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					
9-3-19	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2019/1								
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the crate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the single statement of account and royalty fee payment covering the error Check here if this is the system's first filing. If not, enter the system's SHELLSBURG CABLEVISION, INC	ne business of the cable systements of the owner on the last day of the other of the last day of the owner on the last day of the owner on the last day of the owner o	em the accounting period should s y the Licensing Division.						
				02496520191					
				024965 2019/1					
	PO BOX 390 SHELLSBURG, IA 52332-0390								
С	INSTRUCTIONS: In line 1, give any business or trade names u								
	names already appear in space B. In line 2, give the mailing ad	aress of the system, if allie	erent from the address give	ii iii space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b.	Identify only the frst comm	nunity served below and rel	ist on page 1b					
Area	with all communities.	<u> </u>							
Served	CITY OR TOWN	STATE							
First Community	SHELLSBURG	IA							
Johnnanty	Below is a sample for reporting communities if you report mul	·		OUR ORR#					
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP	SUB GRP#					
Sample	Alliance	MD	A B	2					
	Gering	MD	В	3					
	•		<u> </u>						

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

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
SHELLSBURG CABLEVISION, INC			024965						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses									
below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank. If levant community	f you report any st with a subscriber	ations group,						
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
SHELLSBURG	IA			First					
ALBURNETT	IA			Community					
URBANA	IA								
CENTER POINT	IA								
CENTRAL CITY ROBINS	IA IA								
BLAIRSTOWN	IA IA			See instructions for additional information					
BELLE PLAINE	IA			on alphabetization.					
MARENGO	IA								
				Add rows as necessary.					
				Add Tows as flecessary.					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:
SHELLSBURG CABLEVISION, INC
SYSTEM ID#
024965

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
 Service to first set 	273	\$	67.89	BASIC W/HD	4	\$	84.84
 Service to additional set(s) 				DIGITAL	214	\$	81.45
FM radio (if separate rate)				DIGITAL W/HD	60	\$	92.69
Motel, hotel	49	\$	20.09	FTTH BASIC	215	\$	74.67
Commercial	56	\$	13.92	FTTH EXPANDED	79	\$	87.10
Converter				FTTH BASIC W/HD	455	\$	89.36
Residential				FTTH EXPANDED W/HD	755	\$	101.79
Non-residential				LOCAL PROGRAMMING	2,054	\$	19.23
		. ,				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	F	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential					
Pay cable		Motel, hotel					
 Pay cable—add'l channel 		Commercial			Ī		
Fire protection		Pay cable					
•Burglar protection		 Pay cable-add'l channel 					
Installation: Residential		Fire protection			Ī		
First set		Burglar protection					
 Additional set(s) 		Other services:					
• FM radio (if separate rate)		Reconnect	\$	40.00			
Converter		Disconnect					
		Outlet relocation	\$	65.00	ľ		
		Move to new address	\$	65.00	ľ		

FURINI SAJE. PAGE 3.					OVOTEM ID	. 1
SHELLSBURG					SYSTEM ID# 024965	Namo
PRIMARY TRANSMITT	ERS: TELEVISION	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba	system during to tions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 4), or 76.63 (d in the next	g period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carring the carriage of cert (1(e)(2) and (4))];	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give th its community of licens on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the st planation of local serv Column 5: If your cable system carried t carried the distant stat For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these th Column 6: Give th	CC rules, regular here in space only on a subs and also in spanformation concorm. In associated with a sociated with a sociated with a sociated with a sociated with a see. For example yetem carried the in each case of a see terms, see tation is outside itee area, see privave entered "Y the distant statiction on a part-till sion of a distant tentered into o a primary trans simulcasts, also here categories e location of each	ations, or auth G—but do list itute basis. ace I, if the staterning substitute basis. It is sign. Do not a station ac streams must be the FCC has a station. Whether the station. Whether the station. Whether the station accommercial page (v) of the local serior dumin during the me basis becamulticast stream or before Jumitter or an accenter "E". If a see page (v) ch station. For the station. For the station. For the station.	tit in space I (the tit in space I) (the tit in spa	ne Special Statemed do both on a substins, see page (v) on program service er-the-air designate column 1 (list each the television standington, D.C. This bork station, an indiffer network multiple or "E-M" (for none ctions located in the television slocated in the plete column 5, and indicate by endetivated channel subject to a royalt etween a cable sy esenting the primal channel on any of instructions located list the communit	tent and Program Log)—if the situte basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multish stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. es". If not, enter "No". For an exemple paper SA3 form. stating the basis on which your attering "LAC" if your cable system	Television
Note: If you are utilizing	ng multiple chai		·	•	channel line-up.	
	Т	CHANN	EL LINE-UP	AA		
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	
KGAN	2	N	No		CEDAR RAPIDS, IA	
KWWL	7	N	No		WATERLOO, IA	See instructions for
KCRG	9	N	No		CEDAR RAPIDS, IA	additional information on alphabetization.
KRIN	12	N	No		WATERLOO, IA	on aiphabetization.
KWKB	20	N	No		IOWA CITY, IA	
KFXA	28	N	No		CEDAR RAPIDS, IA	
KPXR	48	N	No		CEDAR RAPIDS, IA	

