY Louisville, KY WLKY-32 26.2 I-M

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

Salem, IN

Salem, IN

Salem, IN

Nashvile, TN

Nashvile, TN

Nashvile, TN

WMYO-MyNet

WMYO-HD

WMYO-DT

WZTV-DT

WZTV-HD

WZTV-2

51.1

51.2

51

15

15.1

15.2

I-M

I-M

I-M

I-M

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 027285 Cumberland Cellular, 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SAJE. PAGE 5.						ACCOUNTING	PERIOD: 2018/2
LEGAL NAME OF OWNER OF Cumberland Cellular, I		EM:			S	94 027285	Name
SUBSTITUTE CARRIAGE	_	-					
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authorizations.	For a further	I Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage:
During the accounting per				is, any nonn	etwork television prograi	m	Special Statement and
broadcast by a distant stat	ion?				Yes	X No	Program Log
Note: If your answer is "No	', leave the	rest of this page	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
log in block 2. 2. LOG OF SUBSTITUTE	BBOCBA	MC					
In General: List each subst			ate line. Use abbreviations	wherever po	ssible, if their meaning is	S	
clear. If you need more spa				о. ото. ро		_	
			rision program (substitute p			tion	
period, was broadcast by a under certain FCC rules, re							
SA3 form for futher informa	tion. Do no	t use general	categories like "movies", o				
titles, for example, "I Love L			76ers vs. Bulls." r "Yes." Otherwise enter "N	do "			
			asting the substitute progra				
Column 4: Give the broa	dcast static	on's location (tl	ne community to which the	station is lic			
the case of Mexican or Can			community with which the stem carried the substitute		,	nth	
first. Example: for May 7 giv		wileli your sys	stern carried the substitute	program. US	e numerais, with the mo	Hui	
			gram was carried by your			ely	
to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	ied by a system from 6:01:	15 p.m. to 6:	28:30 p.m. should be		
	er "R" if the	listed program	was substituted for progra	amming that	your system was require	ed	
to delete under FCC rules a	and regulation	ons in effect d	uring the accounting period	d; enter the le	etter "P" if the listed pro		
gram was substituted for preffect on October 19, 1976.		that your syst	em was permitted to delete	e under FCC	rules and regulations in		
ellect off October 19, 1970.							
	LIDOTITLIT	E DDOODAN			EN SUBSTITUTE	7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION	
					_		
					_		
					<u> </u>		
					<u> </u>	,	
						,,	
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						"	
					_		
					_		
							1

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 6.

	LEGAL NAME OF	OWNER OF CABL	E SYSTEM:						S	YSTEM ID#		
Name	Cumberland	d Cellular, In	c.							027285		
	PART-TIME CA	ARRIAGE 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."											
			DATE	S AND HOURS	OF F	PART-TIME CAF	RRIAGE					
		WHEN	N CARRIAGE OCC					N CARRIAGE O	CCU	RRED		
	CALL SIGN		HOL	IRS		CALL SIGN			OUR	S		
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LEGA	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID	#
Cui	nberland Cellular, Inc.	02728	Manaa
Inst all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	sondary transmission service compute this amount, see \$ 978,528.67	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
• Con • Con • If you fee to	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hiplete block 1, showing your minimum fee. hiplete block 2, showing whether your system carried any distant television stations. For sur system did not carry any distant television stations, leave block 3 blank. Enter the arriven 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 participations of the statement of account.		Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e entered on line 1 of	
▶ If pa	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line	
	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 Line 2. Multiply the amount in line 1 by 0.01064	\$ 978,528.67	
	Enter the result here. This is your minimum fee.	\$ 10,411.55	
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 colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and control of the column o	nn 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 7,932.35	
	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	\$ 7,932.35	
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	\$ 10,411.55	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	deposits under Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 11,136.55	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the	

