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					
02/27/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.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	2018/2								
Period									
Bowner	Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Pioneer Telephone Cooperative, Inc.								
	PO Box 539 Kingfisher, OK 73750			62437 2018/2					
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic								
	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	only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.	T							
Served	CITY OR TOWN	STATE							
First Community	Kingfisher	OK							
	Below is a sample for reporting communities if you report multiple cha		pace G. CH LINE UP	STID CDD#					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB GRP#					
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.

FORM SA3E. PAGE 1b.			ACCOUNT	ING PERIOD: 2018/2			
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Pioneer Telephone Cooperative, Inc.			62437				
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 (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-communi	e column blank. I levant community nity basis, associ	f you report any st	ations group, ity with a				
(based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns b		1					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#				
Kingfisher	OK	1	2	First			
Aline	OK	1	1	Community			
Ames	OK	1	2				
Apache	OK OK	1	2				
Arnett Blanchard	OK OK	1	2				
Bradley	OK	1	2	See instructions for additional information			
Buffalo	OK	1	1	on alphabetization.			
Calumet	ok	1	2				
Canton	ok	1	2				
Carmen	OK	1	1				
Carter	ok	1	1	Add rows as necessary.			
Chester	OK	1	1				
Cleo Springs	OK	1	1				
Covington	OK	1	2				
Custer City	ok	1	2				
Dacoma	ok	1	2				
Deer Creek	OK	1	1				
Dibble	OK	1	1				
Douglas	OK OK	1	2				
Dover	OK	1	2				
Drummond	OK	1	2				
Fargo	OK OK	1	2				
Freedom	OK	<u>'</u>	1				
Fort Supply	OK	1	1				
Gage	ok	1	1				
Garber	ok	1	2				
Geary	OK	1	2				
Gould	ok	1	1				
Harmon	ок	1	1				
Helena	OK	1	1				
Hennessey	OK	1	2				
Hollis	ok	1	1				
Hopeton	OK	1	1				
Hunter	OK	11	2				
Lahoma	OK	1	2				
Longdale	OK	1	1				
Loyal Marshall	OK OK	1	2				
May	OK OK	1	2				
Meno	OK OK	1	2				
	J. (L	_	1			

Mooreland	OK	1	1
Mutual	OK	1	1
Nash	OK	1	1
Newcastle	OK	1	2
Oakwood	OK	1	2
Okarche	OK	1	2
Okeene	OK	1	2
Orlando	OK	1	2
Pond Creek	OK	1	1
Putman	OK	1	1
Quinlin	OK	1	1
Ringwood Seiling	OK	1	2
Seiling	ok	1	1
Selman	OK	1	1
Sentinel	OK	1	1
Sharon	OK	1	1
Shattuck	OK	1	1
Thomas	OK	1	2
Wakita	OK	1	1
Watonga	OK	1	2
Waynoka	OK	1	1

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Pioneer Telephone Cooperative, Inc.

SYSTEM ID#
62437

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE	
Residential:					
 Service to first set 	127	\$	76.95	Complete Basic 4,372 \$ 82.95	
 Service to additional set(s) 					
 FM radio (if separate rate) 		ļ			
Motel, hotel	25	\$	82.92		
Commercial	189	\$	82.95		
Converter					
Residential					
Non-residential					
1	I				

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.

	BLC	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel	0-245.00		
 Pay cable—add'l channel 		Commercial	0-245.00		
 Fire protection 		Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	\$ 85.00				
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	\$ 15.00		
Converter		Disconnect	\$ 20.00		
		Outlet relocation	\$ 85.00		
		Move to new address			

LEGAL NAME OF O					SYSTEM ID#	Namo	
Pioneer Tele	ohone Coope	rative, Inc.			62437		
PRIMARY TRANSMIT							
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 stati station was carrie List the station her	on here in space ed only on a subset, and also in spatinformation cond	G—but do lis stitute basis. ace I, if the sta	t it in space I (thation was carried	d both on a substi	ent and Program Log)—if the tute basis and also on some other f the general instructions located		
each multicast strea	m associated wit	h a station ac	cording to its ov	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example		
			•		ion for broadcasting over-the-air in may be different from the channel		
on which your cable			tation is a netwo	nrk station an inde	ependent station, or a noncommercial		
(for independent mu For the meaning of t Column 4: If the planation of local se Column 5: If you cable system carried carried the distant si	ilticast), "E" (for nathese terms, see station is outside rvice area, see partered "Yate distant statitation on a part-ti	oncommercial page (v) of the the local servage (v) of the les" in column on during the me basis became to the column on during the me basis became to the column on the les" in column on during the me basis became the column on the less is became to the column on the less is the column on the less is the column on the less is the column of the less is the column of the less is	I educational), ce general instru- vice area, (i.e. "c general instruct 4, you must cor accounting perionause of lack of a eam that is not s	or "E-M" (for nonce ctions located in t distant"), enter "Ye ions located in the mplete column 5, od. Indicate by en activated channel subject to a royalt	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		
			ıne 30, 2009, be	etween a cable sy	stem or an association representing		
of a written agreeme the cable system an	ent entered into o d a primary trans	n or before Ju mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-		
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of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utilis. 1. CALL SIGN KFOR KOCO KWTV KETA KOKH KOCB KAUT KSBI KOPX KTUZ	ent entered into de dia primary transor simulcasts, also three categories the location of ear Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 27 7 39 13 24 33 40 51 50 29	n or before Justiniter or an a conter "E". If so, see page (v) in the station. Fo ons, if any, given nel line-ups, CHANN 3. TYPE OF STATION N N I I I I I I I I I I I	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	senting the prima channel on any o instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. In the channel line-up. 6. LOCATION OF STATION Oklahoma City Shawnee, OK Oklahoma City	additional information	
of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utility. 1. CALL SIGN KFOR KOCO KWTV KETA KOKH KOCB KAUT KSBI KOPX KTUZ KFOR HD	ent entered into o d a primary trans or simulcasts, also three categories the location of ea or Canadian statio zing multiple cha 2. B'CAST CHANNEL NUMBER 27 7 39 13 24 33 40 51 50 29 0	n or before Justiniter or an a conter "E". If so, see page (v) in the station. Fo ons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N N I I I N-M N-M N-M	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	senting the prima channel on any o instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up. 6. LOCATION OF STATION Oklahoma City	additional information	
of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utilis. 1. CALL SIGN KFOR KOCO KWTV KETA KOKH KOCB KAUT KSBI KOPX KTUZ KFOR HD KOCO HD	ent entered into o d a primary trans or simulcasts, also three categories the location of ea or Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 27 7 39 13 24 33 40 51 50 29 0	n or before Justiniter or an a o enter "E". If it, see page (v), ich station. Foons, if any, givened line-ups, CHANN 3. TYPE OF STATION N N E I I I N-M	ssociation repreyou carried the of the general or U.S. stations, e the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No No No No No No No No	senting the prima channel on any o instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the hard which the station is identified. Channel line-up. 6. LOCATION OF STATION Oklahoma City	additional information	
of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utilis. 1. CALL SIGN KFOR KOCO KWTV KETA KOKH KOCB KAUT KSBI KOPX KTUZ KFOR HD KOCO HD KWTV HD KETA HD	ent entered into o d a primary trans or simulcasts, also three categories the location of ea or Canadian statio zing multiple cha 2. B'CAST CHANNEL NUMBER 27 7 39 13 24 33 40 51 50 29 0 0	n or before Justiniter or an a conter "E". If it, see page (v) ich station. Foons, if any, givened line-ups, CHANN 3. TYPE OF STATION N N I I I I I N-M N-M N-M N-M N-M N-M	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any o instructions locate list the community e community space G for each 5. BASIS OF CARRIAGE (If Distant)	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up. 6. LOCATION OF STATION Oklahoma City	additional information	
of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utility. 1. CALL SIGN KFOR KOCO KWTV KETA KOKH KOCB KAUT KSBI KOPX KTUZ KFOR HD KOCO HD KWTV HD	ent entered into o d a primary trans or simulcasts, als three categories the location of ea or Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 27 7 39 13 24 33 40 51 50 29 0 0 0	n or before Justimitter or an a conter "E". If so, see page (v) in the station. Fo ons, if any, givennel line-ups, CHANN 3. TYPE OF STATION N N I I I I N-M N-M N-M E-M	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any o instructions locate list the community e community space G for each 5. BASIS OF CARRIAGE (If Distant)	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the hard which the station is identifed. Channel line-up. 6. LOCATION OF STATION Oklahoma City	additional information	
of a written agreement the cable system and tion "E" (exempt). For explanation of these Column 6: Give FCC. For Mexican or Note: If you are utility. 1. CALL SIGN KFOR KOCO KWTV KETA KOKH KOCB KAUT KSBI KOPX KTUZ KFOR HD KOCO HD KWTV HD KETA HD KOKH HD	ent entered into o d a primary trans or simulcasts, also three categories the location of ea or Canadian static zing multiple cha 2. B'CAST CHANNEL NUMBER 27 7 39 13 24 33 40 51 50 29 0 0 0 0	n or before Justiniter or an a conter "E". If so, see page (v) and station. Fo cons, if any, givened line-ups, CHANN 3. TYPE OF STATION N N I I I I N-M N-M N-M N-M	ssociation repreyou carried the of the general or U.S. stations, ethe name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No	senting the prima channel on any o instructions locate list the community e community space G for each 5. BASIS OF CARRIAGE (If Distant)	ry transmitter, enter the designather basis, enter "O." For a further do in the paper SA3 form. It to which the station is licensed by the make the which the station is identified. It channel line-up. 6. LOCATION OF STATION Oklahoma City	additional information	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM	Namo
Pioneer Teleph	ione Coopei	rative, Inc.			624	37
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute 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), ""						
Note: If you are utilizing		. ,		•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Pioneer Teleph	one Coopei	rative, Inc.			62437	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
PRIMARY TRANSMITERS: 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),76,63 (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 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 generally; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tsc 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						
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, give	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.	
,		CHANN	EL LINE-UP	AC	·	
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	ER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Pioneer Teleph	one Coope	rative, Inc.			62437	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
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 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), "						
Column 6: Give the FCC. For Mexican or 0	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	g multiple char			·	channel line-up.	
		CHANN	EL LINE-UP			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name
Pioneer Teleph	one Coopei	rative, Inc.			62437	Nume
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute 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 networky), "N-M" (for network multicast),						
FCC. For Mexican or C	Canadian statio	ns, if any, give	e the name of th	ne community with	to which the station is licensed by the which the station is identifed.	
Note: If you are utilizin	g multiple char		·	•	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
	 	f			l	