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
SHELLSBURG	CABLEVISI	ON, INC			024965				
PRIMARY TRANSMITTE	ERS: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"									
(for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you have cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see pation is outside ice area, see paave entered "Yche distant static ion on a part-tirision of a distant tentered into or a primary transisimulcasts, also aree categories, e location of ea Canadian statio	oncommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If , see page (v) ch station. Foons, if any, give	I educational), o e general instruc- vice area, (i.e. "o general instructi 4, you must cor- accounting perio ause of lack of a eam that is not s une 30, 2009, be ssociation repre- you carried the o) of the general in or U.S. stations, if e the name of the	or "E-M" (for nonco ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by enter ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community	ommercial educational multicast). The paper SA3 form. The paper SA				
rote. If you are dailed			EL LINE-UP		onamier inte up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
SHELLSBURG	CABLEVISI	ON, INC			024965	ramo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational) or "E-M" (for noncommercial educational) multicast							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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SHELL SBURGE CABLE VISION, INC 24965 PRIMARY TRANSMITTERS: TELEVISION In General: In again, e.g., persently every terevision station (including translator stations and low power television stations) carried by your calce system during the accounting period, cacept (1) stations carried only on a part-time basis under protect by septem during the accounting period, cacept (1) stations carried only on a part-time basis under protect by septem during the accounting period, cacept (1) stations carried only on a part-time basis under protect for the period of	FORM SA3E. PAGE 3.						
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 75.59(d)(2) and (4), 76.61(e)(2) and	LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	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 (!) 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(q)(2) and (4), 76.61(e)(2) and (4), 07.6.63 (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 ((the Special Statement and Program Log)—if the station was carried only on a substitute basis is stations. Such station set carried only on a substitute basis. It is station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is 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), "H" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) or "E-M" (for noncommercial educational) or "E	SHELLSBURG	CABLEVISI	ON, INC			024965	Nume
Courted by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules an effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4)), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams ans an VeTA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example wWETA-simulcast). Column 2: Isi each station according to its over-the-air designation. For example, report multicast, inclicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "-M" (for independent multicast), "E" (for noncommercial educational multicast), see the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating	PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL SIGN 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	PRIMARY TRANSMITTI In General: In space (carried by your cable stock rules and regulate 76.59(d)(2) and (4), 76 substitute program bas Substitute program bas Substitute Basis Subasis under specifc Fo Do not list the station was carried List the station here, basis. For further in in the paper SA3 fo 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 multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you have cable system carried the cable system and attion "E" (exempt). For explanation of these the state of the state state of the system and attion "E" (exempt). For explanation of these the substitution of these the substitution of the state state the state state of explanation of these the system and attion "E" (exempt). For explanation of these the substitution of these the substitution of the set the state of the system and attion "E" (exempt). For explanation of these the substitution of the set the substitution of the substitution of the set the substitution of the substitution of the set the substitution of the substitution of the set the substitution	ERS: TELEVISIO G, identify ever system during to ions in effect or ions in estations. With in exterior in space or only on a subs and also in space formation condrum. In station's call associated with ions echannel numbers ions echannel n	y television state accounting an June 24, 19, 4), or 76.63 (and in the next prespect to any factorial titute basis. The accounting substitute basis. The accounting substitute basis accounting substitute basis. The accounting substitute basis accounting substitute as the accounting substitute and accounting the accounting to the accounting	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to report origination cording to its own to be reported in the station is a network to annel 4 in Wash tation is a network to annel 4 in Wash tation is a network of the stationally of the general instructive area, (i.e. "of general instructional instruc	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitution, see page (v) on a program services the television station of the television of	and low power television stations) Id only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form which your tering "LAC" if your cable system capacity. The paper SA3 form association representing the pasis, enter "O." For a further d in the paper SA3 form.	Primary Transmitters:
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE			. ,		•		
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION CHANNEL OF (Yes or No)	Note. Il you are utilizii	ig multiple chai			· .	Charmer inte-up.	
SIGN CHANNEL OF (Yes or No) CARRIAGE	4 0411	2 P'CAST				6 LOCATION OF STATION	
		CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
SHELLSBURG	CABLEVISI	ON, INC			024965				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"									
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Treater in you are atmen	.9		EL LINE-UP	<u>'</u>	onamie ime up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name			
SHELLSBURG	CABLEVISI	ON, INC			024965				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for ind									
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Total in you are utilizing	Ig manipic onai		EL LINE-UP	<u>'</u>	onamier inte up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine and consine as explaine stations: With recording the consideration of the consideration	ne accounting In June 24, 198 4), or 76.63 (r d in the next prespect to any titions, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not r in a station acc streams must over the FCC h	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ov- be reported in our	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the second program service that the second	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
on which your cable sy Column 3: Indicate educational station, by (for independent multion For the meaning of the Column 4: If the st planation of local servic Column 5: If you had be system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	e in each case varied the in each case varieting the le cast), "E" (for no ese terms, see partie in each case ave entered "Ye ave entered "Ye in on a part-tirion of a distant the entered into on a primary transisimulcasts, also aree categories, e location of ea Canadian statio	ne station. whether the st tter "N" (for ne concommercial coage (v) of the the local serv age (v) of the commercial coage (v) of the commercial coage (v) of the commercial coage (v) of the coage (v) coag	ation is a netwo etwork), "N-M" (I educational), o e general instruc- vice area, (i.e. "c general instruct- 4, you must cot ause of lack of a earn that is not s are 30, 2009, be association repre you carried the of the general in r U.S. stations, e the name of the	ork station, an indefor network multic or "E-M" (for noncotions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel or subject to a royalty stween a cable systement or any of instructions locate list the community with	ependent station, or a noncommercial ast), "I" (for independent), "I-M" ommercial educational multicast). The paper SA3 form. It not, enter "No". For an experiment of the basis on which your stating the basis on which your capacity. It payment because it is the subject of the stating as association representing the payment because it is the subject of the stating as association representing the payment basis, enter "O." For a further did in the paper SA3 form. It to which the station is licensed by the payment is dentified.	
		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	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
SHELLSBURG	CABLEVISI	ON, INC			024965		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (!) stations carried only on apt-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by concommercial educational, or "E-M" (for noncommercial educational multicast). "E" (for noncommercial educational) or "E-M" (for noncommercial educational multicast). For fine paper SA3 form. Column 4: If the station is outsi							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable set FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Set basis under specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of 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	G, identify every system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard y television y television standard y television y tele	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its ow- be reported in or ass assigned to pannel 4 in Wash	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you have cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see ation is outside ce area, see pa ave entered "Yi he distant static ion on a part-tiricion of a distant a entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an action enter "E". If , see page (v) ch station. Forns, if any, giv	I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting period accounting that is not some 30, 2009, be association repressociation r	or "E-M" (for nonco ctions located in the distant"), enter "Yelions located in the mplete column 5, and. Indicate by en- activated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions located list the community me community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the match which the station is identifed.	
Note: If you are utilizing	ig manipic chai		EL LINE-UP	<u>'</u>	channel inte-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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LEGAL NAME OF OWN						
	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases in the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(y television standard y television y television standard y television y tele	g period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the station was carried that basis station was carried that basis station report origination cording to its own be reported in contact as assigned to the station is a netwo	(1) stations carried carriage of certain (e)(2) and (4))]; as a carried by your cast of a carried by your carried by your cast of a carried by your carr	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other at the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example and for broadcasting over-the-air in any be different from the channel appendent station, or a noncommercial	G Primary Transmitters: Television
(for independent multi- For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Ythe distant station on a part-tirision of a distant tentered into or a primary trans simulcasts, also ree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an accenter "E". If , see page (v) ch station. Forns, if any, giv	I educational), of general instructivice area, (i.e. "or general instruction 4, you must confuse of lack of a geam that is not some 30, 2009, be association repreyou carried the or of the general in U.S. stations, et the name of the	or "E-M" (for nonco- ctions located in the distant"), enter "Ye- ions located in the mplete column 5, sod. Indicate by enti- ctivated channel of subject to a royalty steween a cable sys- senting the prima channel on any of instructions locate list the community	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the m which the station is identifed.	
Note: If you are utilizing	ig multiple chai		EL LINE-UP		chariler inc-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTE		Name
SHELLSBURG	CABLEVISI	ON, INC			02	24965	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	DN .		-			
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Subsis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system 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 even the system during the ions in effect or 6.61(e)(2) and (6.51(e)(2) and (6.51(y television standard page (v) of the local servage (v) of the local se	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: to the station was carried ute basis station eport origination cording to its own be reported in common as assigned to annel 4 in Wash ation is a network), "N-M" (I educational), one general instructive area, (i.e. "or general instructive area, (i.e. "constant of lack of a stam that is not some 30, 2009, be association repression of the general in tructive area of the general in the control of the general in the contr	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substiffus, see page (v) of the program service to the television statistication, D.C. This the television statistication, D.C. This the television statistication, on the television of the television statistication, on the television of the television statistication, on the television statistication, on the television statistication, on the television statistication, on the television statistication of the television of the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system		G Primary Transmitters: Television
Note: If you are utilizing	ig multiple char	inei iine-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		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
SHELLSBURG	CABLEVISI	ON, INC			024965	ramo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space (1) (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "For for network mul							
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	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		
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FORM SA3E. PAGE 3.						, -	
LEGAL NAME OF OWN	ER OF CABLE SY	'STEM:			SYSTEM ID#	Name	
SHELLSBURG	CABLEVISI	ON, INC			024965	Namo	
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), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the l							
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.							
Note: If you are utilizin	g multiple char	• •	•		cnannei iine-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						T
LEGAL NAME OF OWN					SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasi	G, identify even system during the ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2	y television state he accounting in June 24, 194, or 76.63 (red in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state erning substitions in a station account of the state of the station. Whether the state of the local server in column on during the ame basis becard multicast stream or before Jumitter or an associated of the station. For the station is the station of the station or before Jumitter or an associated of the station. For the station is the station in the station or before Jumitter or an associated of the station. For the station is the station in the station is the station.	period, except 81, permitting the referring to 76.6 paragraph. A distant stations orizations: at it in space I (the stion was carried the basis station to the period of the reported in the stion is a network of the stion in the stion is a network of the stion in th	(1) stations carried to carriage of certa- tile (2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on a program service the er-the-air designation of the television statisticity of the television statisticity, enter "Yesions located in the mplete column 5, and Indicate by enticity at the total statisticity of the televisions located in the statisticity of the televisions located in the telev	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters: Television
Note: If you are utilizing	ig manipic onai	•	·		onamici inic up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine and consine as explaine stations: With recording the consideration of the consideration	ne accounting In June 24, 198 4), or 76.63 (r d in the next prespect to any titions, or auth G—but do list titute basis. Ince I, if the sta erning substit sign. Do not r in a station acc streams must over the FCC h	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination coording to its own be reported in of as assigned to the	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the second program service that the second	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example ion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable's FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each cach multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(y television standard programmer of the accounting of June 24, 194, or 76.63 (Id) do in the next prespect to any ations, or auth G—but do listitute basis. In the standard programmer of the station account of the station account of the station. It is the station of the station.	g period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried to the stion was carried to the stion was carried to the stion was station to the period of the reported in the reported in the stion was assigned to the stion is a network attion is a network.	(1) stations carried ecarriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This ork station, an index of the station of the sta	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial	G Primary Transmitters: Television
(for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you have cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see ation is outside ce area, see pa ave entered "Yi he distant static ion on a part-tiricion of a distant a entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis beca multicast stre n or before Ju mitter or an are o enter "E". If , see page (v) ch station. Fo ns, if any, giv	I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting period accounting that is not some 30, 2009, be association repressociation r	or "E-M" (for nonco ctions located in the distant"), enter "Yei ions located in the mplete column 5, od. Indicate by en activated channel of subject to a royalty etween a cable sy- senting the prima channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
Total in you are utilizate			EL LINE-UP	<u>'</u>	onamier inte up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
SHELLSBURG	CABLEVISI	ON, INC			024965	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space (carried by your cable set FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute Basis Set basis under specific FC Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 of 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	G, identify every system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard y television y television standard y television y tele	g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its ow- be reported in or ass assigned to pannel 4 in Wash	(1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
(for independent multice. For the meaning of the Column 4: If the step planation of local service Column 5: If you have cable system carried the carried the distant state. For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	cast), "E" (for no ese terms, see ation is outside ce area, see pa ave entered "Yi he distant station on a part-tiricion of a distant tatent entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	oncommercia page (v) of the the local servage (v) of the es" in column on during the me basis becar multicast streen or before Jumitter or an accenter "E". If , see page (v) ch station. Forns, if any, giv	I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting period accounting period by a congeneral in the second accounting period accounting period accounting period accounting the second accounting the s	or "E-M" (for nonco ctions located in the distant"), enter "Yelions located in the mplete column 5, and. Indicate by en- lictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions located list the community	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If the town of the station is licensed by the match which the station is identified.	
Note: If you are utilizing	ig multiple chai		EL LINE-UP		channer inte-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name	
SHELLSBURG	CABLEVISI	ON, INC			024965		
PRIMARY TRANSMITTI	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for independent multicast), "F" (for noncommer							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
SHELLSBURG	CABLEVISI	ON, INC			024965	ramo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (!) stations carried only on apt-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by concommercial educational, or "E-M" (for noncommercial educational multicast). For for herefore a see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service a							
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1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN					SYSTEM ID#	Name		
SHELLSBURG	CABLEVISI	ON, INC			024965			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in								
its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.								
		CHANN	EL LINE-UP	AT				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM ID#	Name			
SHELLSBURG	CABLEVISI	ON, INC			024965				
PRIMARY TRANSMITTE	RS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial									
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed.									
Note: If you are utilizing	- Inditiple chai		EL LINE-UP		channer inte-up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
	<u> </u>	<u> </u>			<u> </u>				
	<u> </u>	<u> </u>			<u> </u>				

