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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	CC	cco	OUNTING PERIOD	COVERED	BY THIS S	TATEMENT:				
Accounting Period			2	2019/1							
B Owner	rate	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 02728									027285
	LE	EG	EGA	AL NAME OF OWNER/M	AILING ADDR	ESS OF CABL	LE SYSTEM				
			С	Cumberland Cellula	ar, Inc.						
		l	D	Ouo County Teleco	m						
										02728	520191
										027285	2019/1
			_								
			-	P.O. Box 80	200						
				amestown, KY 420							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.										
System	1	1 IDENTIFICATION OF CABLE SYSTEM:									
	-	I	MA	AILING ADDRESS OF CAB	LE SYSTEM:						
	2	2 7	766	lumber, street, rural route, apartm	ent or suite numb	er)					
	2	_ ((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		((Ci	ity, town, state, zip code)							
D	Ins	sti	stru	uctions: For complete	space D instru	ructions, see	page 1b. Identi	fy only the frst con	nmunity served below and r	elist on pa	ge 1b
Area	wit	ith	h al	all communities.				-			
Served		(CI	ITY OR TOWN				STATE			
First				Russell Springs				КҮ			
Community	E			ow is a sample for repo	-	nities if you re	eport multiple c			1	
	A 1 -			ITY OR TOWN (SAMPLE)	_	_	STATE	CH LINE UP	SUE	3 GRP#
Sample	Alda MD A									1 2	
	Alliance MD B Gering MD B							3			
		cin	illig	9							•
form in order to pro numbers. By provid search reports pre	ocess ding P pared	s yc PII, d fo	your II, yo for t	ir statement of account. PII is you are agreeing to the routin	any personal inf e use of it to esta providing the PII i	formation that ca ablish and maint requested is that	an be used to identi ain a public record, t it may delay proce	fy or trace an individua which includes appea essing of your statemen	fying information (PII) requested of I, such as name, address and tele ring in the Offce's public indexes a nt of account and its placement in v a court of law.	phone and in	
completed record (ว รเสเ	aten	enne	ents of account, and it may al	iect the legal suf	nciency of the fill	ny, a uetermination	i inal would be made b	y a court or law.		

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

07/23/2019

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 027285 Cumberland Cellular, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form Area of system identifcation hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# Russell Springs KY Α First Adair County KY в 2 Community Columbia KY В 2 **Cumberland County** KY С 3 Jamestown KΥ Α 1 **Russell County** KΥ Α 1 See instructions for additional information on alphabetization. Add rows as necessary.

Nomo	LEGAL NAME OF OWNER OF CABL	E SYSTEM:						S	YSTEM ID			
Name	Cumberland Cellular, In	IC.							02728			
_	SECONDARY TRANSMISSION	SERVICE: S	UBSCR	BERS AND F	ATES							
E	In General: The information in s			-	-	ry transmission	service of	the cable				
	system, that is, the retransmissi											
Secondary	about other services (including p	• •			•		those exis	sting on the				
Transmission	last day of the accounting period						abla avatar	n brokon				
Service: Sub- scribers and	Number of Subscribers: Bot						-					
Rates	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 disc Block 1: In the left-hand block					condary transm	ission sorv	vice 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											
	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				BLOC							
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		3,593	\$ 27.95	Standar	d Cable		3,347	\$ 81.4			
	 Service to additional set(s) 				Digital			1,477	\$ 16.9			
	• FM radio (if separate rate)				HDTV Pr	emuim		32	\$ 2.9			