ACCOUNTING PERIOD: 2018/2

	,-							FORM SA3I	E. PAGE 8.
Name	Cumberland Cellular, In							SYS	TEM ID# 027285
M Channels	CHANNELS Instructions: You must giv to its subscribers and (2) th	ne cable systen	m's total number o		-			stations	7
	Enter the total number of system carried television							36	
	Enter the total number of on which the cable systen and nonbroadcast service	m carried televi	ision broadcast st					172	
N Individual to	INDIVIDUAL TO BE CONT we can contact about this s			IATION IS NEEDE	D : (Iden	tify an individu	ıal		
Be Contacted for Further Information	Name Daryl Hamm	nond					Telephone	270-343-1111	
	Address P.O. Box 80 (Number, street, rur	ral route, apartme	nt, or suite number)						
	Jamestown, (City, town, state, zi)			***************************************			
	Email					Fax (optiona	l)		
0	CERTIFICATION (This state	ement of accou	nt must be certife	d and signed in acc	cordanc	e with Copyrig	ght Office regu	lations.)	
Certifcation	• I, the undersigned, hereby of	certify that (Che	eck one, <i>but only or</i>	ne, of the boxes.)					
	(Owner other than corpo	oration or part	nership) I am the	owner of the cable s	system a	as identifed in li	ne 1 of space E	3; or	
	(Agent of owner other the in line 1 of space B at					ent of the own	er of the cable s	system as identified	
	(Officer or partner) I am in line 1 of space B.	n an officer (if a	corporation) or a p	partner (if a partners	hip) of th	ne legal entity i	dentifed as owi	ner of the cable system	
	I have examined the statem are true, complete, and corre [18 U.S.C., Section 1001(198)]	ect to the best o						d herein	
	<u>x</u>	/s/Daryl	Hammond						
	(e.g.,	/s/ John Smith).	. Before entering th	above using an "/s/" ne first forward slash ressing the "F" buttor	of the /s	/ signature, pla	ce your cursor i	n the box and press the "F2" patibility settings.	
	Туре	ed or printed na	ame: Daryl Ha	ammond					
	Title:		ry/Treasurer	rporation or partnership	p)				
	Date:	: February 1	1, 2019						

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 the 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 telephon 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 suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Cumberland Cellular, Inc. 027285	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."	P Special Statement Concerning
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?	Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original 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 Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

Step 3: Multiply the result of step 1 by the result of step 2. This gives 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 particular 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 a 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, in 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 station 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 Syndicated 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or 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 in
 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

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

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

1.064% of gross receipts

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

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.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) 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:

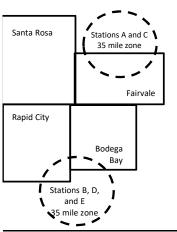
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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 Carri	ied	Identification	Identification of Subscriber Groups			
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS		
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS		
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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00		
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00		

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

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

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

DOL SCHEDULE, FAG	L II. (CONTINUED)							
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM							
<u> </u>	Cumberland Cellular, In	c.				027285		
	SUM OF DSEs OF CATEGOR	SUM OF DSEs OF CATEGORY "O" STATIONS:						
	Add the DSEs of each station.							
	Enter the sum here and in line	1 of part 5 of this	s schedule.	ļ	4.25			
	Instructions:			<u> </u>		1		
2	In the column headed "Call S	Sign": list the cal	ll signs of all distant station	s identified by t	he letter "O" in column 5			
	of space G (page 3).			- "				
Computation of DSEs for	In the column headed "DSE" mercial educational station, giv			E as "1.0"; for	each network or noncom-			
Category "O"	merciai educational station, giv	C THE DOL 43 .2	CATEGORY "O" STATIO	NS: DSFs				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	WMYO-MyNet	1.000						
	WBKO-DT	0.250						
	WHAS-DT	0.250						
	WKYT-DT	0.250						
	WLKY-DT	0.250						
Add rows as	WMYO-DT	1.000						
necessary.	WKYU-DT	0.250						
Remember to copy all formula into new	WLKY-32	1.000				0		
rows.						D		
10W3.								
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Cumberland Cellular, Inc. 027285 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. Computation Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. of DSEs for 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 **Stations** be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Carried Part Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, Time Due to 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 Lack of Activated third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper Channel Capacity CATEGORY LAC STATIONS: COMPUTATION OF DSEs 3. NUMBER 5. TYPE 1 CALL 2. NUMBER 4 BASIS OF 6. DSE OF HOURS SIGN OF HOURS **CARRIAGE VALUE** CARRIED BY **STATION VALUE** SYSTEM ON AIR SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. 0.00 Instructions: 4 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 regular-tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Computation • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of of DSEs for Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted Substitute-**Basis Stations** at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). SUBSTITUTE-BASIS STATIONS: COMPUTATION OF DSEs 1. CALL 2. NUMBER 3. NUMBER 4. DSE 1. CALL 2. NUMBER 3. NUMBER 4. DSE OF DAYS SIGN SIGN OF OF DAYS **PROGRAMS** IN YEAR **PROGRAMS** IN YEAR SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule, 0.00 TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total 5 number of DSEs applicable to your system. 4.25 1. Number of DSEs from part 2 ● **Total Number** of DSEs 2. Number of DSEs from part 3 ● 0.00 0.00 3. Number of DSEs from part 4 ● TOTAL NUMBER OF DSEs 4.25