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
SHELLSBURG	CABLEVISI	ON, INC			024965	ramo		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(d)(2) and (4), 76.61 (e)(2) and (4), 76.63 (referring to 76.61 (e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent) multicast). For the meaning of these terms, see page (v) of the general instructions located in t								
Note: If you are utilizing	Ig manapic chai	•	•	•	спатнетине-ар.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
SHELLSBURG	CABLEVISI	ON, INC			024965	Traine		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast stream suscoiated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multic								
of a written agreement the cable system and a tion "E" (exempt). For	t entered into on a primary transi simulcasts, also	n or before Ju mitter or an as o enter "E". If	ne 30, 2009, be ssociation repre you carried the	etween a cable system esenting the primar channel on any ot	stem or an association representing			
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	to which the station is licensed by the which the station is identifed.			
	T	CHANN	EL LINE-UP	AW				
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)				
	••••••••							
					<u> </u>			
					<u> </u>			
					<u> </u>			
	∔							

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 024965 SHELLSBURG CABLEVISION, INC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/1		
LEGAL NAME OF OWNER OF SHELLSBURG CABLE							024965	Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further										
explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program.										
broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.										
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
S	UBSTITUT	E PROGRAM	l		N SUBST		7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES TO	DELETION			
						<u>–</u> –				
						_				
						<u>–</u> –				
						_				
						<u>-</u>				
						_				
						<u> </u>				
						_				

ACCOUNTING PERIOD: 2019/1 FORM SA3E, PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 024965 SHELLSBURG CABLEVISION, INC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE **FROM** TO DATE **FROM** TO

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

	AL NAME OF OWNER OF CABLE SYSTEM: ELLSBURG CABLEVISION, INC	SYSTEM ID# 024965	Name						
Inst all a (as	OSS RECEIPTS Tructions: The figure you give in this space determines the form you fle and the amoun Immounts (gross receipts) paid to your cable system by subscribers for the system's sece Identified in space E) during the accounting period. For a further explanation of how to a Eq. (vii) of the general instructions.	ondary transmission service	K Gross Receipts						
IMP	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 1,140,901.48 (Amount of gross receipts)							
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should back 3 below.	e entered on line 1 of							
3 be	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.								
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered on line							
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K								
	Line 1. Effect the amount of gloss receipts from space R Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	φ 1,140,301.40							
	This is your minimum fee.	\$ 12,139.19							
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period of Yes—Complete the DSE schedule. No—Leave block 3 below blank and the space of the space	nn 4, you must check							
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	_\$ -							
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00							
	Line 3. Add lines 1 and 2 and enter here	\$ -							
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	\$ 12,139.19	Cable systems submitting						
	(block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		additional 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								
	EFT Trace # or TRANSACTION ID #		additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (See page (i) of the general instructions located in the paper SA3 form and the Excel instructions tab for more information.)								

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 024965									
	SHELLSBURG CABLEVISION, INC	J27303									
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations										
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services										
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)										
Be Contacted for Further Information	Name Jody Traut Telephone 319-436-2224										
	Address 124 Main St, PO Box 390 (Number, street, rural route, apartment, or suite number)										
	(Number, street, rural route, apartment, or suite number) Shellsburg, IA 52332										
	(City, town, state, zip)										
	Email apinvoice@usacomm.coop 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) I am the owner of the cable system as identifed in line 1 of space B; or										
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	d									
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable sys in line 1 of space B.	stem									
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]										
	X /S/ Curtis Eldred										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting										
	Typed or printed name: Curtis Eldred										
	Title: General Manager (Title of official position held in corporation or partnership)										
	Date: August 27, 2019										

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

	EM ID# Name	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receip Exclusion	,
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	t. Q	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment	t
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the origina filing.	ıl	
Owner Address		
First community served Accounting period ID number		

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

ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

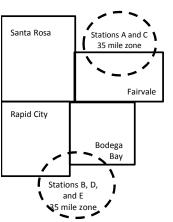
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		40,0000			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

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

ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)					STEM ID#			
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
•	SHELLSBURG CABLEVISION, INC 02								
	SUM OF DSEs OF CATEGOR	RY "O" STATIO	NS:						
	 Add the DSEs of each station 								
	Enter the sum here and in line	1 of part 5 of thi	s schedule.		0.00				
	Instructions:			•		-			
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	s identified by t	he letter "O" in column 5				
Computation	of space G (page 3). In the column headed "DSE"	's for each inden	andont station, give the DSI	= 00 "1 0": for	anch natwork or nancom				
of DSEs for	mercial educational station, give			= as 1.0 , 101	each network of noncom-				
Category "O"	January State of the State of t		CATEGORY "O" STATION	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									
				 		<u> </u>			
				 		<u> </u>			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC							024965
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. TYPE		SE
			÷		=	<u>x</u>	=	
						x x		
			÷		=	x	=	
			÷		=	x	=	
							<u>=</u> =	
			÷		=	x	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of p		hedule,	▶	0.00		
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).							
	1			BASIS STATION			T	T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBI OF DAY IN YEA	rs	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷ -	=
				= =			÷	
		÷		=			÷	=
		÷	-	=			÷	<u> </u>
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,							
5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system.							
Total Number	1. Number of DSEs from part 2 ● ▶ 0.00							
of DSEs	2. Number of DSEs from part 3 ●							
	3. Number o	f DSEs from part 4 ●	·			>	0.00	
	TOTAL NUMBE	R OF DSEs					-	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

SHELLSBURG							S	YSTEM ID# 024965	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
	•		BLOCK A: 1	ELEVISION M	ARKETS				Computation of
_	1981?	schedule—[•	aller markets as de				gulations in	3.75 Fee
		BLOG	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sche	ons prior to Jui dule. (Note: Tl	part 2, 3, and 4 o ne 25, 1981. For fo ne letter M below r Act of 2010.)	urther explana	ation of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions fc E Carried pursu *F A station pre	ules and reguled pursuant to as defined to all educations of the station (76. or DSE schedant to individuationally carried JHF station was and to station was a station wa	lations cited be to the FCC mand in 76.5(kk) (7 all station [76.565) (see paragulule). Lual waiver of Fed on a part-ting grade-Berthin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g	n June 24, 198 i), 76.61(b)(c), ii) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
		<u> </u>							
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply I	ine 4 by 0.0375	and enter si	ım here						partially permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				x	<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

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	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:								S	YSTEM ID#	#
Name	SHELLSBURG	CABLEVIS	ION, INC									024965	5
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	A—Part-time sp. 76.59(B—Late-night pr. 76.61(S—Substitute ca. genera. Column 5: Indicate. Column 6: Compare.	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of cCC rules and ecialty program (d)(1),76.61(e) (e)(3)). Carriage under all instructions the station's Ee the DSE figures and column 3 co	1981, und ach distant his station g period a arriage on regulations mming: Carriage un certain FC in the pap OSE for the part of part 6 for put give in course listed on gi	er former t station ic for a sing nd year in which th s cited be arriage, o 6.63 (referencer FCC) are resulted to the common of the common or this staticular to the column or this staticular to the staticular to the columns of the	FCC rules go dentifed by the gle accounting n which the ca e station was e station was to a part-time bring to 76.61(e) rules, section regulations, or orm. accounting pens 2 and 5 and tion. 2, 3, and 4 must	ver let per rria carri tho pasi)(1) is 7 au riod I lis	rnin tter rioc age ried ose is, c)). 76.5 utho d as	g part-time and sub "F" in column 2 of part, occurring between and DSE occurred by listing one of the in effect on June 24 of specialty program (59(d)(3), 76.61(e)(3) rizations. For further secomputed in parts the smaller of the two	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming unde h, or 76.63 (er explanation 2, 3, and 4 of figures he	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedule. This figure	ene 30, 19 ections vi) of the should be	981 ne entere	
		PERMITT	ED DSE F	OR STA	TIONS CARRI	ED	0	N A PART-TIME AN	ID SUBSTI	TUTE BASIS			
	1. CALL	2. PRIC			COUNTING			4. BASIS OF	1	RESENT	6. P	ERMITTED	_
	SIGN	DSE			ERIOD			CARRIAGE		DSE		DSE	
												_	
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7 Computation of the Syndicated	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks	d C blank	and complete			8 of the DSE sched					
Exclusivity													
Surcharge	Is any portion of the or	cable system v	vithin a top	100 majo	r television ma	rke	t as	defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
· ·	Yes—Complete	hlocke B and		•			ı	No—Proceed to	nart 8				
	1 cs—complete	blocks b and					L	110-1 100000 10	parto				
	BI OCK B: C	arriage of VHI	E/Grade B	Contour	Stations			RI OCK	C: Compi	tation of Exem	nt DSE	,	_
		arriage of VHF				_					•		_
	Is any station listed in commercial VHF stati or in part, over the ca	ion that places	•	•			nit	as any station listed y served by the cab former FCC rule 76	le system p				
	Yes—List each s	tation below wi	th its appro	priate perr	nitted DSE		lг	Yes—List each st	ation below	with its appropria	ate permi	tted DSE	
	X No—Enter zero a							No—Enter zero a			·		
					T	,	l		T T	T			ı
	CALL SIGN	DSE	CALL	SIGN	DSE		-	CALL SIGN	DSE	CALL SIG	N	DSE	l
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			TOTAL	. DSEs	0.00]				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC	SYSTEM ID# 024965	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,140,901.48	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here	_	
	E. Add lines A and D. This is your surcharge.		
	Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. \$\$\$\$\$		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	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. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			STEM ID#
	,	SHELLSBURG CABLEVISION, INC	024965
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
8 Computation	You m 6 was In blo	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	_	our cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
	Ŀ		
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	1	Enter the amount of gross receipts from space K (page 7) ▶\$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
		(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	_
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1)	_
		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)	0.00
		Base Rate Fee	<u></u>