	Motel, hotel											
	Commercial		276	\$ 97.84								
	Converter Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TR	ANSMI	SSIONS: RATI	ES							
F	In General: Space F calls for ra		-									
Г	not covered in space E, that is,											
Services	service for a single fee. There a furnished at cost or (2) services											
Other Than	amount of the charge and the u											
Secondary	enter only the letters "PP" in the	rate column.				-						
ransmissions:	Block 1: Give the standard ra											
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-	•					
	brief (two- or three-word) descri	•	•		listieu. Lis	t these other se		le ionn of a				
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE	-	GORY OF SEF	VICE	RATE	CATEGO	DRY OF SERVICE	RATE			
	Continuing Services:		Install	ation: Non-res	sidential							
	• Pay cable	\$ 27.95	• Mo	tel, hotel			HBO Un	limited	\$ 21.9			
	Pay cable—add'l channel		_	mmercial				k Package	\$ 18.9			
	Fire protection			y cable				ne Unlimited	\$ 18.9			
	•Burglar protection			y cable-add'l c	hannel			iper Package	\$ 18.9			
	Installation: Residential			e protection			HBO & C		\$ 30.9			
	• First set	\$ 45.00		rglar protectior	l			x & Showtime	\$ 27.9			
	Additional set(s)	\$ 15.00		services:		¢ 05.00		Showtime	\$ 30.9			
	FM radio (if separate rate)			connect		\$ 25.00		nemax/Showtime	\$ 40.9			
	• Converter			connect tlet relocation		\$ 25.00	All 4 Su	per Pack	\$ 49.9			
				ive to new add	000	\$ 20.00						

Cumberland C	NER OF CABLE SY Cellular, Inc.	STEM:			SYSTEM ID# 027285	Name
PRIMARY TRANSMIT	TERS: TELEVISIO	N				1
carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7	system during th tions in effect on 6.61(e)(2) and (4	e accounting June 24, 198 4), or 76.63 (re	period except (1 31, permitting the eferring to 76.61) stations carried carriage of certa	and low power television stations) l only on a part-time basis under ain network programs [section: ınd (2) certain stations carried on a	G Primary
substitute program ba Substitute Basis				carried by your c	able system on a substitute program	Transmitters: Television
basis under specifc F	CC rules, regulat	tions, or autho	orizations			
 Do not list the station station was carried 			it in space I (the	Special Stateme	ent and Program Log)—if the	
List the station here	, and also in space	ce I, if the stat			ute basis and also on some othe f the general instructions located	
Column 1: List ea	ch station's call s	•			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi n stream separately; for example	
WETA-simulcast).			·			
	nse. For example	, WRC is Cha	•		on for broadcasting over-the-air i may be different from the channe	
					pendent station, or a noncommercia	
			· · · ·		ast), "I" (for independent), "I-M mmercial educational multicast)	
For the meaning of th	iese terms, see p	age (v) of the	general instruct	tions located in th	e paper SA3 form	
planation of local serv					s". If not, enter "No". For an ex- paper SA3 form	
Column 5: If you	have entered "Ye	s" in column	4, you must com	plete column 5, s	stating the basis on which you	
cable system carried carried the distant sta		•	• •	•	ering "LAC" if your cable syster apacity	
For the retransmis	sion of a distant	multicast stre	am that is not su	ubject to a royalty	payment because it is the subjec	
•				•	stem or an association representin y transmitter, enter the designa	
•				• •	her basis, enter "O." For a furthe	
					d in the paper SA3 form to which the station is licensed by th	
				-	which the station is identifed	
Note: If you are utiliz	ing multiple chan	nel line-ups, u	use a separate s	pace G for each	channel line-up.	