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/2

EGAL NAME OF O		SYSTEM:					S	YSTEM ID# 027285	Namo
Instructions: Block A must be completed. In block A: In block A: If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.							6		
If your answer if "	No," complete blo	cks B and C	below.						
				TELEVISION MA					Computation of 3.75 Fee
s the cable systen effect on June 24,	-	utside of all r	najor and small	er markets as defir	ned under sed	tion 76.5 of F	CC rules and regul	ations in	
Yes—Comp	plete part 8 of the	schedule—D	O NOT COMP	LETE THE REMAI	NDER OF PA	RT 6 AND 7.			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations of DSE Sche	ons prior to Jundule. (Note: The	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re Act of 2010.)	ther explanati	on of permitte	d stations, see the	•	
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2 2. PERMITTED			orksheet on page 1	4 of 3. DSE	
SIGN	BASIS		SIGN	BASIS	4.00	SIGN	BASIS		
WBKO-DT WHAS-DT	D D	0.25 0.25	WLKY-32 WMYO-My	M M	1.00 1.00				
WKYT-DT	D	0.25	Will I O-Illy		1.00				
WKYU-DT	C	0.25							
WLKY-DT	D	0.25							
WMYO-DT	D	1.00							
								4.25	
			BLOCK C: CO	MPUTATION OF	3.75 FEE				
ine 1: Enter the	total number of	DSEs from	part 5 of this s	schedule			1 -		
ine 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ve			11		
				of DSEs subject 7 of this schedule		ate.			
ine 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply line 4 by 0.0375 and enter sum here								permited/ partially nonpermitted	
ine 6: Enter tota	al number of DSI	Es from line	3						carriage? If yes, see part 9 instructions.
ine 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line 2	2, block 3, space	L (page 7)			0.00	

ACCOUNTING PERIOD: 2018/2

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:						S	YSTEM ID#
Name	Cumberland Co	ellular, Inc.								027285
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.									
			· ·							
		PERMITT	ED DSE FOR STA	TIONS CARRIE	D ON A P	ART-TIME AN	ND SUBSTI	TUTE BASIS		
	1. CALL	2. PRI	OR 3. ACC	COUNTING	4. BA	ASIS OF	5. PF	RESENT	6. P	RMITTED
	SIGN	DSE	Р	ERIOD	CAR	RIAGE		OSE		DSE
7 Computation of the		"Yes," comple	npleted. ete blocks B and C locks B and C blan		part 8 of th	ne DSE sched	ule.			
Syndicated			BLOCI	K A: MAJOR	TELEVIS	ION MARK	ET			
Exclusivity										
Surcharge	Is any portion of the or	cable system v	vithin a top 100 majo	or television mark	et as defne	ed by section 7	6.5 of FCC	rules in effect Ju	ine 24, 1	981?
	Yes—Complete	blocks B and	IC.		No.	-Proceed to	part 8			
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BI OCI	K C. Compi	itation of Exemp	nt DSFs	
					1					
	Is any station listed in commercial VHF stati	•			11	,		of part 7 carried prior to March 3	,	
	or in part, over the ca	-	s a grade b contou	i, iii wiiole	11 -	er FCC rule 76		onor to waren 5	1, 1912	(Telel
		•	th its appropriate per	mittad DSE	II		,	with its appropriat	to normit	tod DSE
		Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE No—Enter zero and proceed to part 8.						led DSE		
	X No—Enter zero a	ana proceea to	рап в.		X	—Enter zero a	ına proceea ı	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGI	N I	DSE
	S/ LEE SIGIN	DOL	SALE GIGIT	552			DUL	S, ILL OIGI		502
							.			
			TOTAL DSEs	0.00				TOTAL DSI	Es	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID# 027285	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	978,528.67	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
35	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.		
74	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID# 027285
7 Computation of the	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)	
Syndicated Exclusivity Surcharge		B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here.	
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. \$\$\\$\\$\$	
8 Computation of Base Rate Fee	You me 6 was 6 In blo If you If you blank What i	ctions: Just 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. Jock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Just answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below. Just a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers obtained within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	ow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here -	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/2

