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								
02/28/2019	\$ ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	2018/2									
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 062634 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CMN-RUS, INC.									
					06263420182					
					062634 2018/2					
	8837 BOND STREET OVERLAND PARK, KS (66214								
С		ny business or trade names used to In line 2, give the mailing address of								
System	1 IDENTIFICATION OF CABLE SYSTE	M:								
	MAILING ADDRESS OF CABLE SYS	STEM:								
	2 (Number, street, rural route, apartment, or s	uite number)								
	(City, town, state, zip code)									
D	Instructions: For complete space with all communities.	D instructions, see page 1b. Identify	only the frst com	munity served below and r	elist on page 1b					
Area Served	CITY OR TOWN		STATE							
First	GREENCASTLE		IN							
Community		communities if you report multiple ch	annel line-uns in	Snace G						
	CITY OR TOWN (SAMPLE)	orimiamade ii you report maiapie di	STATE	CH LINE UP	SUB GRP#					
Commis	Alda		MD	A	1					
Sample	Alliance		MD	В	2					
	Gering		MD	В	3					
ļ										

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

ACCOUNTING PERIOD: 2018/2 FORM SA3E. PAGE 1b. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062634 CMN-RUS, INC. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. **CH LINE UP** SUB GRP# CITY OR TOWN STATE **GREENCASTLE** IN AA First IN 2 SEYMOUR AB Community 3 VINCENNES IN AC NORTH VERNON IN **AB** 2 **MADISON** IN **AD** 4 WABASH IN AΕ 5 See instructions for **NORTH MANCHESTER** additional information IN AF 6 on alphabetization. HUNTINGTON IN AG CONNERSVILLE IN AH 8 9 **NEW CASTLE** IN ΑI **LENBANON** IN 10 AJ Add rows as necessary. IN 11 FRANKLIN AK **LAFAYETTE** 12 IN AL **CRAWFORDSVILLE** IN **AM** 13 WESTFIELD IN 14 AN **GREENWOOD** IN AK 11 **PLAINFIELD** IL AO 15 IL 16 **BLOOMINGTON AP** IN 14 **FISHERS** AN **OSWEGO** IL AQ 17 **ROMEOVILLE** IL 15 AO 18 **BATAVIA** IL AR 18 **NORTH AURORA** IL **AR SOUTH ELGIN** IL 18 AR ST CHARLES IL 18 AR SUGAR GROVE IL AR 18 18 **GENEVA** IL AR IL 19 **DEKALB** AS 19 SYCAMORE IL AS **LEXINGTON** KY ΑT 20

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

062634

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1			BLOG	CK 2		
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	l l	RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
 Service to first set 	33,465	\$	10.00	Lifeline Service	43	\$	10.00
 Service to additional set(s) 				Preferred Digital	10,345	\$	18.95
 FM radio (if separate rate) 				HD Elite	1,267	\$	6.95
Motel, hotel				HD Standard Service	17,105	\$	9.95
Commercial	647	\$	10.00	HD Preferred Service	10,328	\$	9.95
Converter							
Residential	30,926	\$	4.95				
Non-residential	1,149	\$	4.95				
		T				T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) WCLJ 42 I No Bloomington, Indiana WHMB 20 No Indianapolis, Indiana I See instructions for WHMB-World Ha additional information 40.2 I-M No Indianapolis, Indiana on alphabetization. WISH 9 I No Indianapolis, Indiana WISH-HD/DT (sim I-M 8.1 No Indianapolis, Indiana WISH-getTV 8.2 No I-M Indianapolis, Indiana WISH-Justice 8.3 No I-M Indianapolis, Indiana WNDY 32 No Marion, Indiana I WNDY-HD/DT (Sin 23.1 I-M No Marion, Indiana **WNDY-Bounce T** 23.2 I-M No Marion, Indiana WRTV 25 Ν No Indianapolis, Indiana WRTV-HD/DT (Sir 6.1 N-M No Indianapolis, Indiana WRTV-Grit 6.2 I-M No Indianapolis, Indiana **WRTV-Laff** 6.3 I-M No Indianapolis, Indiana WTHR 13 Ν No Indianapolis, Indiana WTHR-HD/DT (Sir 13.1 N-M No Indianapolis, Indiana WTHR-Cozi TV 13.2 I-M No Indianapolis, Indiana WTHR-Me-TV 13.3 I-M No Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if th∈ 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WFTA-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 channe 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 noncommercia 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 ex planation 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 you 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA (2) 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL CARRIAGE OF (Yes or No) NUMBER STATION (If Distant) **WIPX** 27 I No Bloomington, Indiana WIPX-HD/DT (Sim 63.1 I-M No Bloomington, Indiana See instructions for additional information **WIPX-Qubo** 63.2 I-M No Bloomington, Indiana on alphabetization. **WIPX-Ion Life** 63.3 I-M No Bloomington, Indiana WTIU 14 Ε No Bloomington, Indiana WTIU-HD/DT (Sim 30.1 E-M No Bloomington, Indiana WTTV Ν No 48 Bloomington, Indiana WTTV-HD/DT (Sir 4.1 N-M No Bloomington, Indiana WTTV - CW 4.2 I-M No Bloomington, Indiana 45 No **WXIN** I Indianapolis, Indiana WXIN-HD/DT (Sim 59.1 I-M No Indianapolis, Indiana WXIN-Antenna T 59.2 I-M No Indianapolis, Indiana WXIN-This TV 59.3 I-M No Indianapolis, Indiana

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AB (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLKY-ME TV	32.2	I-M	No		Louisville, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTIU	14	E	No		Bloomington, Indiana
WTIU-HD/DT (Sim	30.1	E-M	No		Bloomington, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WBNA	8	I	No		Louisville, Kentucky

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

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 progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AC	
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
WAWV	39	N	No		Terre Haute Indiana
WAWV-HD/DT (Si	39.1	N-M	No		Terre Haute Indiana
WTHI-CBS	10	N	No		Terre Haute Indiana
WTHI-HD/DT (Sim	10.1	N-M	No		Terre Haute Indiana
WTHI-My Fox	10.2	I	No		Terre Haute Indiana
WTVW	28	I	No		Evansville, Indiana
WTVW-HD/DT (Si	7.1	I-M	No		Evansville, Indiana
WTWO	36	N	No		Terre Haute Indiana
WTWO-HD/DT (si	36.1	N-M	No		Terre Haute Indiana
WVUT	22	Е	No		Vincennes, Indiana
WVUT-HD/DT (Sir	22.1	E-M	No		Vincennes, Indiana

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. 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 € 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 progran 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AD (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLWT	35	N	No		Cincinnati, Ohio
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio
WKPC	17	Е	No		Lexington, Kentucky
WMYO	51	I	No		Salem, Indiana
WMYO-HD/DT (Si	58.1	I-M	No		Salem, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AE	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WANE	31	N	No		Fort Wayne, Indiana
WANE-HD/DT (Sir	15.1	N-M	No		Fort Wayne, Indiana
WANE-Antenna T	15.2	I-M	No		Fort Wayne, Indiana
WFFT	36	I	No		Fort Wayne, Indiana
WFFT-HD/DT (sim	55.1	I-M	No		Fort Wayne, Indiana
WFWA	40	Е	No		Fort Wayne, Indiana
WFWA-HD/DT (Si	39.1	E-M	No		Fort Wayne, Indiana
WFWA-Kids	39.2	E-M	No		Fort Wayne, Indiana
WFWA-Create	39.3	E	No		Fort Wayne, Indiana
WFWA-4you	39.4	Е	No		Fort Wayne, Indiana
WFYI	21	E	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WISE	18	I	No		Fort Wayne, Indiana
WISE-HD/DT (Sim	33.1	I-M	No		Fort Wayne, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AE (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T	23.2	I-M	No		Marion, Indiana
WPTA	24	N	No		Fort Wayne, Indiana
WPTA-HD/DT (Sir	21.1	N-M	No		Fort Wayne, Indiana
WPTA-DT2	21.2	N-M	No		Fort Wayne, Indiana
WPTA-DT3	21.3	I-M	No		Fort Wayne, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Si	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AH	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WCLJ	42	I	No		Bloomington, Indiana
WCPO	22	N	No		Cincinnati, Ohio
WCPO-HD/DT (Si	9.1	N-M	No		Cincinnati, Ohio
WFYI	21	Е	Yes	0	Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	Yes	E	Indianapolis, Indiana
WFYI-Kids	20.2	E-M	Yes	0	Indianapolis, Indiana
WFYI-Create	20.3	E-M	Yes	0	Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WLWT	35	N	No		Cincinnati, Ohio