Note: If you are utiliz	ing multiple chan	•			channel line-up.	_
		CHANN	EL LINE-UP	A Russell		-
Note: If you are utiliz 1. CALL SIGN	2. B'CAST	•	EL LINE-UP	A Russell 5. BASIS OF	channel line-up. 6. LOCATION OF STATION	-
		CHANN 3. TYPE	EL LINE-UP	A Russell		-
1. CALL SIGN	2. B'CAST CHANNEL	CHANN 3. TYPE OF	EL LINE-UP	A Russell 5. BASIS OF CARRIAGE		-
1. CALL SIGN WBKO-DT	2. B'CAST CHANNEL NUMBER	CHANN 3. TYPE OF STATION	EL LINE-UP 4. DISTANT? (Yes or No)	A Russell 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Bowling Green, KY	
1. CALL SIGN WBKO-DT WBKO-HD	2. B'CAST CHANNEL NUMBER 13 13.1	CHANN 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY	
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31	CHANN 3. TYPE OF STATION N N-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY	
1. CALL SIGN WBKO-DT WBKO-HD WDKY-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31 31.1	CHANN 3. TYPE OF STATION N N-M I I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2	CHANN 3. TYPE OF STATION N N-M I I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3	CHANN 3. TYPE OF STATION N-M I I-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.1 31.2 31.3 53	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M E	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1	CHANN 3. TYPE OF STATION N N-M I I-M I-M I-M I-M E E-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY	additional information
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1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO2 WKSO-HD WKYT-DT WKYT-DT WKYT-CW	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N N-M I-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Danville, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY	additional information
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1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-HD WDKY-Charge WKSO-DT WKSO-AT WKSO-HD WKSO-HD WKSO-HD WKYT-CW WLEX-DT WLEX-2 WLEX-2HD WLKY-DT	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53.1 53.2 36 36.1 36.2 36.3 18 39 39.1 39.2	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M N-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY Lexington, KY	additional information
1. CALL SIGN WBKO-DT WDKY-DT WDKY-HD WDKY-Comet WDKY-Charge WKSO-DT WKSO-KY WKSO2 WKSO2 WKSO2 WKSO2 WKSO-HD WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WLEX-HD WLEX-DT WLEX-PT WLEX-2HD WLKY-DT WLKY-HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 36.3 18 39 39.1 39.2 39.3 26	CHANN 3. TYPE OF STATION N I I-M I-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-DT WDKY-Comet WKY-Charge WKSO-DT WKSO-AT WKSO-KY WKSO-HD WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WLEX-DT WLEX-DT WLEX-DT WLEX-2 WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 36.3 18 39 39.1 39.2 39.3 26 26.1 40 40.1	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M E-M E-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M N N-M I-M N N-M I-M N N-M I-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-DT WDKY-Charge WKSO-DT WKSO-DT WKSO-HD WKSO-HD WKSO-HD WKYT-DT WKSO-HD WKYT-DT WKYT-DT WLEX-DT WLEX-DT WLEX-DT WLEX-2 WLEX-2HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 36.3 18 39 39.1 39.2 39.3 26 26.1 40 40.1 40.2	CHANN 3. TYPE OF STATION N-M I I-M I-M E-M E-M E-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M I-M I-M I	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY	additional information
1. CALL SIGN WBKO-DT WBKO-HD WDKY-DT WDKY-DT WDKY-Comet WKY-Charge WKSO-DT WKSO-AT WKSO-KY WKSO-HD WKSO-HD WKYT-DT WKYT-DT WKYT-DT WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WKYT-CW WLEX-DT WLEX-DT WLEX-DT WLEX-2 WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD WLEX-2HD	2. B'CAST CHANNEL NUMBER 13 13.1 31.1 31.2 31.3 53 53.1 53.3 53.2 36 36.1 36.2 36.3 18 39 39.1 39.2 39.3 26 26.1 40 40.1	CHANN 3. TYPE OF STATION N-M I I-M I-M I-M E-M E-M E-M E-M E-M E-M N N-M I-M I-M I-M I-M I-M I-M I-M N N-M I-M N N-M I-M N N-M I-M N N-M N-M N-M N-M N-M N-M N-M N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No) Yes Yes Yes Yes Yes Yes	A Russell 5. BASIS OF CARRIAGE (If Distant) 0 E	6. LOCATION OF STATION 6. LOCATION OF STATION Bowling Green, KY Bowling Green, KY Danville, KY Danville, KY Danville, KY Bowling Green, KY Lexington, KY	additional information

	Legal Name of OWNER OF CABLE SYSTEM: SYSTEM Cumberland Cellular, Inc. 0272				027285	Name
PRIMARY TRANSM	TTERS: TELEVISIO	DN				
				5	ons and low power television stations)	C
			• •		rried only on a part-time basis under	G
•				•	ertain network programs [sections i]; and (2) certain stations carried on a	Primary
substitute program	basis, as explaine	ed in the next	paragraph.			Transmitters
Substitute Bas basis under specifo				ns carried by you	ir cable system on a substitute program	Television
				the Special State	ement and Program Log)—if the	
	ied only on a subs		ation was carrie	ad both on a sub	stitute basis and also on some other	
) of the general instructions located	
in the paper SA		sian Do not	report originatio	on program servi	ices such as HBO, ESPN, etc. Identify	
		•			nation. For example, report multi-	
cast stream as "WE WETA-simulcast).	ETA-2". Simulcast	streams mus	t be reported in	i column 1 (list e	ach stream separately; for example	
,	e the channel num	ber the FCC	has assigned to	o the television s	tation for broadcasting over-the-air in	
,		,	nannel 4 in Was	shington, D.C. Th	nis may be different from the channel	
on which your cabl Column 3: Indie	,		station is a netw	/ork station, an ir	ndependent station, or a noncommercial	
	, , ,	· ·			lticast), "I" (for independent), "I-M"	
· ·					ncommercial educational multicast). n the paper SA3 form.	