LECAL N	AME OF CAMIFE OF CARL E SYSTEM.	OVOTEMID#	
	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 027285	Name
Cum	perland Cellular, Inc.	027203	
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		•
"	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) >		
	B. Enter 0.00701 of gross receipts		
	(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 >		
	1. Martiply file b by file L direction field		
	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	
	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro	•	
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multi _l Space G.	ole channel line-	9
-	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat	e fee, to exclude	0
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation of
this ex	clusion, you must:		Base Rate Fee
	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distributed as the subscribers are distributed		and Syndicated
	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Deterr and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe		Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge for
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		Partially
	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.	A and B below.	Distant Stations, and
How to	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 distan	t station you	Stations
	to that community.		
outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the ne token, the station is distant to the subscriber.)		
_	: Divide your subscribers into subscriber groups according to the complement of stations to which they are dist		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
_	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your ber groups.	system's	
In each	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 bers in the group.	to all of the	
• If:			
, -	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav of this schedule; or,	e it in parts 2, 3,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i 6 of this schedule.	t in block B,	
• Add t	he 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 gene paper SA3 form.	eral instructions	
• Comp page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group or that group's complement of stations and total gross receipts from the subscribers in that group). You do no ctual calculations on the form.	p (that is, the total	

Hallic		YSTEM ID
Name	Cumberland Cellular, Inc.	02728
	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.	е
	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.	