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2019/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC	SYSTEM ID# 024965	Nama
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and le	eave section 3 blank.	
A. Enter 0.01064 of gross receipts (the amount in section 1)	<u>\$</u>	8
B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of Base Rate Fee
C. Multiply line B by 3.000 and enter here	▶ \$	Buos ruto r oo
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	
IMPORTANT: It is no longer necessary to report television signals on a system-wid instead be reported on a community-by-community basis (subscriber groups) if the		0
Space G. In General: If any of the stations you carried were partially distant, the statute allow	vs you in computing your base rate fee, to exclude	9
receipts from subscribers located within the station's local service area, from your s exclusion, you must:		Computation of
First: Divide all of your subscribers into subscriber groups, each group consisting e station or the same group of stations. Next: Treat each subscriber group as if it wer DSEs and the portion of your system's gross receipts attributable to that group, and Finally: Add up the separate base rate fees for each subscriber group. That total is	e a separate cable system. Determine the number of d calculate a separate base rate fee for each group.	Base Rate Fee and Syndicated Exclusivity Surcharge
NOTE: If any portion of your cable system is located within the top 100 television m also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this if your cable system is wholly located outside all major television markets, complete	narket and the station is not exempt in part 7, you must scase, complete both block A and B below. However,	for Partially Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1: For each community served, determine the local service area of each whol carried to that community.	ly distant and each partially distant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, detern outside the station's local service area. A subscriber located outside the local service the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement subscriber group must consist entirely of subscribers who are distant to exactly the system will have only one subscriber group when the distant stations it carried have	same complement of stations. Note that a cable	
Computing the base rate fee for each subscriber group: Block A contains sepa groups. In each section:	rate sections, one for each of your system's subscriber	
Identify the communities/areas represented by each subscriber group.		
Give the call sign for each of the stations in the subscriber group's complement—subscribers in the group.	that is, each station that is distant to all of the	
 If: 1) your system is located wholly outside all major and smaller television markets, gi and 4 of this schedule; or, 	ive each station's DSE as you gave it in parts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give part 6 of this schedule.	each station's DSE as you gave it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular sul	bscriber group.	
• Calculate gross receipts for the subscriber group. For further explanation of gross in the paper SA3 form.	receipts see page (vii) of the general instructions	
 Compute a base rate fee for each subscriber group using the formula outline in bl page. In making this computation, use the DSE and gross receipts figure applicabl DSEs for that group's complement of stations and total gross receipts from the subscriber. 	e to the particular subscriber group (that is, the total	

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 024965 SHELLSBURG CABLEVISION, INC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
SHELLSBURG CA	BLEVIS	ION, INC					024965	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	FIRST	SUBSCRIBER GROU	ΙP		SECONE	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	SHELL	SBURG, IA		COMMUNITY/ ARE	Α		0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
		-						Syndicated
								Exclusivity
		-						Surcharge
		-						for
								Partially
								Distant
								Stations
								
								
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	s 1,140	,901.48	Gross Receipts Sec	ond Group	\$	0.00	
0.000 . 1000.ptoot 0	. очр		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. CCC 1000.ptc CCC	ona oroap	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	IP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	11111112	OGBOOKIBEK OKOO	0	COMMUNITY/ ARE		- COBCOTTIBLIT ONC	0	
COMMONITI // AREA				COMMONT IT AIRE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DOE	
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		_	+		•••••			
		-			•••••			
Total DSEs			0.00	Total DSEs			0.00	
	Croup.	•	0.00		rth Crown	.		
Gross Receipts Third (oloup	Ф	0.00	Gross Receipts Fou	rui Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
					<u> </u>			
Base Rate Fee: Add th	ne base ra t	te fees for each subsc	riber group	as shown in the boxes	s above.			
Enter here and in block			5 F			\$	0.00	
						I	1	

SHELLSBURG CABLEVIS	BLE SYSTEM: BION, INC				S	YSTEM ID# 024965	Name
BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO		<u> </u>		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u> </u>				<u> </u>		Base Rate
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	H	···			-		Syndicate Exclusivi
	H	···			 	····	Surcharg
							for
							Partially
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Fotal DSEs		0.00	Total DSEs			0.00	
	•			and Croup	•	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTH	SUBSCRIBER GRO	UP		FIGHTH	SUBSCRIBER GROU	IP	
			 	LIGITIT	COBCOLLIBER CITO	51	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN		COMMUNITY/ ARE		CALL SIGN		
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CALL SIGN DSE	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

Name	024965							SHELLSBURG CA
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	_OCK A: 0	Bl
9		SUBSCRIBER GROU	TENTH			SUBSCRIBER GROU	NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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=		\$ SUBSCRIBER GROU		Base Rate Fee Secon		\$ SUBSCRIBER GROU		
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	JP '				JP			El
-	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROL	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	LEVENTH	EI COMMUNITY/ AREA
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LEGAL NAME OF OWN SHELLSBURG C						S	YSTEM ID# 024965	Name
E	BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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						-		Partially
								Distant
						-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

ار	YSTEM ID# 024965	S					R OF CABL	SHELLSBURG CA
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl
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LEGAL NAME OF OWN SHELLSBURG C						S	YSTEM ID# 024965	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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								Surcharge
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Total DSEs	-	<u> </u>	0.00	Total DSEs		Į.	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GRO	DUP	TWEN	ITY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
. , , , , , , , , , , , , , , , , , , ,	-:==:	ļ*	3.00			L*	3.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SHELLSBURG C						S	YSTEM ID# 024965	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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	•••••					-		Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY	-SEVENTH	SUBSCRIBER GRO	OUP	TWE	NTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	YSTEM ID# 024965	3					ER OF CABI ABLEVISI	SHELLSBURG CA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	THIRTIETH	tt e		SUBSCRIBER GRO	ITY-NINTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Proup	3ase Rate Fee First G
		SUBSCRIBER GROU	Y-SECOND	11		SUBSCRIBER GRO	RTY-FIRST	
					0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
		CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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	024965	S						SHELLSBURG CA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	ry-third	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	RTY-SIXTH	THII	JP	SUBSCRIBER GROU	TY-FIFTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
					DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		CALL SIGN	DSE					Fotal DSEs
	0.00			Total DSEs	0.00		Stoup	Fotal DSEs
		CALL SIGN				\$	Group	Fotal DSEs Gross Receipts Third C

VISION, INC 024965 Na					LEGAL NAME OF OWNE SHELLSBURG CA
A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	ES FOR EACH SUBSCI				
THIRTY-EIGHTH SUBSCRIBER GROUP O COMMUNITY/ AREA			SUBSCRIBER GROU	SEVENTH	
O COMMUNITY/ AREA O Comp	MUNITY/ AREA	0			COMMUNITY/ AREA
		DSE	CALL SIGN	DSE	CALL SIGN
Base F					
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Sta			-		
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	DSEs	0.00			Total DSEs
\$ 0.00 Gross Receipts Second Group \$ 0.00	Receipts Second Group	0.00	\$	oup	Gross Receipts First G
\$ 0.00 Base Rate Fee Second Group \$ 0.00	Rate Fee Second Group	0.00	\$	oup	3ase Rate Fee First Gr
NTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP	FORTIETI	JP	SUBSCRIBER GROU	Y-NINTH	THIRT
O COMMUNITY/ AREA O	MUNITY/ AREA	0			COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	LL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN
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0.00 Total DSEs 0.00	DSEs	0.00			Total DSEs
	s Receipts Fourth Group	0.00	\$	roup	Gross Receipts Third G
\$ 0.00 Gross Receipts Fourth Group \$ 0.00			-	•	
\$ 0.00 Gross Receipts Fourth Group \$ 0.00					

LEGAL NAME OF OWN SHELLSBURG C						S	YSTEM ID# 024965	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		1		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		-						Syndicated
			 	·			<u> </u>	Exclusivity Surcharge
•••••	····		<u></u>					for
								Partially
								Distant
			<u></u>					Stations
	····						·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FOR	RTY-THIRD	SUBSCRIBER GRO)UP	FOF	RTY-FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	····		<u></u>					
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN SHELLSBURG CA						S	YSTEM ID# 024965	Name
E	SLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	RTY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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								Partially
								Distant
						-	····	Stations
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		-				-		
							0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		iii —		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u></u>					
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	es above.	\$		

	024965	S						SHELLSBURG CA
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GROU	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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for Partially								
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		SUBSCRIBER GROU				SUBSCRIBER GROU		
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	JP			FIFT	JP			FIF
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	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
1	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF
	JP 0	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	FIF COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	/-SECOND	FIFT COMMUNITY/ AREA CALL SIGN	JP O DSE	SUBSCRIBER GROU	TY-FIRST	CALL SIGN
	DSE DSE O.00	CALL SIGN	DSE	FIFT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	CALL SIGN	TY-FIRST DSE	CALL SIGN CALL SIGN Total DSEs
	JP 0 DSE	SUBSCRIBER GROU	DSE	FIFT COMMUNITY/ AREA CALL SIGN	JP O DSE	SUBSCRIBER GROU	TY-FIRST DSE	CALL SIGN CALL SIGN Total DSEs
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	BLE SYSTEM: BION, INC				S	024965	Name
	COMPUTATION O		TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
	SUBSCRIBER GRO		H		I SUBSCRIBER GRO		9
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
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otal DSEs		0.00	Total DSEs			0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SUBSCRIBER GRO		Ħ		I SUBSCRIBER GRO		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·····			
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	S	0.00	
	\$			rth Group	\$		