FORM SA3E. PAGE 3.				·			
LEGAL NAME OF OWNER OF CABLE SY	/STEM:		SYSTEM ID#	Name			
Pioneer Telephone Coope	rative, Inc.		62437				
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 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), "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 licensed by the							
	CHANNEL LINE	UP <mark>AF</mark>					
1. CALL 2. B'CAST CHANNEL NUMBER	3. TYPE 4. DISTAN OF (Yes or STATION		6. LOCATION OF STATION				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID	Name	
Pioneer Teleph	one Coopei	rative, Inc.			62437	7	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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 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, eport 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),							
explanation of these the Column 6: Give the	ree categories e location of ea	, see page (v) ch station. Fo	of the general in U.S. stations,	instructions locate list the community	d in the paper SA3 form. to which the station is licensed by the		
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
,		CHANN	EL LINE-UP	ΔG	·	-	
4.001	O DICACT				O LOCATION OF STATION	-	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)			
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Pioneer Teleph	one Coopei	rative, Inc.			62437			
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								
	ı	CHANN	EL LINE-UP	AH				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
					ļ			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Coopei	rative, Inc.			62437	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 pager 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 indep							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
FCC. For Mexican or (Note: If you are utilizing				•			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Cooper	rative, Inc.			62437	Nume	
PRIMARY TRANSMITTE	ERS: TELEVISIO)N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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 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,							
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Note: If you are utilizing		. ,		•			
		CHANN	EL LINE-UP	AJ		1	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Pioneer Teleph	one Coopei	rative, Inc.			62437			
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								
		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.						•	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Coopei	rative, Inc.			62437		
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							
		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					SYSTEM ID#	Name	
Pioneer Teleph	•				62437		
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), 76.616(e)(2) and (4), 07.636(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),							
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of the	ne community with	which the station is identifed.		
Note: If you are utilizing	ig multiple char	•	•	•	channel line-up.		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION	,	(If Distant)		-	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYS	TEM ID#	Name
Pioneer Teleph	one Coopei	rative, Inc.				62437	
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 specific FCC rules, regulations, or authorizations: 10 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. 1 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), "For for, enter "No", For an explan							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Coopei	rative, Inc.			62437	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), 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 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, "I-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (f							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AO			
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	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Coopei	rative, Inc.			62437	Nume	
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), 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 pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as such as 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 multi							
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	or U.S. stations, le the name of the	list the community ne community with	to which the station is licensed by the which the station is identifed.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			EL LINE-UP				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Coopei	rative, Inc.			62437	Name	
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), 07.61(e)(2) and (4), 07.61(e							
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the		
Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AQ			
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	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Pioneer Teleph	one Coope	rative, Inc.			62437		
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 identifed.							
		CHANN	EL LINE-UP	AR			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID	Name	
Pioneer Teleph	one Coope	rative, Inc.			62437	,	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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), 776.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as swciated 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 "\" (for network), "\-\" (for network), "\-\" (for non							
of a written agreement the cable system and a tion "E" (exempt). For	t entered into or a primary trans simulcasts, also	n or before Ju mitter or an as o enter "E". If	ne 30, 2009, be ssociation repre you carried the	etween a cable system esenting the primate channel on any ot	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further		
Column 6: Give the	e location of ea Canadian statio	ch station. Fo ns, if any, give	r U.S. stations, e the name of th	list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.		
		CHANN	EL LINE-UP	AS			
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	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name
Pioneer Teleph	one Coopei	rative, Inc.			62437	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(l(2)) and (4) 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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'						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	which the station is identifed. channel line-up.	
,		CHANN	EL LINE-UP	ΔΤ	·	
1. CALL	2. B'CAST	I	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	0. LOCATION OF STATION	
	NUMBER	STATION	,	(If Distant)		
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FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Pioneer Telephone Cooperative, Inc.				62437	1101110	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
Remary 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), 07.661(e)(2) and (4), 07.663 (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: 10 not list the station here in space G—but do list it is space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1 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 ilcnese. 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 multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational						
Note: If you are utilizing	.9		·		ename ap	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
					ļ	
					ļ	
					ļ	
					ļ	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Pioneer Telephone Coope	rative, Inc.			62437			
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 identifed. Note: If you are utilizing multiple channel l							
	CHANNEL L	INE-UP	AV				
1. CALL 2. B'CAST CHANNEL NUMBER		STANT? es 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:				EM ID#	Name
Pioneer Teleph	one Coope	rative, Inc.				62437	- Tumo
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
Reimary 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 specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. *List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for							
Note: If you are utilizing	ig multiple char	inei iine-ups,	use a separate	space G for each	channer line-up.		
	T	CHANN	EL LINE-UP	AW			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	T	l'''''	I				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62437 Pioneer Telephone 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: 2018/2
Pioneer Telephone Co							S	YSTEM ID# 62437	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ı					
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.									 Substitute
1. SPECIAL STATEMENT				- J					Carriage:
During the accounting peri broadcast by a distant stati		r cable system	carry, on a substitute basi	s, any nonne	twork telev		-	XNo	Special Statement and
Note: If your answer is "No"		rest of this pag	ge blank. If your answer is	'Yes," you mι	ıst comple				Program Log
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
S	URSTITUT	E PROGRAM			EN SUBS			7. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES	то	FOR DELETION	
	100 01110	07.22 0.014	CIMILENCE EGOMINEN	7.1.1.2 571.1			. 0		
						_			

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
Pioneer Telephone Cooperative, Inc.
SYSTEM ID#

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTI	EM ID#	N		
Pic	neer Telephone Cooperative, Inc.			(62437	Name		
Inst all a (as	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seco identified in space E) during the accounting period. For a further explanation of how to ce (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary t	ransmiss	ion service	1 25	K Gross Receipts		
IMP	CORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	f gross receipts)	+.23			
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be $\!$	e enter	ed on line	e 1 of				
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ slow.	entered	on line 2	2 in block				
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shot block 4 below.	uld be e	entered o	on line				
Block 1	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				1.25			
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.							
	This is your minimum fee.	\$		26,311	1.91			
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 colum "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period	nn 4, yo od?	ou must c	heck				
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	6,577	7.98			
	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	0.00			
	Line 3. Add lines 1 and 2 and enter	•		6 577	7.00			
	here	\$		6,577	7.98			
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 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7		\$	26,311	1.91	Cable systems		
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	r		ı	0.00	submitting additional deposits under		
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0	0.00	Section 111(d)(7) should contact		
	Line 4. FILING FEE		\$	725	5.00	the Licensing additional fees.		
						Division for the appropriate		
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		27,036	5.91	form for submitting the		
	EFT Trace # or TRANSACTION ID #	<u> </u>	1			additional fees.		
			1					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (single-general instructions located in the paper SA3 form and the Excel instructions to		•					