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rat Second Group Second Grou	EGAL NAME OF OWNE Cumberland Cellu		SYSTEM:				\$	027285	Nam
COMMUNITY/AREA Jamestown, Russell Springs COMMUNITY/AREA Columbia, Adair County Computer		BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCRIE	BER GROUP		
CALL SIGN DSE CA		FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	UP	_
CALL SIGN DSE CALL SIGN	COMMUNITY/ AREA	Jamest	own, Russell Spri	ngs	COMMUNITY/ ARE	A Columbi	a, Adair County		_
WKYL-DT	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WILKY-DT	WBKO-DT	0.25			WBKO-DT	0.25			Base Rate
Exclusive Surchar for for a continuous process of the continuous proce	WKYU-DT	0.25			WKYT-DT	0.25	=		and
Surchark		0.25				0.25			Syndicat
Surchan for Partial Distant Station Total DSEs							-		
Partial Distant Station Distant Distan							=		Surchar
Fotal DSEs							-		for
Fotal DSEs							-		Partiall
Total DSEs							-		Distant
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30							-		Station
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30									
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30									
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30						-	-		
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30									
Sase Rate Fee First Group \$ 631,765.02 Sase Rate Fee First Group \$ 5,041.48 Sase Rate Fee First Group \$ 5,041.48 Sase Rate Fee Second Group \$ 2,726.91			•						
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30			•						
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 341,718.30	Total DSEs			0.75	Total DSEs			0.75	
Sase Rate Fee First Group S 5,041.48 Base Rate Fee Second Group S 2,726.91	Gross Receipts First G	roup	s 631		Gross Receipts Sec	ond Group	s :	341,718.30	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Cumberland County CALL SIGN DSE CA	Sross receipts i list of	оир		7 00.02	Gross recorpts occ	iona Group	•	741,710.00	
COMMUNITY/AREA	Base Rate Fee First G	roup	\$ 5	,041.48	Base Rate Fee Sec	cond Group	\$	2,726.91	
CALL SIGN DSE CA		THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GRO	UP	
MYO-MyNet 1.00 WBKO-DT 0.25 WHAS-DT 0.25 WKYT-DT 0.25 WKYT-DT 0.25 WKYU-DT 0.25 WMYO-DT 1.00 WLKY-32 1.00 Total DSEs 4.25 Gross Receipts Third Group \$ 5,045.35 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	COMMUNITY/ AREA	Cumbe	rland County		COMMUNITY/ ARE	A		0	
### ASDT	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WHAS-DT 0.25 NKYT-DT 0.25 NLKY-DT 0.25 NKYU-DT 0.25 NMYO-DT 1.00 NLKY-32 1.00 NLKY-32 1.00 Fotal DSEs 4.25 Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00	WMYO-MyNet	1.00					_		
MKYT-DT	WBKO-DT	0.25							
NLKY-DT	WHAS-DT	0.25							
MKYU-DT 1.00 MLKY-32 1.00 Fotal DSEs 4.25 Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	WKYT-DT	0.25							
WLKY-32 1.00 WLKY-32 1.00 Total DSEs 4.25 Gross Receipts Third Group \$ 5,045.35 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	WLKY-DT	0.25							
WLKY-32 1.00	WKYU-DT	0.25							
Total DSEs 4.25 Gross Receipts Third Group 5,045.35 Gross Receipts Fourth Group 8 asse Rate Fee Third Group 163.95 Base Rate Fee Fourth Group 9 0.00 9 0.00 9 0.00 9 0.00	WMYO-DT	1.00							
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	WLKY-32	1.00							
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.						-			
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 5,045.35 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			4.25	Total DSEs			0.00	
Base Rate Fee Third Group \$ 163.95 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Propo Bossints Think C	rour			Cross Bossinta F	rth Crave	•		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	oso neceipis Triird G	πουρ	<u>v 3</u>	,040.33	Joines Receipts Foll	iai Gioup	Ψ	0.00	
	Base Rate Fee Third G	Group	\$	163.95	Base Rate Fee Fou	irth Group	\$	0.00	
Enter here and in block 3, line 1, space L (page 7)				ber group	as shown in the boxes	above.	s	7,932.35	

LEGAL NAME OF OWNE Cumberland Cellu		E SYSTEM:				SY	STEM ID# 027285	Name
Е	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	JP		SECOND SUBSCRIBER GROUP			^
COMMUNITY/ AREA	Jamest	own, Russell Spr	ings	COMMUNITY/ AREA Columbi		a, Adair County	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-			-			Base Rate Fe
		+			-	-		and
						-		Syndicated
					-	-		Exclusivity
		-						Surcharge for
		+				-		Partially
		H			-		(Distant
								Stations
		-			-	=		
					-	-		
Fotal DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts First G	roup	\$ 631	,765.02	Gross Receipts Second	d Group	s 34°	1,718.30	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA	Cumbe	rland County		COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+			-	-		
					-		0	
					-	-		
					-	-		
					-			
Total DSEs		I	0.00	Total DSEs	<u> </u>		0.00	
Gross Receipts Third G	Group	\$ 5	,045.35	Gross Receipts Fourth	Group	\$	0.00	
•								
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes at	oove.	\$	0.00	

ACCOUNTING PERIOD: 2018/2

FORM SA3E, PAGE 20.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID# 027285
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9 Computation of	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commettis schedule. Step 2: In line 2, give the total number of DSEs by subscriber group Exempt DSEs in block C, part 7 of this schedule. If none en Step 3: In line 3, subtract line 2 from line 1. This is the total number Step 4: Compute the surcharge for each subscriber group using the schedule. In making this computation, use gross receipts fig your actual calculations on this form.	for the VHF Grade B contour stations that were classified as ter zero. of DSEs used to compute the surcharge.
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for this subscriber group subject to the surcharge computation	total number of DSEs for this subscriber group subject to the surcharge computation
	SURCHARGE First Group	SURCHARGE 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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group\$	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group\$
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	