CABLEVISION, INC 024965	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
TY-SEVENTH SUBSCRIBER GROUP FIFTY-EIGHTH SUBSCRIBER GROUP	9
COMMUNITY/ AREA 0	Computati
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate
	and
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	Surcharg for
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0.00	
st Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
st Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
	
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0.00 Total DSEs 0.00	

024965 Name	S'						LEGAL NAME OF OWNE SHELLSBURG CA
	IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (В
	SUBSCRIBER GROU	Y-SECOND			SUBSCRIBER GRO	TY-FIRST	
0 Computati			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							
and							
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Surcharg		······································				<u></u>	
for					-		
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Distant					-		
Stations					-		
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
OUP	SUBSCRIBER GROU	Y-FOURTH	SIXT	JP	SUBSCRIBER GRO	TY-THIRD	SIX
<u> </u>			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		•••					
					-		
0.00			Total DSEs	0.00			Fotal DSEs
0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	
	\$	n Group			\$	Group	Fotal DSEs Gross Receipts Third (

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	G Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations
COMMUNITY/ AREA	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE FOR THE PROPERTY OF TH	Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
CALL SIGN DSE CALL SIGN	of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
Total DSEs 0.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP Total DSEs 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP	Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	Syndicated Exclusivity Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	Exclusivity Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	Surcharge for Partially Distant
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	for Partially Distant
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	Partially Distant
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	Distant
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	
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SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
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 Fourth Group \$ 0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

1	YSTEM ID# 024965	J					R OF CABL	SHELLSBURG CA
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GRO	TY-NINTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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		SUBSCRIBER GROU	Y-SECOND	11		SUBSCRIBER GRO	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Fotal DSEs
		CALL SIGN		CALL SIGN		CALL SIGN		CALL SIGN CALL SIGN Fotal DSEs Gross Receipts Third Company

024965 Nam				ER OF CABI	SHELLSBURG CA	
S FOR EACH SUBSCRIBER GROUP	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A: (BI	
SEVENTY-FOURTH SUBSCRIBER GROUP UNITY/ ARFA 0 9			SUBSCRIBER GROU	ITY-THIRD		
UNITY/ AREA 0 Comput	COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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SEs	Total DSEs	0.00	otal DSEs			
Receipts Second Group \$ 0.00	Gross Receipts Second	0.00	ross Receipts First Group \$ 0.00			
Rate Fee Second Group \$ 0.00	Base Rate Fee Second	0.00	Base Rate Fee First Group \$ 0.00			
SEVENTY-SIXTH SUBSCRIBER GROUP	SEVEN	JP	SUBSCRIBER GROU	NTY-FIFTH	SEVEN	
UNITY/ AREA0	COMMUNITY/ AREA	0				
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	Total DSEs	DSE	CALL SIGN	DSE		
SES	Total DSEs	0.00	CALL SIGN		Fotal DSEs	
SES					Fotal DSEs Gross Receipts Third C	

SHELLSBURG O						S	YSTEM ID# 024965	Name
				ATE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		it .		SUBSCRIBER GROU		9
COMMUNITY/ AREA	A		0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
O/ IEE OIGHT	502	ONEE CICIT	BOL	O/ILL GIGIT	1002	O'ALL SIGIY	BOL	Base Rate Fee
								and
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								Exclusivity
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		-			<u></u>			Partially
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00	İ
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	1
		SUBSCRIBER GROU		ii .		I SUBSCRIBER GROU		İ
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Total DSEs			0.00	Total DSEs		11	0.00	İ
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	İ
	r				- 1-	-		İ
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LSBURG CABLEVISION, INC 02	M ID# 4965 Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP	<u> </u>
UNITY/ AREAO COMMUNITY/ AREA	0 Computati
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE of
	Base Rate
	and
	Syndicate Exclusivi
	Surcharg
	for
	Partially
	Distant
	Stations
SES Total DSEs	0.00
Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP	
UNITY/ AREA 0 COMMUNITY/ AREA	0
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE
<u> </u>	
	0.00
SES 0.00 Total DSES 0	ſ
	0.00
	0.00

CALL SIGN DSE CAI CALL SIGN DSE CAI CALL SIGN DSE CAI Total DSEs Gross Receipts First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	ALL SIGN		COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Second	DSE	SUBSCRIBER GROU	DSE	9 Computation of Base Rate Fand Syndicate Exclusivities Surcharge for Partially Distant Stations
CALL SIGN DSE CAL CALL SIGN DSE CALL SIGN DSE CALL CALL SIGN DSE CALL SIGN DS	ALL SIGN	0 DSE 0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Second	DSE	CALL SIGN	0.00	Computation of Base Rate Fand Syndicate Exclusivit Surcharg for Partially Distant
CALL SIGN DSE CA		DSE	Total DSEs Gross Receipts Second	DSE	CALL SIGN	DSE	Computation of Base Rate Fand Syndicate Exclusivit Surcharg for Partially Distant
Total DSEs Gross Receipts First Group Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA		0.00	Total DSEs Gross Receipts Second	DSE	CALL SIGN	0.00	of Base Rate I and Syndicate Exclusivit Surcharg for Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	0.00	and Syndicate Exclusivit Surcharg for Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	Syndicate Exclusivit Surcharg for Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	Exclusivit Surcharg for Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	Surcharg for Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	for Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	Partially Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	Distant
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Gross Receipts First Group \$ Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00	Gross Receipts Seco	and Group	\$	•	
Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU			ond Group	\$	0.00	
Base Rate Fee First Group \$ EIGHTY-SEVENTH SUBS COMMUNITY/ AREA	SCRIBER GROU	0.00					
EIGHTY-SEVENTH SUBS	SCRIBER GROU	0.00					
COMMUNITY/ AREA	SCRIBER GROU		Base Rate Fee Secon	nd Group	\$	0.00	
		JP	EIGH	ITY-EIGHTH	SUBSCRIBER GROU	JP	
CALL SIGN DSF CAL		0	COMMUNITY/ AREA			0	
OF LEE OF OF L	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					_		
							
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Fotal DSEs		0.00	Total DSEs			0.00	
		0.00	Gross Receipts Fourt	th Group	¢	0.00	
Gross Receipts Third Group \$		3.00	Jose Receipts Fourt	ωι Οιυαμ	\$	0.00	
Base Rate Fee Third Group \$		0.00				0.00	

	EGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC 024965									
	BLOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP				
		SUBSCRIBER GROU				SUBSCRIBER GROU		9		
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
O/LEE GIGIT	BOL	O/ LEE GIGIT	BOL	OF REE CHOICE	502	O'ALL SIGIT	502	Base Rate Fee		
								and		
								Syndicated		
				-				Exclusivity		
		-					····	Surcharge for		
		-			······································			Partially		
								Distant		
								Stations		
	·····				 					
					 					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00			
NIN	NETY-FIRST	SUBSCRIBER GROU	JP	NINET	Y-SECONE	SUBSCRIBER GRO	UP			
COMMUNITY/ AREA	Α		0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-			 					
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					<u></u>					
										
					···					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# CHELLSBURG CABLEVISION, INC 024965									
				ATE FEES FOR EACH						
		SUBSCRIBER GROU		III	Y-FOURTH	I SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant Stations		
								Otations		
	····									
Total DSEs		+	0.00	Total DSEs			0.00			
Gross Receipts First Group \$ 0.00				Gross Receipts Secon	nd Group	\$	0.00			
Gloss Receipts First Gloup					·					
Base Rate Fee First Group \$ 0.00			0.00	Base Rate Fee Secon	nd Group	\$	0.00			
		SUBSCRIBER GROU		ii -	ETY-SIXTH	I SUBSCRIBER GROU				
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
		-								
					<u> </u>					
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC 024965									
				ATE FEES FOR EACH	SUBSCR	RIBER GROUP				
	-SEVENTH	SUBSCRIBER GROU		TI .	ry-eighth	SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
0,122 0.011	332	07.122 07.01.1	202	07.22 0.011	202	07.122 01011	302	Base Rate Fee		
								and		
								Syndicated		
				-				Exclusivity		
							····	Surcharge for		
	···	-						Partially		
								Distant		
		-						Stations		
	<u></u>									
							•••••			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00			
Base Rate Fee First 0	-	\$	0.00	Base Rate Fee Secon		\$	0.00			
	TY-NINTH	SUBSCRIBER GROU		III	INDREDTH	SUBSCRIBER GROU				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	···									
		-				.				
	<u></u>									
	<u></u>	-								
										
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00			
					p	·				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00			
Base Rate Fee: Add t Enter here and in bloo			riber group	as shown in the boxes	above.	\$				

LEGAL NAME OF OWN SHELLSBURG CA						S	YSTEM ID# 024965	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ED FIRST	SUBSCRIBER GRO		††		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>					Base Rate Fe
	···		<u></u>					and Syndicated
			-					Exclusivity
								Surcharge
								for
			<u> </u>					Partially
			<u> </u>					Distant
	···							Stations
	···		<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	11		I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		····			
								
			···					
			<u> </u>					
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			<u>-</u>					
			<u></u>					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•				•			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC 024965								
				ATE FEES FOR EACH					
ONE HUNDS COMMUNITY/ AREA	RED FIFTH	SUBSCRIBER GROU	JP 0	ONE HUND COMMUNITY/ AREA	RED SIXTH	I SUBSCRIBER GROU	JP 0	9	
COMMONT IT AIREA				COMMONT IT AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
				-	<u> </u>			Base Rate Fee and	
								Syndicated	
								Exclusivity	
								Surcharge	
				-				for Partially	
								Distant	
								Stations	
									