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Name	Pioneer Telephone Cooperative, Inc			62437					
	CHANNELS								
M	Instructions: You must give (1) the numb	er of channels on which the cable system	carried television broadcas	t stations					
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
Channels									
	1. Enter the total number of channels on v			18					
	system carried television broadcast stati	ons							
	2. Enter the total number of activated cha	nnels							
	on which the cable system carried televi			259					
	and nonbroadcast services			239					
N	INDIVIDUAL TO BE CONTACTED IF FU	RTHER INFORMATION IS NEEDED: (Idea	ntify an individual						
	we can contact about this statement of ac	count.)							
Individual to Be Contacted									
for Further	Name Debbie Parks		Telephone	405-375-0758					
Information									
	Address PO Box 539								
	(Number, street, rural route, apartmen	or suite number)							
	Kingfisher, OK 73750								
	(City, town, state, zip)								
	Email danarke@ntoi.o	om.	Fav (antional)						
	Email daparks@ptci.c	om	rax (optional)						
	CERTIFICATION (This statement of accou	nt must be certifed and signed in accordance	ce with Copyright Office reg	gulations.					
O									
Certifcation	 I, the undersigned, hereby certify that (Che 	ck one, but only one, of the boxes.)							
	(Owner other than corporation or part	nership) I am the owner of the cable system	as identifed in line 1 of space	e B· or					
	(emici ciner than corporation or part	is comp, i am the owner of the cable dystem	do lacitillea in line i or opaci	5 5, 61					
	(Agent of owner other than corporation	n or partnership) I am the duly authorized a	gent of the owner of the cabl	e system as identified					
		er is not a corporation or partnership; or	gent of the officer of the out.	o cyclem do lacillimou					
	(Officer or partner) I am an officer (if a	corporation) or a partner (if a partnership) of t	the legal entity identifed as o	wner of the cable system					
	in line 1 of space B.								
	I have examined the statement of account	and hereby declare under penalty of law that	all statements of fact contain	ned herein					
		my knowledge, information, and belief, and		iod fiorein					
	[18 U.S.C., Section 1001(1986)]								
	X /s/ Richa	rd Publ							
	7 / / / / / / / / / / / / / / / / / / /	u Kulli							
		nature on the line above using an "/s/" signatu							
	, • ,	Before entering the first forward slash of the /s/s/ and your name. Pressing the "F" button w		·					
				g					
	Typed or printed na	me: Richard Ruhl							
	Title: General	Manger							
	(Title of official	position held in corporation or partnership)							
	Date:								

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#				
Pioneer Telephone Cooperative, Inc.	62437	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 paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion			
X NO					
YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address Mailing Address Mailing Address					
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	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	- 0274				
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 assistar contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	nce please				
** 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 Offor 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.

ACCOUNTING PERIOD: 2018/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that be all the control of the	

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	of Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	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)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	00.004.00

		40,0000				
•		•		Third Subscriber Group (Fairvale)		
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: 2018/2

DSE SCHEDULE. PAG	SE 11. (CONTINUED)									
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
1	Pioneer Telephone Cooperative, Inc.									
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each stati									
	Enter the sum here and in lin	0.25								
	Instructions:									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation	of space G (page 3). In the column headed "DSI	F"· for each indens	endent station, give the DSI	= as "1 0": for	each network or noncom-					
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."									
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KETA	0.250								
Add rows as										
necessary.										
Remember to copy all formula into new										
rows.										
TOWS.										
				·····						
		···								
1	L	l		ll	.j	l				

	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:						SYSTEM ID#
Name	Pioneer Tele	phone Cooperative,	Inc.					62437
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distates: For each station, give to correspond with the information: For each station, give to include the figure in columntal least to the third decirit for each independent station.	he number of hour mation given in sp he total number of umn 2 by the figure mal point. This is the station, give the "ty lumn 4 by the figure man 4 by the figure man 4 by the figure man 4 by the figure mation in the mating mat	s your cable syste ace J. Calculate of hours that the star in column 3, and he "basis of carriag rpe-value" as "1.0." re in column 5, and	m carried the stanly one DSE for etion broadcast ow give the result in the value" for the standard reach netwood give the result in the standard reach netwood give the result in the standard result in the standard result in the standard result in the res	ation during the accepach station. yer the air during the decimals in column station. ork or noncommercion column 6. Round	e accounting perion 4. This figure manager all educational sta	od. ust ition,
Capacity		C	ATEGORY LA	C STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R 3. I JRS 0 ED BY 5	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. T SE V	YPE /ALUE	6. DSE
					=			
			÷ ÷				=	
						x		
			÷				=	
			÷		=	x x	=	
	Add the DSEs	OF CATEGORY LAC S of each station. m here and in line 2 of p		ıle,			0.00	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each start by your system in substant or on October 19, 1976 (ne or more live, nonnetwork) or each station give the This figure should corresenter the number of days Divide the figure in column of the station's DSE	itution for a progra as shown by the le ork programs during number of live, no spond with the info s in the calendar yen on 2 by the figure in (For more informa	m that your systen etter "P" in column g that optional carr innetwork program rmation in space I ear: 365, except in n column 3, and gi tion on rounding, s	n was permitted in 7 of space I); and iage (as shown by its carried in substance) a leap year. We the result in called page (viii) of the page (vi	to delete under FCi d v the word "Yes" in co stitution for program olumn 4. Round to the general instruct	C rules and regular column 2 of as that were delete no less than the tions in the paper	ed
						ATION OF DSE		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRA	OF D	
							÷	=
		÷		=		<u> </u>	÷	=
		÷					÷	=
		÷		=			÷	= =
	Add the DSEs	OF SUBSTITUTE-BAS of each station. m here and in line 3 of p		ule,			0.00	
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the ames applicable to your system of DSEs from part 2 ● of DSEs from part 3 ● of DSEs from part 4 ● R OF DSEs		es in parts 2, 3, and	4 of this schedul	e and add them to p	0.25 0.00 0.00	0.25

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

LEGAL NAME OF C							S'	YSTEM ID#	Name
Pioneer Telep	hone Coopera	itive, Inc.						62437	Hame
Instructions: Blo	ck A must be com	pleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
	"No," complete blo			FEL EVILOLON M	ADVETO				Computation of
Is the cable system	m located wholly o			TELEVISION M.		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24,	1981?		•					9	
	iplete part 8 of the plete blocks B and		DO NOT COM	PLETE THE REMA	AINDER OF F	PART 6 AND 7			
X No comp	note blooke b and		N/ D. OADD		MITTED DO	\ <u></u>			
Column 1:	List the call signs			PIAGE OF PERI part 2, 3, and 4 o			tem was nermitte	d to carry	
CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Ju dule. (Note: T	ne 25, 1981. For for the letter M below r	urther explana	ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ules and regu	lations cited b	asis on which you o elow pertain to tho Irket quota rules [7	se in effect o	n June 24, 198		j tc	
	B Specialty stati C Noncommeric	cal educational distant	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referrin	g to 76.61(d)			
	E Carried pursus *F A station pre G Commercial U	ant to individe eviously carrie JHF station w	ual waiver of Fed on a part-tir	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
	M Retransmission	on of a distar	it multicast stre	eam.					
Column 3:		e stations ide	entified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN KETA	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
NEIA		0.23							
								0.25	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter si	um here						permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	5 mon donoris.