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

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 progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AH (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WLWT-HD/DT (Si	5.1	N-M	No		Cincinnati, Ohio
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Siı	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T\		I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.										
LEGAL NAME OF OWN		STEM:			SYSTEM ID#	Name				
CMN-RUS, INC. 062634 PRIMARY TRANSMITTERS: TELEVISION										
PRIMARY TRANSMITTI	ERS: TELEVISION	ON								
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further irried in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you heable system carried the cable system carried to carried the distant stat. For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	G, identify ever system during to ions in effect of 6.61(e)(2) and of sis, as explained stations: With CC rules, regular here in space only on a substand also in spanformation conditions. Chatton's call associated with associated with a carried to e channel number of the cast, "E" (for neese terms, see ation is outside ice area, see pave entered "Y he distant station on a partition on a partition on a partition of a distant tentered into of a primary transismulcasts, also ree categories e location of eaternations in eaternation of eaternations are categories e location of eaternations.	y television signer accounting a counting a	g period except general except to the general instruction is a network, "N-M" all educational), he general instruction area, (i.e. 'a general instruction area of lack of earn that is not une 30, 2009, be association reprifusion area of the general or U.S. stations,	(1) stations carried the carriage of cer 61(e)(2) and (4))]; as carried by your the Special Statement of the Special Special Special Special Statement of the Special Spe	es". If not, enter "No". For an ex e paper SA3 form stating the basis on which you ntering "LAC" if your cable syster	Primary Transmitters: Television				
Note: If you are utilizing	.ga.a.p.o oa	•	EL LINE-UP		- onamo apr					
				. ,						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana					
	•									
	I									

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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AI (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Si	23.1	I-M	No		Marion, Indiana
WNDY-Bounce T	23.2	I-M	No		Marion, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Si	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sir	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

				ACCOON	TING PERIOD: 2018/
NER OF CABLE SY	STEM:				Namo
) .				062634	l Name
ERS: TELEVISIO	ON				
G, identify every system during to the sais, as explaine Stations: With CC rules, regular needs only on a subset, and also in spanformation concorm. It is a sacciated with A-2". Simulcast nee channel numbers, each care with a sacciated with a s	y television so the accounting of the accounting	g period except gesting to except 281, permitting to 281, permitting to 281, permitting to 76.6 paragraph y distant station horizations: at it in space I (the ation was carried itute basis station report origination coording to its own to be reported in the assigned to mannel 4 in Wasi station is a network), "N-M" all educationally, are general instruction 4, you must concaccounting permitted in 4, you carried the you carried the you carried the your carried the your carried the your carried the your stations, stations, stations, and the station is a station when the station is a station is a station when the station is a station is a station in the station in the station is a station in the station in the station is a station in the station in the station is a station in the station in the station is a station in the station in the station in the station is a station in the station in the station in the station is a station in the station in the station in the station is a station in the station	(1) stations carrie he carriage of cer 61(e)(2) and (4))]; is carried by your he Special Staten and both on a substant, see page (v) on program service ver-the-air designation of the television state in the television state in the television of "E-M" (for network multifor "E-M" (for noncuctions located in the television state in the television of the television state in the television state in the television of the television state in the television in the television state in the t	and only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ment and Program Log)—if the ditute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identification. For example, report multions the stream separately; for example attion for broadcasting over-the-air in a may be different from the channe dependent station, or a noncommercial cast), "I" (for independent), "I-M commercial educational multicast) the paper SA3 form stating the basis on which you thering "LAC" if your cable system capacity by payment because it is the subject capacity and station is licensed by the last on the paper SA3 form ary transmitter, enter the designal other basis, enter "O." For a further the design and the paper SA3 form the paper	Primary Transmitters: Television
ing manipic cha		•	•	r Griatmet inte-up.	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
59.3	I-M	No		Indianapolis, Indiana	
	G, identify ever system during to tions in effect of 6.61(e)(2) and to 6.61(e)(2) an	G, identify every television s system during the accountinutions in effect on June 24, 15 6.61(e)(2) and (4), or 76.63 issis, as explained in the next Stations: With respect to an CC rules, regulations, or autinuter in space G—but do lied only on a substitute basis, and also in space I, if the stanformation concerning substitute or in associated with a station at A-2". Simulcast streams must be channel number the FCC isseen carried the station is eineach case whether the set of the station is outside the local service area, see page (v) of the station on a part-time basis because of a distant multicast streams must be channel number the station of a distant multicast streams must be channel into on or before J a primary transmitter or an analysis of a distant multicast streams multicasts, also enter "E". It is there categories, see page (v) of the stream of a distant multicast streams multicasts, also enter "E". It is the location of each station. For Canadian stations, if any, giving multiple channel line-ups channel line-ups channel.	G, identify every television station (including system during the accounting period except titons in effect on June 24, 1981, permitting to 16.61(e)(2) and (4), or 76.63 (referring to 76.63 is, as explained in the next paragraph Stations: With respect to any distant station CC rules, regulations, or authorizations: n here in space G—but do list it in space I (to donly on a substitute basis, and also in space I, if the station was carried formation concerning substitute basis station orm. If the station is call sign. Do not report origination associated with a station according to its or A-2". Simulcast streams must be reported in the channel number the FCC has assigned to see. For example, WRC is Channel 4 in Was system carried the station is a network yentering the letter "N" (for network), "N-M" ideast), "E" (for noncommercial educational), nese terms, see page (v) of the general instruction is outside the local service area, (i.e. vice area, see page (v) of the general instruction on a part-time basis because of lack of sion of a distant multicast stream that is not at entered into on or before June 30, 2009, be a primary transmitter or an association report in simulcasts, also enter "E". If you carried the three categories, see page (v) of the general instruction or a distant multicast stream that is not a primary transmitter or an association report in simulcasts, also enter "E". If you carried the three categories, see page (v) of the general network in a primary transmitter or an association report in a primary transmitter or an association of each station. For U.S. stations, Canadian stations, if any, give the name of the distant station in the primary transmi	G, identify every television station (including translator station system during the accounting period except (1) stations carried tions in effect on June 24, 1981, permitting the carriage of cer 6.6.1(e)(2) and (4), or 76.63 (referring to 76.6.1(e)(2) and (4))]; asis, as explained in the next paragraph Stations: With respect to any distant stations carried by your CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the Special Statem donly on a substitute basis and also in space I, if the station was carried both on a substinformation concerning substitute basis stations, see page (v) form. In the station is a station according to its over-the-air designal A-2". Simulcast streams must be reported in column 1 (list each me channel number the FCC has assigned to the television states. For example, WRC is Channel 4 in Washington, D.C. This system carried the station is a network station, an individual y entering the letter "N" (for network), "N-M" (for network multiciast), "E" (for noncommercial educational), or "E-M" (for noncese terms, see page (v) of the general instructions located in the distant station during the accounting period. Indicate by entering the letter "Yes" in column 4, you must complete column 5, the distant station during the accounting period. Indicate by entering the interior on a part-time basis because of lack of activated channel sion of a distant multicast stream that is not subject to a royall not entered "Yes" in column 4, you must complete column 5, the distant station during the accounting period. Indicate by entered into on or before June 30, 2009, between a cable sy a primary transmitter or an association representing the primar is imulcasts, also enter "E". If you carried the channel on any of the general instructions located in the entered into on or before June 30, 2009, between a cable sy a primary transmitter or an association representing the primar is imulcasts, also enter "E". If you carried the channel on any of three categories, see pag	SYSTEM IDE O62634 TERS: TELEVISION G, identify every television station (including translator stations and low power television stations) system during the accounting period except (1) stations carried only on a part-time basis under tions in effect on June 24, 1981, permitting the carriage of certain network programs [sections 6,61(e)(2) and (4), or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a sais, as explained in the next paragraph Stations: With respect to any distant stations carried by your cable system on a substitute program CC rules, regulations, or authorizations: In here in space G—but do list it in space I (the Special Statement and Program Log)—if the dot only on a substitute basis and also on some othe information concerning substitute basis stations, see page (v) of the general instructions located orm. Ch station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify an associated with a station according to its over-the-air designation. For example, report multi A-2". Simulcast streams must be reported in column 1 (list each stream separately; for example are channel number the FCC has assigned to the television station for broadcasting over-the-air is see. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe system carried the station is a network station, an independent station, or a noncommercial energy entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "1-M icast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast) esse terms, see page (v) of the general instructions located in the paper SA3 form have entered "Yes" in column 4, you must complete column 5, stating the basis on which you the distant station during the accounting period, indicate by entering "LAC" if your cable syster in entered into on or before June 30, 2009, between a cable system or an association representing the primary transmitter, ent