	···								
				Total DSEs			0.00		
	otal DSEs 0.0					-	0.00		
Gross Receipts First Group \$ 0.00			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		
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDRI	ED EIGHTH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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	···				<u> </u>				
				-					
Total DSEs	1		0.00	Total DSEs	1	11	0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00		
Base Rate Fee: Add to Enter here and in bloc			riber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ED NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>		<u></u>					and Syndicated
	<u>-</u>							Exclusivity
	<u>-</u>							Surcharge
								for
	<mark></mark>							Partially
	<mark></mark>							Distant
	<u> </u>			·				Stations
	<u>-</u>						····	
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
ross Receipts First Group \$ 0.00				Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>							
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	<mark></mark>					- -		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•	_			•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
·	Group ne base rat	\$ se fees for each subs	0.00	Base Rate Fee Fou	rth Group			

LEGAL NAME OF OWN SHELLSBURG CA						S	YSTEM ID# 024965	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.122.010.1	202	07.122 0.011	202	07.122 07011	202	07.122.01.01.1	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for Partially
			···					Distant
						-		Stations
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····	-		
						-		
			<u></u>					
			<mark></mark>					
			<u></u>				<u> </u>	
						1		
Total DSEs		·	0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

SHELLSBURG CA						S	YSTEM ID# 024965	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	H .		I SUBSCRIBER GRO	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u>-</u>					and Syndicated
								Exclusivity
								Surcharge
								for
			<u></u>					Partially
	···		<u></u>					Distant Stations
	···	_	<u></u>					Stations
			<u>-</u>		••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···		<u></u>	-	·····			
			-					
		=	···					
			<u> </u>					
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			<u>-</u>		••••			
			<u></u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE SHELLSBURG CA						SY	STEM ID# 024965	Name
				TE FEES FOR EACH				
ONE HUNDRED TWEN	ITY-FIRST	SUBSCRIBER GROU		ONE HUNDRED TWENT	TY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u></u>	Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
		-						
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ry-fourth	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
		-						
							<u></u>	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	·			·	·	<u>·</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th	e base rat	e fees for each subsc	riber aroun	as shown in the hoxes	above			
Enter here and in block			J. 0		. .	\$		

DI COLLA	SION, INC				3	924965	Name
BLOCK A	: COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWENTY-FIFT	H SUBSCRIBER GROU		H		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
				·····		<u> </u>	Syndicated Exclusivity
			1				Surcharge
							for
							Partially
							Distant
						<u></u>	Stations
						<u></u>	
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY-SEVENT	H SUBSCRIBER GROU	IP	ONE HUNDRED TW	ENTY-EIGHTH	H SUBSCRIBER GROUF		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						<u></u>	
				·····		<u></u>	
		••••				····	
Total DSEs	<u>II</u>	0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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LEGAL NAME OF OWNE SHELLSBURG CA						SY	STEM ID# 024965	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		Ti .	THIRTIETH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIV	DOL	CALL SIGIV	DOL	OALL GIOIN	DOL	OALL GIGIT	DOL	Base Rate Fee
								and
								Syndicated
		-	·					Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-						
					······································		<u></u>	
Total DSEs	'		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
							<mark>-</mark>	
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

SHELLSBURG CABLEV	BLE SYSTEM: SION, INC				S	024965	Name
BLOCK A	: COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THIRTY-THIR	D SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
		<u></u>					Syndicate
							Exclusiv
							Surcharg for
			·	·····			Partially
		<u></u>					Distant
							Station
		<u></u>					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
Base Rate Fee First Group ONE HUNDRED THIRTY-FIF			<u> </u>		SUBSCRIBER GROUF		
ONE HUNDRED THIRTY-FIF			<u> </u>	THIRTY-SIXTH			
ONE HUNDRED THIRTY-FIF COMMUNITY/ AREA CALL SIGN DSE		JP	ONE HUNDRED	THIRTY-SIXTH)	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIF	H SUBSCRIBER GROU	JP 0	ONE HUNDRED COMMUNITY/ ARE	THIRTY-SIXTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED THIRTY-FIFT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GROU	DSE	ONE HUNDRED COMMUNITY/ ARE CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE	
ONE HUNDRED THIRTY-FIF	CALL SIGN	DSE DSE O.00	ONE HUNDRED COMMUNITY/ ARE	DSE	CALL SIGN	DSE	

SHELLSBURG CA						S	YSTEM ID# 024965	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROU		††		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u> </u>		<u></u>					and
	<u> </u>		<u></u>		·····			Syndicated Exclusivity
	<u></u>		<u>-</u>				·····	Surcharge
								for
	<u> </u>		<u> </u>					Partially
	<mark></mark>		<u></u>		<u>.</u>			Distant
	···		<u>-</u>					Stations
			<u>-</u>					
	<u> </u>		<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Froup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	D FORTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u> </u>		<u> </u>					
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	<u></u>		<u>-</u>		••••			
	<u></u>							
	<mark></mark>		<u></u>		<u>.</u>			
			<u>-</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•					•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 024965	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCR	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROUP		ii —		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					<u> </u>			Base Rate Fee
								and
	·-				<u></u>			Syndicated Exclusivity
								Surcharge
								for
					<u></u>			Partially
					<u></u>			Distant Stations
					<u></u>			Otations
					<u></u>			
	···							
Total DSEs		.1	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	RTY-THIRD	SUBSCRIBER GROUP		H	TY-FOURTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·							
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		-			<u>-</u>			
		-						
					<u></u>			
		-			<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	BLE SYSTEM: BION, INC				S	024965	Name
BLOCK A	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FORTY-FIFT	H SUBSCRIBER GROU		it .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
					-		and
						<u></u>	Syndicate Exclusivi
		•	-		 		Surcharg
						····	for
							Partially
							Distant
							Stations
					-		
					-		
					 		
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otal DSEs		0.00	Total DSEs	'		0.00	
	•	0.00		and Craun	^	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
			4				
NE HUNDRED FORTY-SEVENT	H SUBSCRIBER GROU	IP	ONE HUNDRED FO	ORTY-EIGHTH	I SUBSCRIBER GROUF)	
NE HUNDRED FORTY-SEVENT	1 SUBSCRIBER GROU	IP 0	ONE HUNDRED FO		I SUBSCRIBER GROUP	0	
	SUBSCRIBER GROU		it .		CALL SIGN		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	

LEGAL NAME OF OWN						S	YSTEM ID# 024965	Name
В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
	<u></u>			-	<u></u>			Exclusivity Surcharge
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								Partially
								Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		II	0.00	
	- Croup	<u> </u>	0.00		rth Croup	•	0.00	
Gross Receipts Third	υιυαμ	\$	0.00	Gross Receipts Fou	iai Gioup	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN SHELLSBURG C						S	YSTEM ID# 024965	Name
				TE FEES FOR EAC				
ONE HUNDRED FI		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>			-		Syndicated
			<u></u>				<u></u>	Exclusivity Surcharge
	····	<u> </u>				-		for
								Partially
			<u></u>					Distant
			<u></u>			-	····	Stations
	····							
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	<mark></mark>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	····		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

BLOCK A	SION, INC				•	924965	Name
	: COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-SEVENT	H SUBSCRIBER GROU		Ħ		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE				Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and Syndicated
							Exclusivity
							Surcharge
							for
							Partially
		<u>.</u>					Distant Stations
	·	····				<u></u>	Stations
		····					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIFTY-NINT	H SUBSCRIBER GROU	JP	H		H SUBSCRIBER GROUF)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC 024965						Name		
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO	UP			SUBSCRIBER GRO		9
COMMUNITY/ AREA	SHELL	SBURG, IA		COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
	<u></u>		<u></u>					Surcharge
			<mark></mark>					for
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	<u> </u>		<mark></mark>		·····	-		Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$ 1,140	,901.48	Gross Receipts Sec	ond Group	\$	0.00	
	Т	, ,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>		<u>-</u>					
	<u></u>		-					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
					•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th		te fees for each subs space L (page 7)	criber group	as shown in the boxe	s above.	\$	0.00	

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
BL				TE FEES FOR EACH				
	FIFTH	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
O' LE GIGIT	DOL	O/ LE OIOIV	DOL	O/ALL OIGIN	DOL	O/ LEE OIOIV	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
							<u>.</u>	for
					<mark></mark>			Partially
		-	.		<u></u>			Distant
							····	Stations
								
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					<u> </u>			
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
S	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs		11	0.00	
		_			- 0-	_		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
		1		11		1		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	

LEGAL NAME OF OWNE SHELLSBURG CA						S	024965	Name
В				TE FEES FOR EAC				
COMMUNITY ASS	NINTH	SUBSCRIBER GRO		COMMUNITY		I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	·							Syndicated Exclusivity
								Surcharge
								for
			<u></u>					Partially
	<u> </u>				••••			Distant Stations
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			<u></u>					
	<u>-</u>							
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	LEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		
COMMUNITY/ AREA			0		Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·-							
			<u></u>					
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			<u></u>					
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
				TE FEES FOR EAC				
	RTEENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0		COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	ne base rat	re fees for each subs				\$	3.33	

LEGAL NAME OF OWNE SHELLSBURG CA						S	024965	Name
				TE FEES FOR EAC				
	NTEENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	DUP		TWENTIETH	SUBSCRIBER GRO	UP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Base Rate Fee: Add tl Enter here and in blocl			scriber group	as shown in the boxe	s above.	\$		