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

ioneer Te	lephone Coopera	tive, Inc.						62437	Name
	1	BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)	I		_
1. 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 of 3.75 Fee
								••••••	5 6 66
								••••••	
							 	•••••	
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			1						

Name	LEGAL NAME OF OWN								S	YSTEM ID#		
	Pioneer Teleph	one Coope	rative, Inc.							62437		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections											
		PERMITTI	ED DSE EOR STA	TIONS CARRII	ΕD	ON A PART-TIME AN	ID SUBSTI	THE BASIS				
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED		
	SIGN	DSE		ERIOD		CARRIAGE		DSE		DSE		
										•••••		

Computation of the	In block A: Computation of the If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
Syndicated	_		BLOC	K A: MAJOR	TE	ELEVISION MARK	ET					
Exclusivity Surcharge	Exclusivity Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 2								une 24	19812		
our on an go	Yes—Complete	uno 21,	1001.									
	Tes complete											
	BLOCK B: C	arriage of VHF	- Grade B Contour	Stations	BLOCK C: Computation of Exempt DSEs					S		
	Is any station listed in commercial VHF stati or in part, over the ca	on that places		Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159)								
	Yes—List each s	tation below wit	h its appropriate per	mitted DSE		Yes—List each st	ation below	with its appropri	ate permi	itted DSE		
	X No—Enter zero a	and proceed to p	oart 8.			X No—Enter zero a	nd proceed t	to part 8.				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE		
				.								
		 		<u>-</u>								
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Pioneer Telephone Cooperative, Inc.	SYSTEM ID# 62437	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,472,924.25	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	Ε	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET	-	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	▼ Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	Ε	
	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		

Nama	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM:	STEM ID#
Name	F	Pioneer Telephone Cooperative, Inc.	62437
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge.	
8 Computation of Base Rate Fee	6 was 6 In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		DLOCK ALCARDIAGE OF DARTIALLY DISTANT STATIONS	
	Distri	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶	_
	Section 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	0.00

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

DSE SCH	EDULE. PAGE 17. ACCOUNTING	PERIOD: 2018/2
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# eer Telephone Cooperative, Inc. 62437	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
7	A. Enter 0.01064 of gross receipts (the amount in section 1) **State	8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$\Bigsim \bigsim \bigsi	Computation of Base Rate Fee
	C. Multiply line B by 3.000 and enter here >	base Kale 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 broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. 3. Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	and Syndicated Exclusivity Surcharge for
also co	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 mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Partially Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations	for Partially

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 62437 Pioneer Telephone 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				SYSTEM ID#				
Pioneer Telephon	e Coope	rative, Inc.					62437	Name
В		COMPUTATION OF		TE FEES FOR EAC				
		SUBSCRIBER GROU	JP	<u> </u>		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	Group '	1		COMMUNITY/ ARE	A Group 2	<u> </u>		_
	I DOE					II oall olou	505	Computation
CALL SIGN KETA	0.25	CALL SIGN	DSE	CALL SIGN KETA	0.25	CALL SIGN	DSE	of Base Rate I
NEIA	0.25			KEIA	0.25	<u> </u>		and
			 				•••••	Syndicate
	<u></u>		+	.			·····	Exclusivit
				-		 		Surcharge
	<u> </u>		+		•••••	<u> </u>	•••••	for
		-				<u> </u>		Partially
								Distant
								Stations
	<mark></mark>							
								
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts First G	iroup	s 716	,434.28	Gross Receipts Sec	ond Group	\$ 1,7	56,489.97	
•	•	·	<u></u>		•			
and Pate Fee First Croup							4.070.00	
Base Rate Fee First Group \$ 1,905.72				Base Rate Fee Sec	cona Group	\$	4,672.26	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs	•		0.00	Total DSEs	_		0.00	
	_							
Gross Receipts Third (≟roup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
		e fees for each subsc	riber group	as shown in the boxe	s above.			
Enter here and in block	k 3, line 1, s	space L (page 7)				\$	6,577.98	
								I

LEGAL NAME OF OWN Pioneer Telephon						S	YSTEM ID# 62437	Name
В				TE FEES FOR EAC				
	FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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	<mark></mark>							Syndicated
						 		Exclusivity Surcharge
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								Partially
	<mark></mark>							Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Froup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GROU	JP 0	
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	
Sase Rate Fee Third Group \$ 0.00		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	es above.	\$		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	LEGAL NAME OF OWNER Pioneer Telephone						S	YSTEM ID# 62437	Name
COMMUNITY/ AREA 0 COMMUNITY/ A	BLC	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Factor of Composition of Compositi		NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
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Par Dis Sta Total DSEs Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O									Surcharge
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Total DSEs									Partially
Total DSEs									Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA			-						Stations
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA				······································	·				
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA			-			••••			
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA									
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA									
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Total DSEs			0.00	Total DSEs			0.00	
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA O COMMUNITY/ AREA O	Gross Receipts First Gro	up	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ ARE.	0			
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs Total DSEs	Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	<u></u> -	0.00	
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Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
BI	OCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	RTEENTH	SUBSCRIBER GRO		i i		SUBSCRIBER GROU	JP O	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	_			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSL	CALL SIGIN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	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 C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		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 Pioneer Telepho						S	YSTEM ID# 62437	Name
I	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO	OUP	1		I SUBSCRIBER GROU	JP	9
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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	
N	IINTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	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	ırth Group	\$	0.00	
	- 1-				P			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
		COMPUTATION OF SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
								Syndicated
								Exclusivity
		<u> </u>						Surcharge for
								Partially
								Distant Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	ITY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		<u> </u>						
		<u> </u>						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
E	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TWE	NTY-FIFTH	SUBSCRIBER GRO		t e		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		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
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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 Seco	ond Group	\$	0.00	
TWENTY-	SEVENTH	SUBSCRIBER GRO	UP	TWEN	NTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Foul	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
				TE FEES FOR EAC				
	ITY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	DOL	OALL GIGIT	DOL	OALL SIGN	DOL	CALL SIGIV	DOL	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
THIF	RTY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECOND	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	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER Pioneer Telephone						SY	STEM ID# 62437	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	Y-THIRD	SUBSCRIBER GROL		Ti .	Y-FOURTH	SUBSCRIBER GROUI)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-				_		and
							<u>.</u>	Syndicated
					<u>-</u>		 	Exclusivity
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								Distant
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T-t-1 D05-			0.00	T-4-1 DOE-	1	Ш	0.00	
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	
THIRT	Y-FIFTH	SUBSCRIBER GROU	JP	THIF	RTY-SIXTH	SUBSCRIBER GROU	D	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	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 a	above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	SEVENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O'NEE GIGIT	BOL	ONLE CICIV	BOL	O/ LEE GIGIT	BOL	O'NEE O'O'N	DOL	Base Rate Fee
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Total DSEs	•		0.00	Total DSEs		-	0.00	
Gross Receipts First C	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	
THIR	TY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
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 t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	TY-FIRST	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	DOL	OALL GIGIT	DOL	OALL SIGN	DOL	CALL SIGIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
	·					-	<u></u>	for Partially
	·	-				-	<u> </u>	Distant
								Stations
						-	<u></u>	
							<u> </u>	
	·						····	
Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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 Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP	9
AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA COMMUNITY/ AREA	ع mputatio
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
······································	e Rate F
······································	and
	/ndicated xclusivity
	urcharge
	for
	Partially
	Distant
St	Stations
s First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
e First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP	
AREA 0 COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE	
0.00 Total DSEs 0.00	
s Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
United States United States	

LEGAL NAME OF OWN Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
			<u></u>					Exclusivity
			<mark></mark>			-		Surcharge for
			. 			-		Partially
								Distant
		_						Stations
						-		
			<u> </u>				<u></u>	
		•						
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIRST	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU	JP 0	
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>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI Pioneer Telepho						S	YSTEM ID# 62437	Name
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
					<u></u>			and Syndicated
		-	····	·	·····			Exclusivity
								Surcharge
		-						for
								Partially Distant
	····	-			·····			Stations
					<u></u>			
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			<u></u>		•••••			
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First	Groun	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Cross recorpts i list	Стоир	<u>*</u>	0.00	Cross receipts dec	ona Group	*	<u> </u>	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
		SUBSCRIBER GRO		ii .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			·····			
				 				
					<u></u>			
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					<u></u>			
		<u> </u>			<u></u>			
		-		1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	r	T				Į*	3.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		i i		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
			<u> </u>		·····	-		Partially Distant
	····		···			-		Stations
	····	-	···			-		Gtations
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				SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						-		
	····		···			-		
	····					-		
							<u> </u>	
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						-		
			<u></u>					
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in block			criber group	as shown in the boxe	es above.	\$		