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 € 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 progran 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WTTV	48	N	No		Bloomington, Indiana
WTTV-HD/DT (Sin	4.1	N-M	No		Bloomington, Indiana
WTTV - CW	4.2	I-M	No		Bloomington, Indiana
WRTV	25	N	No		Indianapolis, Indiana
WRTV-HD/DT (Sir	6.1	N-M	No		Indianapolis, Indiana
WRTV-Grit	6.2	I-M	No		Indianapolis, Indiana
WRTV-Laff	6.3	I-M	No		Indianapolis, Indiana
WNDY	32	I	No		Marion, Indiana
WNDY-HD/DT (Sir	23.1	I-M	No		Marion, Indiana
WNDY-Bounce TV	23.2	I-M	No		Marion, Indiana
WISH	9	I	No		Indianapolis, Indiana
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana
WHMB	20	I	No		Indianapolis, Indiana
WHMB-World Har	40.2	I-M	No		Indianapolis, Indiana
WIPB	23	E	Yes	0	Muncie, Indiana
WIPB-HD/DT (Sim	49.1	E-M	Yes	Е	Muncie, Indiana

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
Name
Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under 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 progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AJ (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WIPB-Create	49.2	E-M	Yes	0	Muncie, Indiana
WIPB - Weather	49.3	I-M	Yes	0	Muncie, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WCLJ	42	I	No		Bloomington, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

LEGICATION OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
CMN-RUS, INC		OTLIVI.			062634	Name
PRIMARY TRANSMITTI		ON				
			tation (including	, translator atation	on and law newer television stations)	
		•	, ,		ns and low power television stations) ed only on a part-time basis under	G
			•		rtain network programs [sections	
` '\ '	` , ` ,	. ,.		61(e)(2) and (4))];	; and (2) certain stations carried on a	Primary Transmitters:
substitute program bas Substitute Basis S				s carried by your	cable system on a substitute progran	Television
basis under specifc F0		•	•	, ,	, , , , ,	
 Do not list the station station was carried 			st it in space I (t	he Special Stater	ment and Program Log)—if the	
	•		ation was carrie	ed both on a subs	titute basis and also on some othe	
basis. For further in	nformation cond				of the general instructions located	
in the paper SA3 fo		eign Do not	report origination	on program servic	es such as HRO ESPN atc. Identify	
		-			es such as HBO, ESPN, etc. Identification. For example, report multi	
			•	•	ch stream separately; for example	
WETA-simulcast).	e channel num	her the ECC	has assigned to	the television st	ation for broadcasting over-the-air ir	
			•		s may be different from the channe	
on which your cable sy	ystem carried tl	he station			•	
					dependent station, or a noncommercia	
	•	,	,.	`	icast), "I" (for independent), "I-M commercial educational multicast)	
For the meaning of the						
Column 4: If the st planation of local servi			•	,	/es". If not, enter "No". For an ex	
					, stating the basis on which you	
					ntering "LAC" if your cable syster	
carried the distant stat	•				I capacity ty payment because it is the subjec	
					ystem or an association representin	
,			•	• .	ary transmitter, enter the designa	
					other basis, enter "O." For a furthe ted in the paper SA3 form	
Column 6: Give the	e location of ea	ach station. Fo	or U.S. stations,	, list the communi	ity to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	th which the station is identifed	
Note: If you are utilizing	Ig multiple cha		•	•	in charmer line-up.	
	1	CHANN	EL LINE-UP	AJ (3)		
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)		
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana	
	!					
	1					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#

Name

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	AK (2)		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WHMB-World Hai	40.2	I-M	No		Indianapolis, Indiana
WXIN	45	I	No		Indianapolis, Indiana
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna T\	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	l	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € 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 progran 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

CHANNEL LINE-UP AL (2)								
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana			
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana			
WLFI	11	N	No		West Layfatyette, Indiana			
WLFI-HD/DT (Sim	18.1	N-M	No		West Layfatyette, Indiana			
WLFI-GetTV	18.2	I-M	No		West Layfatyette, Indiana			
WFYI	21	E	No		Indianapolis, Indiana			
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana			
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana			
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana			
WPBI-LD	16.1	l	No		Lafayette, Indiana			
WISH	9	I	No		Indianapolis, Indiana			
WISH-HD/DT (sim	8.1	I-M	No		Indianapolis, Indiana			
WISH-getTV	8.2	I-M	No		Indianapolis, Indiana			
WISH-Justice	8.3	I-M	No		Indianapolis, Indiana			

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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 € 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 progran 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AM (2)	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana
WXIN-Antenna TV	59.2	I-M	No		Indianapolis, Indiana
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana
WTHR	13	N	No		Indianapolis, Indiana
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana
WIPX	27	I	No		Bloomington, Indiana
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana
WFYI	21	E	No		Indianapolis, Indiana
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on € 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 progran 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

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 progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

	CHANNEL LINE-UP AN (2)							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WXIN-HD/DT (Sim	59.1	I-M	No		Indianapolis, Indiana			
WXIN-Antenna T\		I-M	No		Indianapolis, Indiana			
WXIN-This TV	59.3	I-M	No		Indianapolis, Indiana			
WTHR	13	N	No		Indianapolis, Indiana			
WTHR-HD/DT (Sir	13.1	N-M	No		Indianapolis, Indiana			
WTHR-Cozi TV	13.2	I-M	No		Indianapolis, Indiana			
WTHR-Me-TV	13.3	I-M	No		Indianapolis, Indiana			
WIPX	27	I	No		Bloomington, Indiana			
WIPX-HD/DT (Sim	63.1	I-M	No		Bloomington, Indiana			
WIPX-Qubo	63.2	I-M	No		Bloomington, Indiana			
WIPX-Ion Life	63.3	I-M	No		Bloomington, Indiana			
WFYI	21	Е	No		Indianapolis, Indiana			
WFYI-HD/DT (Sim	20.1	E-M	No		Indianapolis, Indiana			
WFYI-Kids	20.2	E-M	No		Indianapolis, Indiana			
WFYI-Create	20.3	E-M	No		Indianapolis, Indiana			
WIPB	23	E	No		Muncie, Indiana			
WIPB-HD/DT (Sim	49.1	E-M	No		Muncie, Indiana			
WIPB-Create	49.2	E-M	No		Muncie, Indiana			

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					ACCOUNTI	NG PERIOD: 2018/2		
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	N		
CMN-RUS, INC					062634	Name		
PRIMARY TRANSMITT	ERS: TELEVISION	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 [section: 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute 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 othe 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. Identified 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 channe on which your cable system carried the station • Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). Fer (for noncommercial educational), or "E-M" (for noncommercial e								
FCC. For Mexican or 0	Canadian statio	ons, if any, giv	ve the name of t	the community wit	th which the station is identifed			
Note: If you are utilizing	ng multiple cha	nnel line-ups	, use a separate	space G for each	n channel line-up.			
	1	CHANN	EL LINE-UP	AN (3)				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WIPB - Weather	49.3	I-M	No		Muncie, Indiana			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

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 progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS, INC. 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 € 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 progran 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 othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

PRIMARY TRANSMITTERS: TELEVISION

SYSTEM ID#
062634

Name

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under 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 progran 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 othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

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

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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 multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	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
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WTTW-HD/DT	11.1	E	No		Chicago, Illinois
WSNS-HD/DT	44.1	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CMN-RUS, INC.