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Name	YSTEM ID# 024965	S						LEGAL NAME OF OWNE SHELLSBURG CA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	NTY-FIFTH	
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-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	UP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
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LEGAL NAME OF OWNE SHELLSBURG CA						Sì	O24965	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			THIRTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRT	Y-FIRST	SUBSCRIBER GROU	JP	THIRTY	/-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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	roup	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
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LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
				TE FEES FOR EAC				
	TY-THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
THIR	TY-FIFTH	SUBSCRIBER GRO)UP	TH	IRTY-SIXTH	I SUBSCRIBER GRO	UP	
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Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWI SHELLSBURG C						S	024965	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		tt -		SUBSCRIBER GRO		۵
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation of Base Rate Fand Syndicate Exclusivity
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THI	RTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
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ase Rate Fee: Add			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
				TE FEES FOR EACH				
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
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Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORT	Y-THIRD	SUBSCRIBER GRO	JP	FORT'	Y-FOURTH	SUBSCRIBER GROU	JP	
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LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GRO			RTY-SIXTH	SUBSCRIBER GRO		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GRO	UP	FOR ⁻	TY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourtl	h Group	\$	0.00	
Total DSEs Gross Receipts Third G	roup	\$			h Group	\$		
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Name	YSTEM ID# 024965	S					R OF CABL	SHELLSBURG CA
				TE FEES FOR EACH				
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Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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024965 Name							LEGAL NAME OF OWNE SHELLSBURG CA	
			TE FEES FOR EACH					
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0.00			Total DSEs	0.00			Total DSEs	
0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs	

LEGAL NAME OF OWNE						S	YSTEM ID# 024965	Name
				TE FEES FOR EAC				
	EVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01011	202	07.22 0.011	202	0,122 0.011	202	0/122 01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
					····	-		for
					····	-	·····	Partially Distant
		-				-		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	L							
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T-1-1-DOS								
Total DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fourt	th Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$			·	\$		

OHELLODONG (CABLEVIS	ION, INC					024965	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		İ		SUBSCRIBER GRO		9
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	4		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate and Syndicate Exclusivi Surcharg for Partially
					·····	-		
						 		
	•••••				•••••	-		
								Partially
								Distant
	·····				·····			Stations
						-		
Total DSEs			0.00	Total DSFs			0.00	
Gross Receipts First	Group	\$ 0.00		Total DSEs Gross Receipts Second Group		\$		
•	·				•			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
S	IXTY-THIRD	SUBSCRIBER GRO	DUP	SIX	TY-FOURTH	SUBSCRIBER GRO	0 0	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE			_	
COMMUNITY/ AREA	DSE	CALL SIGN	DSE	COMMUNITY/ ARE		CALL SIGN	_	
		CALL SIGN			Α		0	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE		0.00 0.00	Total DSEs Gross Receipts Fou	DSE	CALL SIGN	0.00 0.00	
CALL SIGN CALL SIGN Fotal DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE		0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

Name	YSTEM ID# 024965							SHELLSBURG CA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	(TY-SIXTH			SUBSCRIBER GRO	KTY-FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo								
and								
Syndicated		-						
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	0.00		•	Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	,							
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
=	*	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROUND		
-	*							SIXTY-9
=	JP			SIXT	UP			SIXTY-9
- - -	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
= - - - -	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
- - - -	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
- - - - - -	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
-	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	SIXT COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	SEVENTH	SIXTY-SCOMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	SIXT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	SIXTY-COMMUNITY/ AREA

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	NI
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU			VENTIETH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
							<u></u>	and
								Syndicated
								Exclusivity Surcharge
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		-						Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN ⁻	SEVENTY-FIRST SUBSCRIBER GROUP			SEVENT				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					<u> </u>			
Total DSEs	ı		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add th	e base ra t	te fees for each subso	riber group	as shown in the boxes a	above.			

Name	YSTEM ID# 024965					LE SYSTEM: ION, INC		SHELLSBURG CA	
				TE FEES FOR EACH					
0	IP	SUBSCRIBER GROU	/-FOURTH	SEVENT		SUBSCRIBER GRO	TY-THIRD		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and						 			
Syndicated						H	<u> </u>		
Exclusivity		<u> </u>			<u>. </u>	H			
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Partially Distant					<u>-</u>				
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	0.00		•	Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	IP	I SUBSCRIBER GROU	NTY-SIXTH	SEVEN	UP	SUBSCRIBER GRO	ITY-FIFTH	SEVEN	
	0			COMMUNITY/ AREA	0	AREA		COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
					A contract of the contract of				
		-				-			
	0.00			Total DSEs	0.00			Total DSEs	
	0.00	<u>s</u>	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C	

NI	YSTEM ID# 024965	S			· 			LEGAL NAME OF OWNE SHELLSBURG CA	
				TE FEES FOR EACH					
0	JP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GRO	SEVENTH		
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated				•••••					
Exclusivity									
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	0.00		•	Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GRO	ΓΥ-NINTH	SEVENT	
	0			COMMUNITY/ AREA	0		MMUNITY/ AREA		
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	0.00			Total DSEs	0.00			Total DSEs	
_	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Name	YSTEM ID# 024965	S						SHELLSBURG CA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROU		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated Exclusivity		-						
Surcharge							····	
for							····	
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Distant								
Stations								
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	0.00			Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	•	\$UBSCRIBER GROU				SUBSCRIBER GROU	•	
	•						TY-THIRD	EIGH
	JP			EIGHT	JP		TY-THIRD	EIGH
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH' COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH' COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH' COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH' COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH' COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT'	JP 0	SUBSCRIBER GROU	HTY-THIRD	EIGH COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	EIGHT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	EIGH COMMUNITY/ AREA

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	Name
				TE FEES FOR EACH				
	TY-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
						-		Syndicated
						<u> </u>		Exclusivity
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						-		Partially
						<u>-</u>		Distant
								Stations
	 		<u></u>					
	<u> </u>						0.00	
Total DSEs		0.00		Total DSEs		-		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GRO	UP	EIGH ⁻	TY-EIGHTH	SUBSCRIBER GRO	UP	
EIGHTY-SEVENTH				COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		-						
	<u> </u>							
							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Sroup.	¢	0.00	Base Rate Fee Fourth	h Group	¢	0.00	
Dage Nate 66 mild G	Jup	\$	0.00	Dase Nate 1 66 i Ouiti	. Отоир	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW SHELLSBURG O						S	YSTEM ID# 024965	NI
				TE FEES FOR EAC				
		SUBSCRIBER GRO		000000000000000000000000000000000000000		SUBSCRIBER GRO		9
COMMUNITY/ AREA	······································		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	NINETY-FIRST SUBSCRIBER GROUP			NINE				
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	NI
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-	<u></u>		<u> </u>			and
			<u></u>		<u></u>	-		Syndicated
			<u> </u>		<u> </u>		<u></u>	Exclusivity
			. 		<u></u>			Surcharge for
		-	<u> </u>		<u> </u>		••••	Partially
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								Stations
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Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
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Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	na Group	\$	0.00	
Base Rate Fee First G	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NIN	ETY-SIXTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA				COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
ase Rate Fee: Add th			criber group	as shown in the boxes	above.	\$		

Name	024965	Sì						LEGAL NAME OF OWNE SHELLSBURG CA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity	····						<mark>.</mark>	
Surcharge								
for Partially		-			<u>.</u>			
Distant					······································			
Stations				•••••		-		
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	Total DSEs				0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	NDREDTH	ONE HU	NTH SUBSCRIBER GROUP			NINET
	0			COMMUNITY/ AREA			COMMUNITY/ AREA	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

NI	YSTEM ID# 024965	S			•			LEGAL NAME OF OWNE SHELLSBURG CA
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	SECOND	ONE HUNDRED	JP	SUBSCRIBER GRO	ED FIRST	ONE HUNDRE
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP	SUBSCRIBER GRO	ED THIRD	ONE HUNDRE
	0		0 COMMUNITY/ AREA			OMMUNITY/ AREA		
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 	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	YSTEM ID# 024965	S			•			LEGAL NAME OF OWNE SHELLSBURG CA	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	ED SIXTH			SUBSCRIBER GRO	ED FIFTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S	
)	0			COMMUNITY/ AREA	Ti -		NITY/ AREA		
<u></u>	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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<u>-</u> - -	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE SHELLSBURG CA			•			SY	STEM ID# 024965	Name	
				TE FEES FOR EACH					
	D NINTH	SUBSCRIBER GROU		i i	ED TENTH	SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
		-						Syndicated Exclusivity	
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								Partially	
								Distant	
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Total DSEs		0.00		Total DSEs	Total DSEs		0.00		
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$			
ONE HUNDRED EL	.EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	P		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
\$ 0.00 Gross Receipts Fourth Group	\$ 0.00 Gross Receipts Fourth Group Base Rate Fee Fourth Group te fees for each subscriber group as shown in the boxes above.	0.00 Gross Receipts Fourth Group 0.00 Base Rate Fee Fourth Group	Gross Receipts Fourth Group Base Rate Fee Fourth Group	Group			0.00		

LEGAL NAME OF OWNE SHELLSBURG CA						S	024965	Name
				TE FEES FOR EAC				
ONE HUNDRED THII	RTEENTH	SUBSCRIBER GRO		İ		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GRO	DUP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
aso Pato Foo: Add th	ne haen rat	te fees for each subs	scriber group	as shown in the boxe	s ahove			

LEGAL NAME OF OWNE SHELLSBURG CA			po.			S	YSTEM ID# 024965	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP			GHTEENTH	I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIV	DOL	OALL GIGIN	DOL	OALL GIGIT	DOL	OALL SIGIV	DOL	Base Rate Fee
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								Exclusivity
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	l				1			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA				0 COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		for a few analysis for a subsequent		as shown in the boxes a	ah awa			