	BER GROUP	LIDOODII					
0 COMMUNITY/ AREA 0 9		OBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
, and the second	SUBSCRIBER GROUP	SECOND		JP	SUBSCRIBER GROU	TY-FIRST	
Comput				0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE OF		- 1		DSE		1	CALL SIGN
Base Rai							
and Syndic							
Syndic Exclus					-		
Surcha							
for							
Partia							
Dista			•••••				
Statio			••••••				
							
	0.0		Total DSEs	0.00			Total DSEs
Group \$ 0.00 Gross Receipts Second Group \$ 0.00	\$ 0.0	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First G
Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	\$ 0.0	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
IXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	FOURTH:	SIXTY	JP	SUBSCRIBER GROU	Y-THIRD	SIX
A 0 COMMUNITY/ AREA 0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
<u></u>			•••••				
			••••••				
<u></u>							
			•••••				
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0.00 Total DSEs 0.00	0.0		Total DSEs	0.00			Total DSEs
d Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.0	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
		F				e .	p
d Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	\$ 0.0	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWN Pioneer Telephon						S	YSTEM ID# 62437	Name
				TE FEES FOR EAC				
	(TY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Office of offi	502	GALLE GIGIT	BOL	O/ALL SIGIT	BOL	OF ILLE STORY	502	Base Rate Fee
								and
		-						Syndicated
			<u> </u>			-		Exclusivity
			<u> </u>		·····	-		Surcharge for
	•••••••••••••••••••••••••••••••••••••••					-		Partially
								Distant
								Stations
						-		
	····	-						
			······································			-	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross resorpts rilet c	лоцр			Cross reserve esse	ona Group	<u> </u>		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY-	SEVENTH	SUBSCRIBER GRO	UP	SIX	KTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	•••••••••••••••••••••••••••••••••••••••					-		
		-				-		
						-		
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
SIX	TY-NINTH	SUBSCRIBER GRO		S	SEVENTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
					•••••	-		and
								Syndicated
								Exclusivity
						-		Surcharge
			···			-		for Partially
	··				•••••			Distant
								Stations
					·····	1		
						 		
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
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			···			-		
	··				•••••			
			<u></u>		····	-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	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 Pioneer Telephor						S	YSTEM ID# 62437	Name
В	SLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	ITY-THIRD	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						 		Syndicated
							<u></u>	Exclusivity
						-		Surcharge for
	···					-	<u></u>	Partially
								Distant
								Stations
	<u></u>		<u></u>			-	<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
•	•			, i				
Base Rate Fee First 0		\$	0.00	Base Rate Fee Seco		\$	0.00	
	NTY-FIFTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU	JP 0	
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>	
	<mark></mark>		<mark></mark>				<u></u>	
			<u></u>				<u> </u>	
	<u></u>		<u></u>			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OW Pioneer Telepho						S	YSTEM ID# 62437	Name
SEVENT	Y-SEVENTH	COMPUTATION OI SUBSCRIBER GRO		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		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 for
		-						Partially
								Distant Stations
							•	Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO		
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	<i>\</i>		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			-					
			···			-		
Total DCFa			0.00	Total DOFa			0.00	
Total DSEs Gross Receipts Thir	d Group	•	0.00	Total DSEs	th Group	•	0.00	
Gross Receipts Thir	u Gioup	\$	0.00	Gross Receipts Four	ит Отоир	\$	3.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
BI	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	TY-FIRST	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OTTEL OTOTA	DOL	07 LEE 01011	502	OF ILLE GIGIT	502	OF ILLE GIGIT	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						-		for
						.	<u></u>	Partially
			····			-		Distant Stations
	······································		···		·····			Stations
			<u></u>		•••••			
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Cross receipts rilet C	Toup			Grood Rescripts ecc	ona Group	•		
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-THIRD	SUBSCRIBER GRO		ii		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>					
								
			····			-		
			<u></u>		•••••	-		
					<u></u>			
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			<u></u>		·····			
	<u> </u>		···		·····			
Total DSEs			0.00	Total DSEs		III	0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	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 Pioneer Telephone						SY	STEM ID# 62437	Name
				TE FEES FOR EACH				
	ΓY-FIFTH	SUBSCRIBER GROU		Ti .	HTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						 		Syndicated
							<u></u>	Exclusivity
								Surcharge for
		-				•	<u></u>	Partially
								Distant
		-						Stations
					<u>.</u>			
						-		
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	
	EVENTH	SUBSCRIBER GROU	JP	11	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u>.</u>			
					<u>.</u>			
		-				•	<u></u>	
						-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts 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			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Pioneer Telephon						S	YSTEM ID# 62437	Name	
				TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
			···	·	····				
T / 1005			0.00	T / I DOE		11	0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
NIN	ETY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	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 Four	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWN Pioneer Telepho						S	YSTEM ID# 62437	Name
		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EACH		RIBER GROUP	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>	-						Base Rate Fee
	····							and Syndicated
								Exclusivity
	<u></u>							Surcharge
	····				···			for Partially
		-						Distant
								Stations
Total DSEs		•	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .		I SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
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	<mark></mark>							
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					<u></u>			
Total DSEs		•	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
	·				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ioneer Telephone Cooperative, Inc. 62437								
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP		
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 for	
					····	-		Partially	
								Distant	
								Stations	
					····				
						 			
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00		
Base Rate Fee First Gi	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
NINE	ΓΥ-NINTH	SUBSCRIBER GRO	JP	ONE H	UNDREDTH	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>			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	Group	<u>\$</u>	0.00	Gross Receipts Four	th Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$			

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
				TE FEES FOR EAC				
ONE HUNDF	RED FIRST	SUBSCRIBER GRO		t e		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 Fee
		-						and
					·····	 		Syndicated
					·····			Exclusivity
			<u> </u>		·····		····	Surcharge for
	···		·		•••••	-		Partially
	•••••••••••		•			-		Distant
								Stations
	<u></u>					-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Oloss Receipts First C	лоир	Ψ	0.00	Oross Receipts occi	ona Group	Ψ	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Seco		\$	0.00	
	ED THIRD	SUBSCRIBER GRO		ii		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>	-						
	···		<u> </u>		·····			
	···		···					
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			.			-		
	<u></u>		<u>.</u>					
Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER Pioneer Telephone						SY	STEM ID# 62437	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH				
	D FIFTH	SUBSCRIBER GROL		Ti .	RED SIXTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						_		and
								Syndicated
							<u> </u>	Exclusivity
					<u> </u>		<u> </u>	Surcharge for
							<u> </u>	Partially
		-						Distant
								Stations
						_		
Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gr	oun	•	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Gross receipts i list Gr	oup	-	0.00	Gross Receipts occor	ia Oroup	*	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	EVENTH	SUBSCRIBER GROU		11	ED EIGHTH	SUBSCRIBER GROU	P 0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
					<u> </u>		<u> </u>	
						<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
	<mark></mark>							Syndicated
							<u></u>	Exclusivity Surcharge
	<u></u>	-	·		·····		<u> </u>	for
	<u>-</u>							Partially
								Distant
								Stations
	<u> </u>							
		-						
	<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 Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			-			-		
	···		-		·····		<u> </u>	
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	<u> </u>							
	<mark></mark>						<u></u>	
	<mark></mark>					<u> </u>	<u></u>	
	···						<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
				TE FEES FOR EAC				
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU		Ti .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	······		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
	<u></u>	-						and
								Syndicated Exclusivity
	<u>-</u>	 				-		Surcharge
								for
								Partially
	<u></u>				····			Distant Stations
					••••			Stations
	<u>.</u>							
						 		
Total DSEs		·	0.00	Total DSEs		 	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GROU		li		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				····			
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					····			
	<u> </u>				····	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		
	z, 	- r (F~30 ·)						

Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A: (COMPUTATION OF	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
			<u>.</u>					Exclusivity Surcharge
			······································	·				for
								Partially
								Distant
		-						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	
	Ч					· ·		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••		•••••	
		-						
			<u>.</u>	-	·····			
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		-						
Total DSCs			0.00	Total DSFa			0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee 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 OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		i i		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 Fee
		_						and
			<u> </u>					Syndicated
			<u></u>					Exclusivity
	····		<mark></mark>			-		Surcharge for
			<u></u>					Partially
								Distant
								Stations
			<u> </u>					
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	····		<u> </u>				<u></u>	
Total DSEs	-	<u> </u>	0.00	Total DSEs		ĮĮ.	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 GROUI	>	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u> </u>		·····			Base Rate Fe
	···	-	<u></u>					Syndicated
			······································	·				Exclusivity
								Surcharge
								for
			<u> </u>					Partially Distant
	···		<u></u>					Stations
	···	-	<u>-</u>					Guarono
		-	<u> </u>					
			<u></u>					
			<u> </u>					
Total DSEs		<u> </u>	0.00	Total DSEs		<u> </u>	0.00	
	>	•			and Craun	•	-	
Gross Receipts First 0	-roup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TW	ENTY-EIGHTH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
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			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Pioneer Telephone						S	YSTEM ID# 62437	Name
RI	OCK A· (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWEN				П		SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
OF ILLE STORY	DOL	OF ILLE GIGIT	502	O' LE CICIT	502	37 LEE 31314	502	Base Rate Fee
					••••			and
		-						Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
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Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIS	RTY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	s above.	\$		

Pioneer Telepho						S	YSTEM ID# 62437	Name
	HIRTY-THIRD	COMPUTATION OF SUBSCRIBER GROUF)	H	RTY-FOURTH	RIBER GROUP I SUBSCRIBER GROUF		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
		-						Syndicated
								Exclusivity
		 						Surcharge
								for Partially
								Distant
		 						Stations
	·····				<u></u>			
Total DSEs			0.00	Total DSEs	_		0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee Firs		\$	0.00	Base Rate Fee Seco		\$	0.00	
		SUBSCRIBER GROUP	0	ii .		1 SUBSCRIBER GROUF	0	
COMMUNITY/ ARE	Α			COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····	<u> </u>						
	·····	<u> </u>						
	·····	<u> </u>						
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Dana Bata E. Til	ad Outs		0.00	Base Bate 5 5 5	de Ores		0.00	
Base Rate Fee Thir	и Group	\$	0.00	Base Rate Fee Fourt	п Group	\$	0.00	
			criber group	as shown in the boxes	above.			
Enter here and in bl	OUR J, IIIIE I, S	space L (page /,				\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUI				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 Fed
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	·				••••			Exclusivity
								Surcharge
								for
								Partially Distant
	·-				·····			Stations
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			<u></u>					
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Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	and Group	\$	0.00	
Closs receipts i list C	тоир	<u>*</u>	0.00	Cross receipts occ	ona Oroup	*	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIS	RTY-NINTH	SUBSCRIBER GROUI	>	ii		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 Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

SIGN DSE CALL SIGN DSE CALL SIGN DSE	
INITY/ AREA 0 COMMUNITY/ AREA 0 Com SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	9
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	e Rate F
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Pa	artially
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SES	
eceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP	
JNITY/ AREA	
SIGN DSE CALL SIGN DSE CALL SIGN DSE	
SES Total DSES	
eceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
ate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP)	
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
					<u></u>			Exclusivity Surcharge
								for
								Partially Distant
								Stations
	<u></u>	<u> </u>						
Total DSEs	-	l l	0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First (\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED FORTY COMMUNITY/ AREA	Y-SEVENTH	SUBSCRIBER GROUP	0	ONE HUNDRED FOI		1 SUBSCRIBER GROUP	0	
COMMONT I/ AREA				COMMONT IT AREA				
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 Fourt	h Group	\$	0.00	
	Ma				- · • • •			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU		i i		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.070.1	202	57.12 5.5.T	202	0/122 0:0:1	202	07.122.010.1	302	Base Rate Fee
								and
					<u></u>			Syndicated
								Exclusivity
		-						Surcharge for
	··	-			····	-		Partially
					••••			Distant
								Stations
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Total DSEs	- 1		0.00	Total DSEs	-		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-				-	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN Pioneer Telephon						S	YSTEM ID# 62437	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.120				Base Rate Fee
								and
					<u></u>			Syndicated
								Exclusivity
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			<u>-</u>		••••		<u></u>	Distant
					•••••			Stations
								
								
	···		<u>.</u>		·····			
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·							
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-FIFTH	SUBSCRIBER GRO		ii		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add to			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Pioneer Telephor						S	YSTEM ID# 62437	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU		H		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	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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	···		<u>-</u>		••••			
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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 C	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDS	RED SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Pioneer Telephon						S	YSTEM ID# 62437	Name
В				TE FEES FOR EACH			ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	UP	COMMUNITY/ AREA		SUBSCRIBER GROU	ור	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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	<mark></mark>		<u></u>		 			
Total DSEs			0.00	Total DSEs		11	0.00	
Total DSEs				Total DSEs			-	
Gross Receipts First G	Group	\$ 716	5,434.28	Gross Receipts Secon	nd Group	\$ 1,75	56,489.97	
Base Rate Fee First G	Froup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I 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	ı		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the	ne base ra t	e fees for each subs	criber group	as shown in the boxes	above.			
Enter here and in block			JP		= '	\$	0.00	

7 Name		IDED 05.:-	011505	TE EEE	D 4 2 = -	001401::-	1.06:4:		
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate									
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$			
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- = - - -	0.00				JP		Group	ase Rate Fee First G	
- 	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G	
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- 	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G	
- 	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G	
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-	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G	
-	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First G	
-	0.00 JP 0	SUBSCRIBER GROU	EIGHTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	Base Rate Fee First G	
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9		SUBSCRIBER GROU	TENTH	COMMUNITY ADDIT		SUBSCRIBER GROU	NINTH		
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$			
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- - - - - - - -	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	_EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA	
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- - - - - - - - - - - - - - - - - - -	JP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	_EVENTH	Base Rate Fee First Gr EL COMMUNITY/ AREA	
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	DSE O.00	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs	DSE O.00	CALL SIGN	DSE	ELCOMMUNITY/ AREA CALL SIGN Total DSEs	
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9		SUBSCRIBER GROU	RTEENTH		JP 0	SUBSCRIBER GROU	RTEENTH	
Computation	0	COMMUNITY/ AREA						COMMUNITY/ AREA
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
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Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00		0.00	\$	d Group	Base Rate Fee Second	0.00	\$	Group	ase Rate Fee First G	
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SN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE			CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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				Group	Total DSEs Gross Receipts Fourth	0.00			CALL SIGN	

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				TE FEES FOR EACH				
	JP	SUBSCRIBER GROU	-SECOND	TWENTY		SUBSCRIBER GROU	TY-FIRST	TWENT
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First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
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9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GRO	Y-NINTH			
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	SCRIBER GROUP	RTY-SIXTH	THIR	JP	SUBSCRIBER GROU	TY-FIFTH	THIR
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BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP THIRTY-SEVENTH SUBSCRIBER GROUP OOMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN D SE CALL S
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9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
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	JP	SUBSCRIBER GROU	-FOURTH	FORTY	JP	SUBSCRIBER GROU	ΓY-THIRD	FOR 1
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	62437	Sì			·			LEGAL NAME OF OWNE Pioneer Telephone		
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9	JP	SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH			
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	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	FORTY-S		
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LEGAL NAME OF OWNER Pioneer Telephone			_			S	4STEM ID# 62437	Name
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	Y-NINTH	SUBSCRIBER GROL	JP 0	COMMUNITY/ADEA	FIFTIETH	SUBSCRIBER GROU	JP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA				Computation
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Total DSEs			0.00	Total DSEs	<u> </u>	<u> </u>	0.00	
Total DSEs				Total DSEs			_	
Gross Receipts First Gr	oup	<u>\$</u>	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
FIFT	Y-FIRST	SUBSCRIBER GROU	JP	FIFTY	-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e	base rat			as shown in the boxes a		\$	0.00	

	GAL NAME OF OWNER OF CABLE SYSTEM: oneer Telephone Cooperative, Inc. SYSTEM ID# 62437								
				TE FEES FOR EACH					
	Y-THIRD	SUBSCRIBER GRO			Y-FOURTH	SUBSCRIBER GRO		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 G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
FIF	TY-FIFTH	SUBSCRIBER GRO	UP	FI	FTY-SIXTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourtl	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE Pioneer Telephone			•			SY	STEM ID# 62437	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	Y-NINTH	SUBSCRIBER GROU			SIXTIETH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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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	
e Rate Fee: Add th			riber group	as shown in the boxes a	above.	\$		