SYSTEM ID#
Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe 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. Identification 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	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
WYIN-HD/DT	56.1	E-M	No		Gary, Indiana
WYIN-NHK World	56.2	E-M	No		Gary, Indiana
WMAQ-HD/DT	5.1	N	No		Chicago, Illinois
WMAQ-COZI TV	5.2	I-M	No		Chicago, Illinois
WBBM-HD/DT (Si	2.1	N-M	No		Chicago, Illinois
WBBM-Decades	2.2	I-M	No		Chicago, Illinois
WLS-HD/DT (Sim	7.1	N-M	No		Chicago, Illinois
WLS-LivWell	7.2	I-M	No		Chicago, Illinois
WPWR-CW	51	I	No		Gary, Indiana
WCPX-HD/DT	38.1	I	No		Chicago, Illinois
WFLD-HD/DT	32.1	I	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
WFLD-Buzzr	32.4	I-M	No		Chicago, Illinois
WSNS-T-Xitos	44.2	I-M	No		Chicago, Illinois
WFLD-Movies!	32.3	I-M	No		Chicago, Illinois
	32.4	I-M	No		Chicago, Illinois

G

Primary Transmitters: Television

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062634 CMN-RUS. INC. 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 othe 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. Identifi each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 ex planation 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

	CHANNEL LINE-UP AT							
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
WKLE-HD/DT	46	E	No		Lexington, Kentucky			
WDKY-HD/DT	56.1	I	No		Danville, KY			
WDKY-Comet	56.2	I-M	No		Danville, KY			
WDKY-Charge!	56.3	I-M	No		Danville, KY			
WDKY-TBD	56.4	I-M	No		Danville, KY			
WKYT-HD/DT	27.1	N	No		Lexington, Kentucky			
WKYT-CW	27.2	I-M	No		Lexington, Kentucky			
WKYT-Local Rad	27.3	I-M	No		Lexington, Kentucky			
WLEX-HD/DT	18.1	N	No		Lexington, Kentucky			
WLEX-MeTV	18.2	I-M	No		Lexington, Kentucky			
WLEX-Bounce	18.3	I-M	No		Lexington, Kentucky			
WTVQ-HD/DT	36.1	N	No		Lexington, Kentucky			
WTVQ-My Netwo	36.2	I-M	No		Lexington, Kentucky			
WTVQ-Justice	36.3	I-M	No		Lexington, Kentucky			
WTVQ-Laff	36.4	I-M	No		Lexington, Kentucky			
WTVQ-Escape	36.5	I-M	No		Lexington, Kentucky			
WTVQ-Quest	36.6	I-M	No		Lexington, Kentucky			
WTVQ-Grit	36.7	I-M	No		Lexington, Kentucky			

G

Primary Transmitters: Television

Transmitters:

Television

7.00001111		
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#		
CMN-RUS, INC. 062634	Name	
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period except (1) stations carried only on a part-time basis under	G	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a	Primary	

substitute program basis, as explained in the next paragraph

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 othe 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 ir its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 ex planation 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 you 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 furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form

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

		CHANN	EL LINE-UP	AT	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	(Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WUPX-lon	67.1	I	No		Richmond, KY
WUPX-Qubo	67.2	I-M	No		Richmond, KY
WUPX-Ion Life	67.3	I-M	No		Richmond, KY

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name CMN-RUS, INC. 062634 PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

TORWI GAGE: I AGE 3:						Accoontine	7 EINIOD. 2010/2
LEGAL NAME OF OWNER OF CMN-RUS, INC.	CABLE SYST	EM:			s	062634	Name
SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM I O				
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ify every non	nnetwork televiseriod, under spe	sion program broadcast by ecific present and former F0	a distant statio CC rules, regu	lations, or authorizations.	For a further	Substitute
1. SPECIAL STATEMEN	CONCER	NING SUBSI	TITUTE CARRIAGE				Carriage:
During the accounting per				sis, any nonn	etwork television prograr	n	Special Statement and
broadcast by a distant sta	-	•	•	•		XNo	Program Log
Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	nust complete the progra	m	
log in block 2.	- DD00D4	мо					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the prograr Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, of tion. Do no Lucy" or "NE n was broad sign of the state and and day we "5/7." es when the Example: a er "R" if the and regulation ogramming	am on a separa attach addition nnetwork televicion and that your authorization of use general of BA Basketball: deast live, entestation broadca on's location (thous, if any, the when your system substitute program carrolisted program carrons in effect di	al pages. rision program (substitute pour cable system substitute) s. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "leasting the substitute programe community to which the community with which the stem carried the substitute or was substituted for programing the accounting period	orogram) that ed for the pro neral instructi r "basketball" No." am. e station is lice station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accounting gramming of another statements located in the paper. List specific program ensed by the FCC or, in entified). e numerals, with the more accurate 28:30 p.m. should be your system was require etter "P" if the listed pro	nth ely	
					EN SUBSTITUTE	7. REASON	
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION	
					_		
					_		
					_		
					<u> </u>		
					<u> </u>		
						ļ	
					_		
					_		
					_		
					_		

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

Name	CMN-RUS, I	OWNER OF CABLI	E SYSTEM:							S	YSTEM ID# 062634
J Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.— 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.— 12:00 p.m."										
		T	DATE	ES A	AND HOURS ()F F	PART-TIME CAF	RRIAGE			
	CALL SIGN	WHEN	CARRIAGE OCC				CALL SIGN	WHEN	CARRIAGE O		
		DATE	FROM	URS	TO			DATE	FROM	OUR:	S TO
			-								
			-							_	
			-	_						_	
				=							
			-							_	
			_								
				=							
										_	
			-	_						_	
			-								
				_							

LEGA	L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
СМ	N-RUS, INC.			062634	Name
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ndary	transmis	sion service	K Gross Receipts
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount o	f gross receipts)	
ComComIf yo fee fIf yo	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the arrown block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable paympanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.	e enter	ed on lin	e 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ low.	entered	d on line	2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered	on line	
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 Line 2. Multiply the amount in line 1 by 0.01064		\$	4,379,950.14	
	Enter the result here. This is your minimum fee.	\$		46,602.67	
2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and column 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	nn 4, yo	ou must	check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	10,223.86	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		10,223.86	
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 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	-	\$	46,602.67	Cable systems submitting additional
	zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	deposits under Section 111(d)(7) should contact
	Line 4. FILING FEE		\$	725.00	the Licensing additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		47,327.67	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of	the	

ACCOUNTING PERIOD: 2018/2
FORM SA3E, PAGE 8.

			FURIVI SASE, PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.		SYSTEM ID# 062634
M	= ' ' '	nels on which the cable system carried television broadcast stations mber of activated channels, during the accounting period.	
Channels	Enter the total number of channels on which the casystem carried television broadcast stations	able 5	58
	Enter the total number of activated channels on which the cable system carried television broadcand nonbroadcast services	cast stations 30	00
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER IN we can contact about this statement of account.)	FORMATION IS NEEDED: (Identify an individual	
Be Contacted for Further Information	Name ED CORR	Telephone 812.213.1 0	081
	Address 8837 BOND STREET (Number, street, rural route, apartment, or suite nu OVERLAND PARK, KS 66214	mber)	
	(City, town, state, zip)	Fax (optional)	
	CERTIFICATION (This statement of account must be	certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but	only one, of the boxes.)	
	(Owner other than corporation or partnership) l a	m the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partne in line 1 of space B and that the owner is not a c	rship) I am the duly authorized agent of the owner of the cable system as ider orporation or partnership; or	ntified
	(Officer or partner) I am an officer (if a corporation) in line 1 of space B.) or a partner (if a partnership) of the legal entity identifed as owner of the cable	e system
		declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
	X /s/ Ed Corr		
	(e.g., /s/ John Smith). Before enter	he line above using an "/s/" signature to certify this statement. ering the first forward slash of the /s/ signature, place your cursor in the box and p ne. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	
	Typed or printed name: ED	CORR	
	Title: VICE PRESIDEN	T TAX	
	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 the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of lav

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
CMN-RUS, INC.	062634	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 A lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syste scribers and amounts collected from subscribers receiving secondary transmissions pursuants." For more information on when to exclude these amounts, see the note on page (vii) of the general	system for the basic m shall not include sub- uant to section 119."	Special Statement Concerning
paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?		Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payre For an explanation of interest assessment, see page (viii) of the general instructions in the paper	. ,	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	(interest charge) rther assistance 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 Oplease list below the owner, address, first community served, accounting period, and ID number filing.	1,70	
Owner Address		
First community served		
Accounting period ID number		

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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

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

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

1.064% 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; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

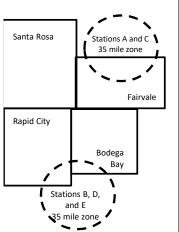
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



Distant Stations Carri	ied	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,384.00

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

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

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

ACCOUNTING PERIOD: 2018/2

DSE SCHEDULE. PAGE 11. (CONTINUED)

DSE SCHEDULE. PAG	T .					YSTEM ID#
1	LEGAL NAME OF OWNER OF CAE	BLE SYSTEM:			3	
	CMN-RUS, INC.					062634
	SUM OF DSEs OF CATEGO		NS:			
	Add the DSEs of each static				4.50	
	Enter the sum here and in lin	ie 1 of part 5 of thi	s schedule.		1.50	
	Instructions:					
2	In the column headed "Cal	I Sign": list the ca	ıll signs of all distant statior	ns identified by	the letter "O" in column 5	
Computation	of space G (page 3). In the column headed "DSI	E": for each inden	endent station, give the DS	SE as "1 0"· for	each network or noncom-	_
of DSEs for	mercial educational station, g			3E 43 1.0 , 101	cuon network of noncom	
Category "O"			CATEGORY "O" STATIC	DNS: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WFYI	0.250	WFYI-Kids	0.250	WFYI-Create	0.250
	WIPB	0.250	WIPB-Create	0.250	WIPB-Weather	0.250
Add rows as						
necessary. Remember to copy						
all formula into new						
rows.						