SHELLSBURG CA		E SYSTEM: ON, INC				S	024965	Name
Bl	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROUP	•	ONE HUNDRED TWEN	ITY-SECOND	SUBSCRIBER GROUP)	٥
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
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								Distant
								Stations
	. <mark>.</mark>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roun	\$	0.00	Gross Receipts Seco	and Group	\$		
oroso receipto i not o	гоир	•	0.00	Gross receipts deed	па стоир	<u>*</u>		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	ITY THEOD							
ONE HONDINED TWEN	ITY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP	ס	
	ITY-THIRD	SUBSCRIBER GROUF	0	ONE HUNDRED TWEN		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
	DSE	CALL SIGN		H		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN			0	COMMUNITY/ AREA			0	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN CALL SIGN Total DSEs	DSE		DSE	CALL SIGN	DSE		DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	CALL SIGN	0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE	CALL SIGN	0.00 0.00	

Name	YSTEM ID# 024965							LEGAL NAME OF OWNE SHELLSBURG CA
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	,	SUBSCRIBER GROUP	NTY-SIXTH			SUBSCRIBER GROUP	ITY-FIFTH	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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	0.00	Щ	·	Total DSEs	0.00		 	otal DSEs
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	_	\$	a Group					
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	0.00		d Group	Base Rate Fee Secon				
	0.00	\$	d Group	Base Rate Fee Secon				Base Rate Fee First Gr IE HUNDRED TWENTY- COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP		IE HUNDRED TWENTY- COMMUNITY/ AREA
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	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
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	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	IE HUNDRED TWENTY- COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY-
	0.00	\$ SUBSCRIBER GROUP	d Group	Dase Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA	0	SUBSCRIBER GROUP	SEVENTH	E HUNDRED TWENTY- OMMUNITY/ AREA
	0.00 0.00 DSE	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	SEVENTH	CALL SIGN
	0.00 0.00 DSE	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH DSE	Dase Rate Fee Second ONE HUNDRED TWENT COMMUNITY/ AREA	0 DSE	SUBSCRIBER GROUP	DSE	E HUNDRED TWENTY- COMMUNITY/ AREA CALL SIGN fotal DSEs
	0.00 0.00 DSE	\$ SUBSCRIBER GROUP	d Group TY-EIGHTH DSE	Base Rate Fee Secon ONE HUNDRED TWEN COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	E HUNDRED TWENTY-

Name	YSTEM ID# 024965	S				ON, INC		LEGAL NAME OF OWNE SHELLSBURG CA
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	,	I SUBSCRIBER GROUP	THIRTIETH			SUBSCRIBER GROUP	TY-NINTH :	ONE HUNDRED TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Gross Receipts Secon			оир	
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	0.00		d Group	Base Rate Fee Secon	0.00		oup	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ONE HUNDRED THIS COMMUNITY AREA
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ONE HUNDRED THIS
	0.00	\$ SUBSCRIBER GROUP	d Group	DASE RATE FEE SECONO ONE HUNDRED THIR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIF
	0.00	\$ SUBSCRIBER GROUP	d Group	DASE RATE FEE SECONO ONE HUNDRED THIR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIF
	0.00	\$ SUBSCRIBER GROUP	d Group	DASE RATE FEE SECONO ONE HUNDRED THIR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup	ONE HUNDRED THIF
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	0.00 0.00 DSE	SUBSCRIBER GROUP CALL SIGN	d Group Y-SECOND DSE	Dase Rate Fee Second ONE HUNDRED THIR COMMUNITY/ AREA CALL SIGN	0.00	SUBSCRIBER GROUP CALL SIGN	DSE	ONE HUNDRED THIF
	0.00 0.00 DSE	\$ SUBSCRIBER GROUP	d Group Y-SECOND DSE	Dase Rate Fee Second ONE HUNDRED THIR COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	DSE	ONE HUNDRED THIF

LEGAL NAME OF OWNE SHELLSBURG CA						S	924965	Name
				TE FEES FOR EACH				
	TY-THIRD	SUBSCRIBER GROUP		i i	TY-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	_
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CALL SIGN	DOL	CALL SIGN	DSL	CALL SIGN	DOL	CALL SIGIN	DOL	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIR	ΓY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED THIF	RTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA		0		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	I		0.00	Total DSEs	1		0.00	
Total DSEs				Total DSEs				
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

LEGAL NAME OF OWNER SHELLSBURG CA						S	YSTEM ID# 024965	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		i i	TY-EIGHTH	I SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-	·		<u></u>			Base Rate Fee
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Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts First Gr	OUD	\$	0.00	Gross Receipts Secon	d Groun	\$	0.00	
Orosa receipta i iist Or	oup	4	0.00	Cross receipts occor	u Oloup	Ψ	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$		
ONE HUNDRED THIRT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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			ļ		<u>.</u>		<u></u>	
						1		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	e base rat	e fees for each subsc		as shown in the boxes a		\$	0.00	

LEGAL NAME OF OWNE SHELLSBURG CA						S	YSTEM ID# 024965	NI
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FOR	RTY-FIRST	SUBSCRIBER GROUP)	ONE HUNDRED FOR	TY-SECOND	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	<u> </u>							Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP)	ONE HUNDRED FOR	TY-FOURTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	MMUNITY/ AREA			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				0.120.00				
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		-				-		
		-				-		
			-		-			
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 024965	S			•			LEGAL NAME OF OWNE SHELLSBURG CA
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
•		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED FO		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED FOR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially Distant								
Stations								
Stations	<u> </u>						·	
		<u> </u>				 		
						•		
	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY-
	REA O COMMUNITY/ AREA O					COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							·	
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							·	
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	7STEM ID# 024965	31				LE SYSTEM: ION, INC		SHELLSBURG CA		
				TE FEES FOR EACH						
9		ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP								
Computation	COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
of	DSE	CALL SIGN	CALL SIGN	DSE	ALL SIGN DSE CALL SIGN DSE					
Base Rate F										
and		-								
Syndicate					<u>.</u>		.			
Exclusivity Surcharge							·			
for					······································	-				
Partially						-				
Distant										
Stations										
					<u>.</u>					
					<u>-</u>					
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	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G		
	0.00	\$	d Group	Base Rate Fee Secon	0.00	sase Rate Fee First Group \$ 0.00				
	IP	SUBSCRIBER GROU	/-SECOND	ONE HUNDRED FIFT	UP	SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF		
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	<u></u>				<u>.</u>					
			·							
					<u> </u>		·			
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	S	Group		0.00	S	iroup			
	_	\$	Group	Total DSEs Gross Receipts Fourth		\$	Group	Fotal DSEs Gross Receipts Third G		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHELLSBURG CABLEVISION, INC 024965									
				TE FEES FOR EACI						
9		ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP								
Computation	COMMUNITY/ AREA 0					COMMUNITY/ AREA 0				
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate Fe										
and						-				
Syndicated Exclusivity										
Surcharge	<u> </u>						···			
for										
Partially										
Distant							<u></u>			
Stations										
		-					<u></u>			
						-				
	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G		
						Sase Rate Fee First Group \$ 0.00				
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G		
	<u>'</u>	SUBSCRIBER GROU				SUBSCRIBER GROU				
	<u>'</u>							ONE HUNDRED FIF		
	JP			ONE HUNDRED F	JP			ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	JP 0	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED F	JP 0	SUBSCRIBER GROU	TY-FIFTH	ONE HUNDRED FIF		
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	ONE HUNDRED FIF		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER SHELLSBURG CA			•			SY	STEM ID# 024965	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O								
COMMUNITY/ AREA 0			U	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee
								and
								Syndicated
							<u> </u>	Exclusivity Surcharge
								for
		-						Partially
								Distant
								Stations
						-	<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u>.</u>	
						-		
							<u> </u>	
						-	<u> </u>	
	l					-		
							<u> </u>	
Total DSCs			0.00	Total DCC-		П	0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth	Group	\$	0.00		
		te fees for each subsc space L (page 7)	riber group	as shown in the boxes a	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20. EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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EGAL NAME OF OWNER OF CARLE SYSTEM: SYSTEM ID# Name SHELLSBURG CABLEVISION, INC 024965 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDERED FIRST SUBSCRIBER GROUP ONE HUNDERED SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group ONE HUNDERED THIRD SUBSCRIBER GROUP ONE HUNDERED FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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C	Cable Worksheet		Total amount of remittance	Number of SAs rec'd		Initials	
			Date of remittance	Check	EFT	FIL	ING FEES
Cable ID#						Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocatio	on number		
Space A Accounting Period			-				
	January 1 - June 30, 2017		_	July 1 - December 31, 2017			
	Le	tter sent		Information	received		
	Ac	cepted]	Phone call/E	Date/Contact		
Space B Owner							
	Le	tter sent]	Information	received		
	Ac	cepted]	Phone call/E	Date/Contact		-
Space D Area Served							
	Le	tter sent		Information	received		
	Ac	cepted	_ [Phone call/E	Date/Contact		
Space E Secondary Transission							
Service Subscribers:	Le	tter sent]	Information	received		
and Rates	☐ Ac	cepted	[Phone call/D	Date/Contact		
Space G Primary Transmitters:							
Television	Le	tter sent		☐ Information received			
	☐ Ac	cepted		Phone call/[Date/Contact		
Space H Primary Transmitters:							
Radio	Ac	cepted		Phone call/[Date/Contact		

Space I Substitute

		Carriage
Letter sent	Information received	- Carringo
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
	☐ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐ Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	☐ Information received	
Accepted	Phone call/Date/Contact	
		1
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	Statement of
Letter sent Accepted	☐ Information received ☐ Phone call/Date/Contact	Statement of
	<u>_</u>	Statement of
	<u>_</u>	Statement of Gross Receipts Space Q Interest