Name	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# coneer Telephone Cooperative, Inc. 62437									
				TE FEES FOR EACH						
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	TY-FIRST			
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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	IP	SUBSCRIBER GROU	Y-FOURTH	SIXT	UP	SUBSCRIBER GRO	TY-THIRD	SIX		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
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	GAL NAME OF OWNER OF CABLE SYSTEM: Oneer Telephone Cooperative, Inc. SYSTEM ID# 62437								
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		SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO		9	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SIXTY	/-SEVENTH	SUBSCRIBER GRO	DUP	SI	XTY-EIGHTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
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Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
ase Rate Fee: Add			scriber group	as shown in the boxe	s above.	\$			

	IBER GROUP	SAL NAME OF OWNER OF CABLE SYSTEM: Oneer Telephone Cooperative, Inc. SYSTEM ID# 62437								
			TE FEES FOR EACH							
0 3	SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	ΓY-NINTH				
Computation			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
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R GROUP	SUBSCRIBER GROU	-SECOND	SEVENT	JP	SUBSCRIBER GROU	TY-FIRST	SEVEN			
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0.00		1	Total DSEs	0.00			Total DSEs			
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G			

SEVENTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs O O Computation O Fase Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	0 (SUBSCRIBER GROU	Y-THIRD	
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	···· ····			
CALL SIGN DSE CALL SIGN DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	···· ····		•••••	COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	E			
and Syndicated Exclusivity Surcharge for Partially Distant Stations			DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations				
Exclusivity Surcharge for Partially Distant Stations		-		
Surcharge for Partially Distant Stations	.			
for Partially Distant Stations	11			
Partially Distant Stations				
Distant Stations				
Total DSEs 0.00				
Total DSEs				
Total DSEs	.	-	<u> </u>	
Total DSEs	.		ļ	
Total DSEs	.		 	
Total DSEs	-		 	
Total DSEs 0.00	_		<u> </u>	
	<u>0 </u>			Total DSEs
Gross Receipts Second Group \$ 0.00	<u>0</u>	\$	oup	Gross Receipts First G
Base Rate Fee Second Group \$ 0.00	0	\$	oup	Base Rate Fee First G
SEVENTY-SIXTH SUBSCRIBER GROUP		SUBSCRIBER GROU	TY-FIFTH	SEVEN
COMMUNITY/ AREA 0	0.			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE	E	CALL SIGN	DSE	CALL SIGN
		-		
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Total DSEs 0.00	0_			Total DSEs
Gross Receipts Fourth Group \$ 0.00	<u>o</u>	\$	roup	Gross Receipts Third C
Base Rate Fee Fourth Group \$ 0.00	0	\$	roup	Base Rate Fee Third G

Name	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# coneer Telephone Cooperative, Inc. 62437								
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH		
Computation	0			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	<u></u>								
Stations							·		
Otations									
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1						-			
	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 Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	ΓY-NINTH	SEVENT	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	

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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 62437								
				TE FEES FOR EACH					
9	JP	SUBSCRIBER GROU	-SECOND	EIGHT		SUBSCRIBER GRO	TY-FIRST	EIGH	
Computation	0			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									
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gi	
	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	UP	SUBSCRIBER GRO	ΓY-THIRD	EIGH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
		CALL SIGN			DSE	CALL SIGN	DSE	CALL SIGN	
	DSE	 	LDSE	II CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	DSE		DSE	CALL SIGN					
	0.00		DSE	Total DSEs	0.00			Total DSEs	
		\$			0.00	\$	Group	Total DSEs Gross Receipts Third G	

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# coneer Telephone Cooperative, Inc. 62437								
				TE FEES FOR EAC					
		SUBSCRIBER GRO		Ħ		SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
								Syndicated	
								Exclusivity	
	<u></u>							Surcharge	
	<mark></mark>							for	
	<u></u>							Partially	
					·····	-		Distant Stations	
	····	H			·····	-		Stations	
						-			
		H							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGHT	/-SEVENTH	SUBSCRIBER GRO	DUP	Ti .		SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	۹ 		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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	<mark></mark>								
Γotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
oss Receipts Third	Group the base ra	\$ te fees for each sub-	0.00	Gross Receipts Fou	rth Group	\$ \$	0.00		

Name	YSTEM ID# 62437					rative, Inc.		Pioneer Telephone
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	Y-NINTH	EIGHT COMMUNITY/ AREA
Computation								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F		 			<u>.</u>			
Syndicate		 			······································			
Exclusivit								
Surcharge	<u></u>	-			<u> </u>			
for Partially	<u></u>	-			<u>.</u>			
Distant								
Stations		-				-		
		-			<u> </u>			
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					<u></u>			
		1						
	0.00			Total DSEs	0.00			Total DSEs
				Cross Descipto Cosen	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Gross Receipts Secon	,			
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Secon				
	0.00	\$	d Group	Base Rate Fee Secon		\$		NINE
	0.00	\$	d Group	Base Rate Fee Secon	UP	\$		NINE
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	UP 0	\$ SUBSCRIBER GROU	TY-FIRST	NINE [*]
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINET COMMUNITY/ AREA	DSE	\$ SUBSCRIBER GROU	TY-FIRST	NINE COMMUNITY/ AREA
	O.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	\$ SUBSCRIBER GROU	DSE	NINE** COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 JP	SUBSCRIBER GROU	d Group	Base Rate Fee Secon NINETY COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	NINE [*]

	GAL NAME OF OWNER OF CABLE SYSTEM: oneer Telephone Cooperative, Inc. SYSTEM ID# 62437								
				TE FEES FOR EACH					
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					<u> </u>	<u> </u>	<u></u>	Base Rate Fee	
			<u></u>		<u></u>			and	
			<u></u>					Syndicated	
			<u></u>		<mark></mark>	 	····-	Exclusivity Surcharge	
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	·		<u>-</u>		<u></u>		····	Partially	
			••••••••••				•••••	Distant	
		_						Stations	
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	<mark></mark>		<u></u>		<u></u>		<u></u>		
					. 				
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Total DSEs			0.00	Total DSEs		-	0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NIN	ETY-SIXTH	SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Total DSEs							-		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
Group \$ 0.00 Gr	\$ 0.00 Gr	0.00 Gr	Gr Ba	ase Rate Fee Fourth	n Group	\$	0.00		

Name	62437	S			•			LEGAL NAME OF OWNER Pioneer Telephone
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	ross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	JP	SUBSCRIBER GROU	Y-NINTH	NINET
	0	O COMMUNITY/ AREA O				COMMUNITY/ AREA		
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				Total DSEs	0.00			Total DSEs
	0.00			TOTAL DOES	0.00			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Froup	Gross Receipts Third G

LEGAL NAME OF OWNER Pioneer Telephone						SY	62437	Name
				TE FEES FOR EACH				
	D FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u>.</u>	Base Rate Fee
	***************************************	-						and
								Syndicated Exclusivity
						-		Surcharge
								for
								Partially
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Total DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00			0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED	FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			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	
		e fees for each subsc	riber group	as shown in the boxes a	above.	\$		

Name	4STEM ID# 62437	SY			•			LEGAL NAME OF OWNER Pioneer Telephone
				TE FEES FOR EACH				
9	IP	SUBSCRIBER GROU	ED SIXTH			SUBSCRIBER GROU	ED FIFTH	
Computation	0			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	····							
Stations						-		
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	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 Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GROU	SEVENTH	ONE HUNDRED S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
1	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Γotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNER Pioneer Telephone			·			S	YSTEM ID# 62437	Name
				TE FEES FOR EACH				
	D NINTH	SUBSCRIBER GRO			ED TENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
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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 HUNDRED EL	EVENTH	SUBSCRIBER GRO	JP	ONE HUNDRED	TWELVTH	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	1		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 a	above.	\$		

SUBSCRIBER GROUP 0 Computation		TE FEES FOR EACH		COMPUTATION OF	0014 4 . 4	<u>- </u>
CALL SIGN DSE Of Base Rate Fee	RTEENTH	ONE HUNDRED FOL	ID			
Computation CALL SIGN DSE of Base Rate Fee				SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIR
Base Rate Fee		COMMUNITY/ AREA	0			COMMUNITY/ AREA
·· ·	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and						
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Syndicated						
Exclusivity						
Surcharge						
for						
Partially Distant						
Stations					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	3ase Rate Fee First Gr
SUBSCRIBER GROUP	IXTEENTH	ONE HUNDRED S	JP	SUBSCRIBER GROU	TEENTH	ONE HUNDRED FIF
0		COMMUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE	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
			0.00	\$		Base Rate Fee Third G