I		lk	
I	k	I	

Name		OWNER OF CABLE SYSTEM:					S	YSTEM ID#
	CMN-RUS, IN	NG.						062634
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-	at the call sign of all distals: For each station, give to correspond with the information: For each station, give to Divide the figure in colulat least to the third decirition and the call independent so walue as ".25."	he number of ho mation given in he total number umn 2 by the figu mal point. This is station, give the lumn 4 by the fig	ours your cable syste space J. Calculate or of hours that the star ure in column 3, and is the "basis of carriage "type-value" as "1.0." gure in column 5, and	m carried the state of the stat	tion during the accounting each station. er the air during the acco decimals in column 4. Th	unting period. is figure must cational station,	
Capacity		C	ATEGORY I	_AC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	JRS ED BY	B. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		6. DS	iE
			÷		=	x	=	
			÷ ÷		= =	×	=	
			÷		=	x	=	
			÷		=	x	=	
			÷ ÷		=	x x	=	
			÷		=	x	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		edule,		0.00		
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efference broadcast of space I). Column 2: at your option. Column 3: Column 4: I	oct on October 19, 1976 (one or more live, nonnetwood For each station give the This figure should correct Enter the number of days Divide the figure in colum	itution for a prog as shown by the ork programs du number of live, spond with the ir in the calendar in 2 by the figure	gram that your syster e letter "P" in column ring that optional carr nonnetwork program nformation in space I year: 365, except in e in column 3, and gi	n was permitted to 7 of space 1); and itage (as shown by as carried in substance). a leap year. we the result in co	o delete under FCC rules	2 of were deleted s than the third	m).
		SU	BSTITUTE-E	BASIS STATION	S: COMPUTA	TION OF DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	6	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
				=				=
		÷		=		÷		=
		-		=		-		=
				=		÷		=
	Add the DSEs	OF SUBSTITUTE-BAS	IS STATIONS:		▶	0.00		
5 Total Number of DSEs	number of DSEs 1. Number o 2. Number o	R OF DSEs: Give the ams applicable to your system f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		oxes in parts 2, 3, and	4 of this schedule	e and add them to provide	1.50 0.00 0.00	
	TOTAL NUMBE	R OF DSEs						1.50

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

EGAL NAME OF C	OWNER OF CABLES	SYSTEM:					<u></u> S	YSTEM ID# 062634	Name
nstructions: Blo	ck A must be comp	oleted.							
block A:	"Yes," leave the re		art 6 and part 7	of the DSE sched	ule blank and	l complete part	8. (page 16) of the	e	6
chedule.	"No," complete blo	·	•	0. 1 202 00 0	a.o b.a a	. complete part	o, (pago 10) o. a		•
ii your answer ii	No, complete blo	CR3 D and O		ELEVISION MA	ARKETS				Computation
,	m located wholly or	utside of all r	najor and small	er markets as defir	ned under se	ction 76.5 of FC	CC rules and regul	ations in	3.75 Fee
fect on June 24, Yes—Com	plete part 8 of the	schedule—[O NOT COMPI	LETE THE REMAII	NDER OF PA	ART 6 AND 7.			
	olete blocks B and								
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulation	ons prior to June dule. (Note: The	part 2, 3, and 4 of the 25, 1981. For furter letter M below ref	ther explanat	ion of permitted	d stations, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfatherec instructions fo E Carried pursua *F A station pre	les and regued pursuant for as defined all educational station (76.1 r DSE sched ant to individually carried HF station was station when the station was station w	lations cited belothe FCC market in 76.5(kk) (76al station [76.5965) (see paragrule). Lual waiver of FC and a part-time ithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on .57, 76.59(b) (1), 76.63(a) 3(a) referring stitution of gra	June 24, 1981, 76.61(b)(c), 76, 76, 76, 76, 76, 76, 76, 76, 76, 76	5.63(a) referring to 61(e)(1) attions in the		
Column 3:	*(Note: For those this schedule to c	stations ide	ntified by the le DSE.)	parts 2, 3, and 4 of tter "F" in column 2		omplete the wo	2. PERMITTED	4 of 3. DSE	
SIGN WFYI	BASIS	0.25	SIGN WFYI-Kids	BASIS	0.25	SIGN WFYI-Crea	BASIS	0.25	
WIPB	Č	0.25	WIPB-Crea		0.25	WIPB-Wea		0.25	
								1.50	
		I	BLOCK C: CO	MPUTATION OF	3.75 FEE				
ne 1: Enter the	e total number of	DSEs from	part 5 of this s	schedule					
				ı					
ne 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ve			<u> </u>		
	line 2 from line 1 leave lines 4–7 b			•		rate.			
ne 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	75	Do any of the DSEs represe partially
ne 5: Multiply I	ine 4 by 0.0375 a	and enter su	ım here				x		permited/ partially nonpermitte
ne 6: Enter tot	al number of DSE	Es from line	3						carriage? If yes, see pa 9 instructions
ne 7: Multiply I	ine 6 by line 5 an	id enter her	e and on line 2	2, block 3, space	L (page 7)			0.00	

MN-RUS, IN	OWNER OF CABLE C.							7STEM ID# 062634	
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	IUED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE		2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
<mark></mark>									
****								***************************************	

						<u> </u>			

ACCOUNTING PERIOD: 2018/2

Name	CMN-RUS, INC		SYSTEM:						SYSTEM I 0626	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	A—Part-time sp 76.59 B—Late-night p 76.61 S—Substitute ca gener Column 5: Indicate Column 6: Compar	or to June 25, call sign for eather DSE for the accounting the basis of a CC rules and ecialty programing: (e)(3)). arriage under ral instructions the station's I e the DSE figs (B, column 3 information you are the station of the s	1981, under forme ach distant station his station for a sin g period and year arriage on which the regulations cited bounding: Carriage, (c)(1), or 76.63 (refe Carriage under FC certain FCC rules, is in the paper SA3 DSE for the currenures listed in column of part 6 for this state ou give in columns	r FCC rules govidentifed by the gle accounting pin which the carne station was celow pertain to ton a part-time barring to 76.61(e). C rules, sections regulations, or a form. at accounting perins 2 and 5 and ation. 2, 3, and 4 mus	erning part-tim letter "F" in coloriod, occurring and DSE arried by listing hose in effect asis, of special (1)). 5 76.59(d)(3), 7 authorizations. iod as computilist the smaller	ne and sub lumn 2 of p ng between E occurred g one of th on June 24 lty program 76.61(e)(3) . For further and in parts r of the two	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981.) nming unde n, or 76.63 (er explanation 2, 3, and 4 or figures he	age.) DSE schedule. , 1978 and June (1). letters: r FCC rules, section referring to (2), see page (vi) (2) of this schedule. re. This figure should re.	30, 1981. ons of the buld be entered	
	1. CALL SIGN	PERMITT 2. PRIC DSE		TIONS CARRIE COUNTING ERIOD	D ON A PAR 4. BASIS CARRIA	S OF	5. PF	TUTE BASIS RESENT DSE	6. PERMITTED)
Computation of the Syndicated Exclusivity Surcharge	If your answer is	"Yes," comple "No," leave b	ete blocks B and C locks B and C blan BLOC vithin a top 100 maj	k and complete	TELEVISIO	N MARK	ET	rules in effect June	e 24, 1981?	
	X Yes—Complete	blocks B and	IC.		No—l	Proceed to	part 8			
	BLOCK B: C	arriage of VHI	-/Grade B Contour	Stations		BLOCK	K C: Compu	tation of Exempt	DSEs	
	Is any station listed ir commercial VHF stat or in part, over the ca	ion that places ble system?		r, in whole	nity served to former F	by the cab CC rule 76	ole system p 5.159)	of part 7 carried in prior to March 31, with its appropriate	1972? (refer	
	X No—Enter zero a	and proceed to	part 8.		X No—E	Enter zero a	nd proceed t	o part 8.		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL	SIGN	DSE	CALL SIGN	DSE	
			TOTAL DSEs	0.00			-	TOTAL DSEs	0.0	0

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

Name		ME OF OWNER OF CABLE SYSTEM: CMN-RUS, INC.	STEM ID# 062634
Computation of the Syndicated Exclusivity Surcharge	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00089 of gross receipts (the amount in section 1). \$\begin{array}{c} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: sust 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. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. sur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. sur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
	Section 1	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Enter the amount of gross receipts from space K (page 7). Enter the total number of permitted DSEs from block B, part 6 of this schedule.	-
	Section 2 Section 3	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.). If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1). \$\\$ B. Enter 0.00701 of gross receipts (the amount in section 1). C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here. D. Multiply line B by line C and enter here. \$\$ E. Add lines A, and D. This is your base rate fee. Enter here	-
		and in block 3, line 1, space L (page 7) Base Rate Fee	0.00

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

LEGAL N	AND OF OMNIED OF OAD I SOVOTEM.	OVOTEN ID #	
	AME OF OWNER OF CABLE SYSTEM: RUS, INC.	SYSTEM ID# 062634	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		
4	in the right of the country to the country to the country of the c		8
	A. Enter 0.01064 of gross receipts		O
	(the amount in section 1) \$		
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1) \$		of Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$		Dage Nate 1 ce
	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	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television bro stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multip		•
	Space G.		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rat s from subscribers located within the station's local service area, from your system's total gross receipts. To ta		Computation
	clusion, you must:	ke advantage of	of Base Rate Fee
First:	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dist	ant to the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determ	nine the number o	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fe : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system		Surcharge
	If any portion of your cable system is located within the top 100 television market and the station is not exemp		for Partially
must a	lso compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A er, if your cable system is wholly located outside all major television markets, complete block A only.		Distant Stations, and
	dentify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	: For each community served, determine the local service area of each wholly distant and each partially distant to that community.	t station you	Stations
Step 2 outside	: For each wholly distant and each partially distant station you carried, determine which of your subscribers we the station's local service area. A subscriber located outside the local service area of a station is distant to the ne token, the station is distant to the subscriber.)		
	: Divide your subscribers into subscriber groups according to the complement of stations to which they are dist	ant. Each	
subscr	iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. No will have only one subscriber group when the distant stations it carried have local service areas that coincide.	te that a cable	
-	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your iber groups.	system's	
In each	section:		
	fy the communities/areas represented by each subscriber group.	to all of the	
subscr	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant ibers in the group.	to all of the	
• lf:	system is located wholly outside all major and smaller television markets, give each station's DSE as you gav	e it in narts 2 3	
, -	of this schedule; or,	c it iii parts 2, 5,	
, ,	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave i · 6 of this schedule.	t in block B,	
• Add t	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the gene e paper SA3 form.	eral instructions	
page. DSEs t	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group for that group's complement of stations and total gross receipts from the subscribers in that group). You do no ctual calculations on the form.	p (that is, the total	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	STEM ID
Name	CMN-RUS, INC.	06263
	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.	

CMN-RUS, INC.	R OF CABL	E SYSTEM:				Sì	O62634	Name
E	FIRST	SUBSCRIBER GROUP		TE FEES FOR EACH	SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	UR/NORTH VERNO	ON	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-				-		Surcharge
								for Partially
		-				H		Distant
								Stations
						0.00 \$ 471,837.90 \$ 0.00		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$ 152,	396.10	Gross Receipts Second	d Group	\$ 47	1,837.90	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GROUP	D			SUBSCRIBER GROUP	D	
COMMUNITY/ AREA	VINCE	INES		COMMUNITY/ AREA	MADISC)N		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+						
						_		
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$</u> 210,	788.40	Gross Receipts Fourth	Group	\$ 34	5,157.38	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	s 1	0,223.86	
	, 1, 5	p=30 = (page 1)				,	-,0.00	

Na	7STEM ID# 062634							
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (B
_	P	SUBSCRIBER GROU	SIXTH		IP	SUBSCRIBER GROU	FIFTH	
Compi		MANCHESTER	NORTH	COMMUNITY/ AREA		SH	WABAS	COMMUNITY/ AREA
ď	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base R					0.25	WFYI-Kids	0.25	WFYI
aı							0.25	WFYI-Create
Synd			*				<u>"</u>	
Exclu								
1								
Surc			.					
fo								
Part								
Dis								
Stat								
						-		
							-	
			.			•	<u>"</u>	
Į								
	0.00			Total DSEs	0.75			Total DSEs
		\$	d Group	Gross Receipts Second	,748.70	\$ 166,	oup	Gross Receipts First Gr
	8,314.30	<u> </u>	a Group	Oross Receipts decond			•	
	58,314.30		и Огоир	Gross Receipts decond				
	0.00	\$		Base Rate Fee Second	,330.65	\$ 1,		3ase Rate Fee First Gr
	0.00		d Group		-	\$ 1,	oup	
	0.00	\$ SUBSCRIBER GROUI	d Group		-	SUBSCRIBER GROU	oup	Base Rate Fee First Gr
	0.00	SUBSCRIBER GROUI	d Group EIGHTH CONNER	Base Rate Fee Second	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNER	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	-	SUBSCRIBER GROU	oup SEVENTH	
	0.00	SUBSCRIBER GROUI	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNER	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	JP	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00 DSE 0.25	\$ SUBSCRIBER GROUI RSVILLE CALL SIGN	EIGHTH CONNEF DSE 0.25	COMMUNITY/ AREA CALL SIGN WFYI WFYI-Create	DSE	SUBSCRIBER GROU	oup SEVENTH HUNTIN	COMMUNITY/ AREA CALL SIGN
	0.00 DSE 0.25 0.75	SUBSCRIBER GROUI RSVILLE CALL SIGN WFYI-Kids	EIGHTH CONNEF DSE 0.25	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN WFYI	DSE O.00	SUBSCRIBER GROUNGTON CALL SIGN	oup SEVENTH HUNTIN	COMMUNITY/ AREA
	0.00 DSE 0.25	SUBSCRIBER GROUI RSVILLE CALL SIGN WFYI-Kids	DSE 0.25	COMMUNITY/ AREA CALL SIGN WFYI WFYI-Create	DSE	SUBSCRIBER GROUNGTON CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN

-	I OCK A		E DACE DA	TE FEES FOR EACH	CLIDCOD	IRED CROLID		
		SUBSCRIBER GRO		 		SUBSCRIBER GROU	IP.	
			O1	COMMUNITY/ADEA			'1	9
COMMUNITY/ AREA	NEW C	431LE		COMMUNITY/ AREA	LEBAN	JN		Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL SIGN	DSL	CALL SIGN	DOL	WIPB	0.25	WIPB-Create	0.25	Base Rate I
				WIPB-Weather	•	WIF D-Cleate	0.23	
	<mark></mark>			vviPb-vveatrier	0.25			and
		-						Syndicate
								Exclusivit
					.			Surcharge
								for
								Partially
		-			ļ			Distant
								Stations
					<u> </u>			
					Ţ		•••••	
Fatal DCF-			0.00	Total DCC-		•	0.75	,
Γotal DSEs			0.00	Total DSEs			0.75	
Gross Receipts First G	roup	\$ 186	5,149.10	Gross Receipts Second	d Group	\$ 1	70,664.00	
Base Rate Fee First G	roup	\$						
		Ψ	0.00	Base Rate Fee Second	d Group	\$	1,361.90	
	I EVENTU							
		SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU		
			UP			SUBSCRIBER GROU		
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA	TWELVTH	SUBSCRIBER GROU	IP	
		SUBSCRIBER GRO	UP	COMMUNITY/ AREA	TWELVTH LAFAYE DSE	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA	TWELVTH LAFAYE DSE	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
COMMUNITY/ AREA	FRANK	SUBSCRIBER GRO	UP DD	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROU	DSE	
CALL SIGN	FRANK	SUBSCRIBER GRO	DSE	COMMUNITY/ AREA CALL SIGN WIPB WIPB-Weather	DSE 0.25	SUBSCRIBER GROU	DSE 0.25	
CALL SIGN	FRANK	SUBSCRIBER GRO LIN/GREENWOC CALL SIGN	DSE DSE O.000	COMMUNITY/ AREA CALL SIGN WIPB	DSE 0.25	SUBSCRIBER GROUETTE CALL SIGN WIPB-Create	DSE 0.25	
CALL SIGN CALL SIGN Fotal DSEs	DSE	SUBSCRIBER GRO LIN/GREENWOC CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN WIPB WIPB-Weather	DSE 0.25 0.25	SUBSCRIBER GROUETTE CALL SIGN WIPB-Create	DSE 0.25	
CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO LIN/GREENWOC CALL SIGN	DSE DSE O.000	COMMUNITY/ AREA CALL SIGN WIPB WIPB-Weather Total DSEs	DSE 0.25 0.25	SUBSCRIBER GROUETTE CALL SIGN WIPB-Create	DSE 0.25	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	SUBSCRIBER GRO LIN/GREENWOC CALL SIGN \$ 499	DSE 0.00 0,943.70	COMMUNITY/ AREA CALL SIGN WIPB WIPB-Weather Total DSEs Gross Receipts Fourth	DSE 0.25 0.25	SUBSCRIBER GROUETTE CALL SIGN WIPB-Create \$ 8	DSE 0.25 0.75 17,423.20	
CALL SIGN CALL SIGN Fotal DSEs	DSE	SUBSCRIBER GRO LIN/GREENWOC CALL SIGN	DSE DSE O.000	COMMUNITY/ AREA CALL SIGN WIPB WIPB-Weather Total DSEs	DSE 0.25 0.25	SUBSCRIBER GROUETTE CALL SIGN WIPB-Create	DSE 0.25	
CALL SIGN CALL SIGN Cotal DSEs Gross Receipts Third G	DSE	SUBSCRIBER GRO LIN/GREENWOC CALL SIGN \$ 499	DSE 0.00 0,943.70	COMMUNITY/ AREA CALL SIGN WIPB WIPB-Weather Total DSEs Gross Receipts Fourth	DSE 0.25 0.25	SUBSCRIBER GROUETTE CALL SIGN WIPB-Create \$ 8	DSE 0.25 0.75 17,423.20	