BASE RATE FEES FOR EACH SUBSCRIBER GROUP						Pioneer Telephone
	SUBSCR	TE FEES FOR EACH				
ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED E	1	SUBSCRIBER GROUP	NTEENTH	ONE HUNDRED SEVE
0 COMMUNITY/ AREA 0 Computation			0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE Of			DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee						
and						
Syndicated						
Exclusivity						
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for						
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0.00 Total DSEs 0.00		Total DSEs	0.00	,		Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	d Group	Gross Receipts Secor	ross Receipts First Group \$ 0.00			
0.00 Base Rate Fee Second Group \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
						0115 1111115555 1111
	VENTIETH			SUBSCRIBER GRO	NIEENIH	
O COMMUNITY/ AREA		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00 Total DSEs		Total DSEs	0.00			Total DSEs
0.00 Total DSEs 0.00 0.00 Gross Receipts Fourth Group \$ 0.00	Group			\$	Group	Total DSEs Gross Receipts Third G

Pioneer Telephone						SY	STEM ID# 62437	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDRED TWEN						SUBSCRIBER GROUP		^
COMMUNITY/ AREA	O COMMUNITY/ AREA O				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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					<u></u>			
Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED TWEN	IY-IHIRD	SUBSCRIBER GROUP				SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			ļ		<mark></mark>		<mark></mark>	
Total DSEs			0.00	Total DSEs	1		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	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

hone Cooperative, Inc. 62437	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP	0
COMMONT 1774 C.	9 omputation
DSE CALL SIGN DSE CALL SIGN DSE	of
Base	se Rate Fe
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	yndicated
	xclusivity
<u> </u>	Surcharge
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	Partially Distant
	Stations
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rst Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
rst Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
NTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP	
EA O COMMUNITY/ AREA O	
DSE CALL SIGN DSE CALL SIGN DSE	
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OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP UP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMPUTATION DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Gross Receipts Second Group Gross Receipts Second Group OCOMPUTATION OCOMPUT
O COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSES DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSES
DSE CALL SIGN DSE CALL SIGN DSE Base Rate Form and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs 0.00
and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs O 0.00
Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Total DSEs 0.00
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Surcharge for Partially Distant Stations O.00 Total DSEs 0.00
for Partially Distant Stations O.00 Total DSEs
Partially Distant Stations O.00 Total DSEs
0.00 Total DSEs 0.00
0.00 Total DSEs
0.00 Base Rate Fee Second Group \$ 0.00
UP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP
0 COMMUNITY/ AREA 0
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0.00 Total DSEs
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

	YSTEM ID# 62437	S					R OF CABL Coope	Pioneer Telephone
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
0	1	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIR)	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED THIR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	<u> </u>		Total DSEs	0.00		 	Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	ross Receipts First Group \$ 0.00		
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THI	UP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIR
	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE			CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN Total DSEs
	0.00	CALL SIGN		CALL SIGN	DSE			Total DSEs
	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		

					LEGAL NAME OF OWNER Pioneer Telephone
DR EACH SUBSCRIBER GROUP	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
DRED THIRTY-EIGHTH SUBSCRIBER GROUP	ONE HUNDRED THIR		SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
Y/ AREA 0 Computation	COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee					
and					
Syndicated					
Exclusivity					
Surcharge					
for					
Partially Distant					
Stations				·	
Stations				····	
0.00	Total DSEs	0.00			Total DSEs
pts Second Group \$ 0.00	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr
Fee Second Group \$ 0.00	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
UNDRED FORTIETH SUBSCRIBER GROUP	ONE HUNDRED F	JP	SUBSCRIBER GROU	Y-NINTH	ONE HUNDRED THIRT
Y/ AREA0	COMMUNITY/ AREA	0.			COMMUNITY/ AREA
N DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	Total DSEs	0.00			Total DSEs
	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

BLOCK A ONE HUNDRED FORTY-FIRS OMMUNITY/ AREA							
	: COMPUTATION O				RIBER GROUP SUBSCRIBER GROUF)	
	T GOBGONIBLIN GROO	0	COMMUNITY/ ARE		O SOBSCINDEN GROOT	0	9
	II				TT		Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
		····					and
							Syndicate
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							Surcharge
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							Stations
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otal DSEs		0.00	Total DSEs			0.00	
oss Receipts First Group \$ 0.00			Gross Receipts Sec	ond Group	\$	0.00	
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ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY-THIF	D SUBSCRIBER GROU	IP	ONE HUNDRED FO	RTY-FOURTH	I SUBSCRIBER GROUF)	
OMMUNITY/ 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	
		0.00	Total DSEs	orth Consum		0.00	
otal DSEs ross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	\$ \$				\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Pioneer Telephone Cooperative, Inc. SYSTEM ID# 62437								
		IBER GROUP	SUBSCR	TE FEES FOR EACH					
0							RTY-FIFTH	ONE HUNDRED FOR	
9 Computation	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fee									
and									
Syndicated									
Exclusivity									
Surcharge									
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Partially									
Distant							<u> </u>		
Stations									
	0.00		•	Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G	
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR)	SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED FORTY	
	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
		0							
					•		·		
		-					1		
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

ASSERATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP OCOMMUNITY/ AREA OCOMPUTATION DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations
O COMMUNITY/ AREA O Computation DSE CALL SIGN DSE CALL SIGN DSE of 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
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Stations
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0.00 Total DSEs
0.00 Gross Receipts Second Group \$ 0.00
0.00 Base Rate Fee Second Group \$ 0.00
ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP
O COMMUNITY/ AREA O
DSE CALL SIGN DSE CALL SIGN DSE
0.00 Total DSEs
0.00 Gross Receipts Fourth Group \$ 0.00
0.00 Base Rate Fee Fourth Group \$ 0.00

	Pioneer Telephone Cooperative, Inc. 62437								
	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP								
9	COMMUNITY/ AREA 0				OMMUNITY/ AREA 0				
Computati									
of Base Rate	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
and		-							
Syndicate									
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	0.00		•	Total DSEs	0.00		•	otal DSEs	
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	Group	ross Receipts First G	
	0.00	Base Rate Fee Second Group \$ 0.00				\$	Group	ase Rate Fee First G	
	<u>.</u>	SLIDSCRIPED CROI			ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP				
	JP	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FI	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF	
	0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FI	JP 0	SUBSCRIBER GRO	TY-FIFTH		
		CALL SIGN	DSE			SUBSCRIBER GRO	DSE	OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
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	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			ONE HUNDRED FIF	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
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	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Call SIGN Call SIGN	
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN	

	Pioneer Telephone Cooperative, Inc. 62437								
)			TE FEES FOR EACH					
9	ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O					ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0			
Computati	U							COMMONITITY AND	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate I									
and		-							
Syndicate		-		••••••					
Exclusivit Surcharg									
for	····	-	······································				···		
Partially	····	-	<u> </u>	•••••••••••		_	···		
Distant									
Stations									
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	0.00	!!	-	Total DSFs	0.00	 	<u> </u>	otal DSEs	
	_ Total DSEs				0.00			otal DOLS	
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	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	Group	ross Receipts First G	
		\$	nd Group			\$	Group	ross Receipts First G	
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	Group	ase Rate Fee First G	
	0.00 0.00		nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED	0.00	\$	Group	ase Rate Fee First G	
	0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	Group	ase Rate Fee First G	
	0.00 0.00	\$	nd Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED	0.00	\$	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED FIF	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ONE HUNDRED FIF	
	0.00 0.00 UP	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA	
	0.00 UP 0 DSE	\$ SUBSCRIBER GROU	od Group	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	Group	ase Rate Fee First G ONE HUNDRED FIF OMMUNITY/ AREA CALL SIGN	
	0.00 UP 0 DSE	SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE	ONE HUNDRED FIF OMMUNITY/ AREA CALL SIGN otal DSEs	
	0.00 UP 0 DSE	\$ SUBSCRIBER GROU	DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	DSE	ONE HUNDRED FIFE COMMUNITY/ AREA	
	0.00 UP 0 DSE	SUBSCRIBER GROU	DSE DSE	Gross Receipts Secon Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 JP	SUBSCRIBER GRO	DSE Group	CALL SIGN Cotal DSEs Gross Receipts Third of the state	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Pioneer Telephone Cooperative, Inc. 62437 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Pioneer Telephone Cooperative, Inc. 62437 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. NINTH SUBSCRIBER GROUP TENTH 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 **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Pioneer Telephone Cooperative, Inc. 62437 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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