LEGAL NAME OF OWNE	R OF CABL	E SYSTEM:				S	YSTEM ID# 062634	Name
E	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
THI	RTEENTH	SUBSCRIBER GROU	JP	FOL	RTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	CRAW	FORDSVILLE		COMMUNITY/ AREA	WESTFI	ELD/FISHERS/CA	RMEL/ZIO	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0,122 0.011	202	07.122 01011		07.22 070.1	202	07.122 07017	501	Base Rate Fe
						H		and
							<u></u>	Syndicated
						H		=
						-		Exclusivity
						H		Surcharge
						H		for
								Partially
						H		Distant
								Stations
					.			
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 220	,793.40	Gross Receipts Second	d Group	\$ 28	88,854.70	
Base Rate Fee First G		\$	0.00	Base Rate Fee Second		\$	0.00	
F	IFTEENTH	SUBSCRIBER GROU	JP	S	IXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	PLAINF	TELD/ROMEOVIL	LE	COMMUNITY/ AREA	BLOOM	INGTON		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			•			
		-						
					•			
					•			
		H				H		
						-		
						H		
						H		
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	<u>\$ 110</u>	,580.00	Gross Receipts Fourth	Group	\$ 19	95,067.80	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group a	as shown in the boxes at	ove.	s		
Enter here and in block	,	pass L (page 1)				Ψ		

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Sync	CMN-RUS, INC.							062634	
COMMUNITY/ AREA OSWEGO CALL SIGN DE CALL SI					11			15	
CALL SIGN DSE CALL SIGN				UP	İ				9
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA	OSWEG	30		COMMUNITY/ AREA	BATAVI	A/GENEVA/N AU	RORA/S EL	_
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Synthetic Survival and the state of the stat									Base Rate
			-						and
Fotal DSEs O.00 Total DSEs O.00 Gross Receipts First Group Sase Rate Fee First Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL			-						Syndicat
Pa Di Stress Cotal DSEs									Exclusiv
Fotal DSEs O.00 Total DSEs O.00 Gross Receipts First Group Some Rate Fee First Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL			-						Surcharg
Display the state of the state			-						for
State DSEs			-						Partially
otal DSEs otal D									Distant
Siross Receipts First Group \$ 80,061.60 Sase Rate Fee First Group \$ 15,895.50 Siase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE COMMUNITY/ AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs 0.00 Stross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42 Gross Receipts Fourth Group \$ 7,836.42 Gross Receipts Fourth Group \$ 7,836.42 Gros									Stations
Stross Receipts First Group \$ 80,061.60 Isase Rate Fee First Group \$ 0.00 ININTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs O.00 Total DSEs Gross Receipts Fourth Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42									
Stross Receipts First Group \$ 80,061.60 Gross Receipts Second Group \$ 15,895.50 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/AREA DEKALB/SYCAMORE COMMUNITY/AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs 0.00 Stross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42 Gro									
Stross Receipts First Group \$ 80,061.60 Gross Receipts Second Group \$ 15,895.50 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE COMMUNITY/ AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs 0.00 Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42 Gr									
Stross Receipts First Group \$ 80,061.60 Gross Receipts Second Group \$ 15,895.50 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE COMMUNITY/ AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs 0.00 Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42 Gr									
Gross Receipts First Group Sase Rate Fee Second Group TWENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE COMMUNITY/ AREA CALL SIGN DSE Community Com									
Stross Receipts First Group \$ 80,061.60 Gross Receipts Second Group \$ 15,895.50 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/AREA DEKALB/SYCAMORE COMMUNITY/AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs 0.00 Stross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42 Gro									
Stross Receipts First Group \$ 80,061.60 Gross Receipts Second Group \$ 15,895.50 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 NINTEENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP COMMUNITY/AREA DEKALB/SYCAMORE COMMUNITY/AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Cotal DSEs 0.00 Stross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42 Gro	otal DSEs	<u></u>		0.00	Total DSEs			0.00	
Base Rate Fee First Group NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL			• 90				•		
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL S	Gross Receipts First G	roup	\$ 0	0,061.60	Gross Receipts Second	d Group	\$	15,695.50	
NINTEENTH SUBSCRIBER GROUP COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY DSE CALL SIGN DSE CALL									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY/ AREA LEXINGTON CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CAL	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
COMMUNITY/ AREA DEKALB/SYCAMORE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE COMMUNITY/ AREA LEXINGTON DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE						. О.опр			
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	NI	NTEENTH	SUBSCRIBER GRO	IIP					
Total DSEs 0.00 Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42				UP	T\	WENTIETH	SUBSCRIBER GROU		
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42				UP	T\	WENTIETH	SUBSCRIBER GROU		
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Gross Receipts Third Group \$ 855.60 Gross Receipts Fourth Group \$ 67,836.42	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
	COMMUNITY/ AREA	DEKAL	B/SYCAMORE		T\ COMMUNITY/ AREA	VENTIETH LEXING	SUBSCRIBER GROU	JP	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN	DEKAL	B/SYCAMORE	DSE	CALL SIGN	VENTIETH LEXING	SUBSCRIBER GROU	JP DSE	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN CALL SIGN Total DSEs	DSE	B/SYCAMORE	0.00	CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROUTON CALL SIGN	DSE O.000	
Dase Rate Fee Fourth Group \$ 0.00	CALL SIGN CALL SIGN Fotal DSEs	DSE	B/SYCAMORE	0.00	CALL SIGN CALL SIGN Total DSEs	DSE DSE	SUBSCRIBER GROUTON CALL SIGN	DSE O.000	
	CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	CALL SIGN	0.00 855.60	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	SUBSCRIBER GROUTON CALL SIGN	0.00 67,836.42	
	CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third G	DSE	CALL SIGN	0.00 855.60	CALL SIGN CALL SIGN Total DSEs Gross Receipts Fourth	DSE	SUBSCRIBER GROUTON CALL SIGN	0.00 67,836.42	

CMN-RUS, INC.	ER OF CABLI	E SYSTEM:				S	YSTEM ID# 062634	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCRI	IBER GROUP		
TWE	NTY-FIRST	SUBSCRIBER GROU	JP	TWENT	Y-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALLSION	DOE	CALL SIGN	Dec	CALL SIGN	I DOE	II CALL SIGN	DOE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
						-		and
		-						Syndicated
		-				-		Exclusivity
		-						Surcharge
								for
								Partially
								Distant
								Stations
							2.22	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GROU	JP	TWENT	ΓY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Page Pate For This is	Oracin		0.00	Boso Bets Fee F	h Crou		0.00	
Base Rate Fee Third	Joup	\$	0.00	Base Rate Fee Fourt	п Group	\$	0.00	
Dana Bata Esta Assis	L - 1 · · ·		-11		-h			
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNE CMN-RUS, INC.	R OF CABL	E SYSTEM:	•			SY	STEM ID# 062634	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROUP		^
COMMUNITY/ AREA	GREEN	ICASTLE		COMMUNITY/ AREA	SEYMO	JR/NORTH VERNON		9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
		-						Syndicate
		-				H		Exclusivit
		-			1			Surcharg
		-			1			for
			1					Partially
					1			Distant
		+				=		Stations
		-				-		
						-		
					 	-		
						H	1	
					 			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 152,	396.10	Gross Receipts Second	d Group	\$ 47	1,837.90	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA	VINCE	INES		COMMUNITY/ AREA	MADISC)N		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
		-						
							6	
							6	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 210,	788.40	Gross Receipts Fourth	Group	\$ 34	5,157.38	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subscr	iber group a	II as shown in the boxes at	oove.			
Enter here and in block			3.5%		. = :	\$	0.00	

DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations	EER GROUP SUBSCRIBER GROUP MANCHESTER CALL SIGN	SIXTH	TE FEES FOR EACH COMMUNITY/ AREA CALL SIGN		SUBSCRIBER GROU	FIFTH	В
Computation DSE of Base Rate F and Syndicate Exclusivit Surcharge for Partially Distant Stations	MANCHESTER	NORTH I		P			
Computation DSE of Base Rate If and Syndicate Exclusivit Surcharg for Partially Distant Stations					SH		
DSE of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant Stations	CALL SIGN	DSE	CALL SIGN			WABAS	COMMUNITY/ AREA
and Syndicate Exclusivit Surcharge for Partially Distant Stations				DSE	CALL SIGN	DSE	CALL SIGN
Syndicate Exclusivit Surcharge for Partially Distant Stations		-					
Exclusivit Surcharge for Partially Distant Stations		-					
Exclusivit Surcharge for Partially Distant Stations					-		
Surcharg for Partially Distant Stations							
for Partially Distant Stations		-					
Partially Distant Stations					=		
Distant Stations					+		
Stations					-		
0.00					H		
0.00					-		
0.00					-		
0.00							
0.00							
0.00							
0.00							
			Total DSEs	0.00			otal DSEs
14.30	\$ 58,3	l Group	Gross Receipts Second	748.70	\$ 166,	oup	Gross Receipts First Gr
0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	3ase Rate Fee First Gr
	SUBSCRIBER GROUP	EIGHTH		Р	SUBSCRIBER GROU	SEVENTH	
	SVILLE	CONNER	COMMUNITY/ AREA		NGTON	HUNTIN	COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		-					
		-					
					-		
					H		
		h					
					-		
0.00		<u> </u>	Total DSEs	0.00		<u>ı</u>	otal DSEs
49.74	s 126,3	Group	Gross Receipts Fourth	232.60	s 194,	roup	Gross Receipts Third G
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

NI	YSTEM ID# 062634							CMN-RUS, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
_	Р	SUBSCRIBER GROUP	TENTH		Р	SUBSCRIBER GROU	NINTH	
9 Computa		ON	LEBANC	COMMUNITY/ AREA		ASTLE	NEW C	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndica								
Exclusiv			-					
Surchar		H	-				-	
for		=	-				-	
Partial								
Distan		H	•					
Station	···•							
Station								
1	.	L						
1			-			-	-	
<u> </u>								
	0.00			Total DSEs	0.00			Total DSEs
					149.10	\$ 186,	oup	Gross Receipts First Gr
	70,664.00	<u>\$ 17</u>	d Group	Gross Receipts Second				
	70,664.00	\$ 17	d Group	Gross Receipts Second				
	0.00	\$ 17		Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU		
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Second	0.00		EVENTH	El
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Second	0.00	SUBSCRIBER GROU	EVENTH	El
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	EI COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group TWELVTH LAFAYE	Base Rate Fee Second	0.00 P	SUBSCRIBER GROU LIN/GREENWOOL	EVENTH FRANK	CALL SIGN
	DSE	SUBSCRIBER GROUP ETTE CALL SIGN	d Group TWELVTH LAFAYE DSE	Base Rate Fee Second COMMUNITY/ AREA CALL SIGN	0.00 P DSE	SUBSCRIBER GROU LIN/GREENWOOI CALL SIGN	DSE	EI COMMUNITY/ AREA

	YSTEM ID# 062634						R OF CABLE	CMN-RUS, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (В
9		SUBSCRIBER GROU		FOU	Р	SUBSCRIBER GROU		THIE
Computa	RMEL/ZIO	ELD/FISHERS/CA	WESTFII	COMMUNITY/ AREA		FORDSVILLE	CRAWF	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	DOL	O/ LEE GIGIT	DOL	O/ LEE OF OTT	BOL	OF ILL STOTE	DOL	CALLE GIGIT
and			•				-	
Syndicat			•					
1								
Exclusiv								
Surchar							-	
for								
Partiall								
Distan			•					
Station								
]			†			-		
1								
{	····					••••••		
}								
	0.00			Total DSEs	0.00			otal DSEs
					793.40	\$ 220,	oup	Gross Receipts First Gr
	88,854.70	\$ 2	d Group	Gross Receipts Second		<u> </u>		
		\$ 2	d Group	Gross Receipts Second		,		
		\$ 2		Gross Receipts Second Base Rate Fee Second	0.00	\$		Base Rate Fee First Gr
	0.00		d Group	Base Rate Fee Second	0.00		oup	
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$	oup	FII
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Second	0.00	\$ SUBSCRIBER GROU	oup	FII
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	FII COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU NGTON	d Group IXTEENTH BLOOMI	Base Rate Fee Second S COMMUNITY/ AREA	0.00 P LE	SUBSCRIBER GROU	oup TEENTH PLAINF	CALL SIGN
	0.00 P DSE	SUBSCRIBER GROUNGTON CALL SIGN	d Group IXTEENTH BLOOMI DSE	Base Rate Fee Second S COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU EIELD/ROMEOVILI CALL SIGN	DSE	FII COMMUNITY/ AREA

	O62634	513				E STSTEWI.	R OF CABLE	CMN-RUS, INC.
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A:	В
•		SUBSCRIBER GROUP	HTEENTH	EIG	IP	SUBSCRIBER GROU	ITEENTH	SEVEN
9 Computat	RA/S EL	A/GENEVA/N AURC	BATAVI	COMMUNITY/ AREA		30	OSWE	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Syndicate								
Exclusivi								
Surcharg	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
for								
Partially	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Distant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Stations								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	0.00			Total DSEs	0.00			otal DSEs
	5,895.50	s 15	l Group	Gross Receipts Second	,061.60	\$ 80,	oup	Gross Receipts First Gr
	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	VENTIETH	TV	IP	SUBSCRIBER GROU	ITEENTH	NIN
						DIOVOARAODE	D = 1 / A 1	COMMUNITY/ AREA
		TON	LEXING	COMMUNITY/ AREA		B/SYCAMORE	DEKAL	SOMMOTH 1774 ALEX
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
	DSE				DSE			
				CALL SIGN				CALL SIGN
	DSE				DSE			CALL SIGN
		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	

Name	962634	S				E SYSTEM:	R OF CABLE	LEGAL NAME OF OWNEF CMN-RUS, INC.
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
Computa	COMMUNITY/ AREA 0					0		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						-		
and		_	•			-		
Syndicat Exclusiv								
Surchar								
for								
Partiall								
Distan		=						
Station								
	0.00			Total DSEs	0.00			otal DSEs
					0.00	\$	nun	Gross Receipts First Gro
	0.00	\$	d Group	Gross Receipts Secon	0.00	Ψ	Jup	
		\$	d Group	Gross Receipts Secon			sap	·
		\$		Base Rate Fee Secon	0.00	\$		·
	0.00		d Group	Base Rate Fee Secon	0.00		oup	ase Rate Fee First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	iase Rate Fee First Gro
	0.00 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	iase Rate Fee First Gro
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	ase Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	ase Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Sase Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Sase Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Sase Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gro TWENT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gro TWENT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gro TWENT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gro TWENT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Green TWENT
	0.00 0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon TWENT COMMUNITY/ AREA	0.00 P	\$ SUBSCRIBER GROU	Y-THIRD	Base Rate Fee First Gro TWENT COMMUNITY/ AREA
	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group	TWENT COMMUNITY/ AREA CALL SIGN	0.00 P OSE	\$ SUBSCRIBER GROU	THIRD DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00 0.00 DSE 0.00	SUBSCRIBER GROUND CALL SIGN	d Group	TOTAL DSES	0.00 P	SUBSCRIBER GROU CALL SIGN	THIRD DSE	TWENT COMMUNITY/ AREA CALL SIGN