Column 4: If the	e station is outside	e the local ser	rvice area, (i.e.	"distant"), enter '	'Yes". If not, enter "No". For an ex-	
					the paper SA3 form. 5, stating the basis on which your	
cable system carrie	ed the distant stati	on during the	accounting per	riod. Indicate by	entering "LAC" if your cable system	
carried the distant					el capacity. alty payment because it is the subject	
of a written agreem	nent entered into o	n or before J	une 30, 2009, b	etween a cable	system or an association representing	
				• •	nary transmitter, enter the designa- o other basis, enter "O." For a further	
· · · /			•		ated in the paper SA3 form.	
					nity to which the station is licensed by the	
				-	with which the station is identifed.	
,	5 1				ch channel line-up.	
			•	•	ch channel line-up.	
4.0411		CHANNI	EL LINE-UP	B Adair		
1. CALL SIGN	2. B'CAST CHANNEL	CHANNI	EL LINE-UP 4. DISTANT?	•	ch channel line-up. 6. LOCATION OF STATION	
1. CALL SIGN	-	CHANNI 3. TYPE	EL LINE-UP	B Adair 5. BASIS OF		
	CHANNEL	CHANNI 3. TYPE OF	EL LINE-UP 4. DISTANT?	5. BASIS OF CARRIAGE		
SIGN	CHANNEL NUMBER	CHANNI 3. TYPE OF STATION	EL LINE-UP 4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN WAVE-DT WAVE-HD	CHANNEL NUMBER 47	CHANNI 3. TYPE OF STATION N	EL LINE-UP 4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION Louisville, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit	CHANNEL NUMBER 47 47.1	CHANNI 3. TYPE OF STATION N N-M	EL LINE-UP 4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN WAVE-DT	CHANNEL NUMBER 47 47.1 47.2	CHANNI 3. TYPE OF STATION N N-M N-M	EL LINE-UP 4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1	CHANNI 3. TYPE OF STATION N N-M N-M N-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49	CHANNI 3. TYPE OF STATION N-M N-M N-M I	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1	CHANNI 3. TYPE OF STATION N-M N-M N-M I I I-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2	CHANNI 3. TYPE OF STATION N-M N-M N-M I I I-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOUISVIILE, KY LOUISVIILE, KY LOUISVIILE, KY Bowling Green, KY Bowling Green, KY LOUISVIILE, KY LOUISVIILE, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11	CHANNI 3. TYPE OF STATION N-M N-M N-M I I-M I-M I-M N	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY Bowling Green, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 11.1	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11	CHANNI 3. TYPE OF STATION N-M N-M N-M I I-M I-M I-M N	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY Bowling Green, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY LOUISVILLE, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 11.1	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-DT WDRB-ANT WHAS-DT WHAS-HD WKSO-DT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 11.1 53	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N N-M E	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOUISVIILE, KY LOUISVIILE, KY LOUISVIILE, KY Bowling Green, KY Bowling Green, KY LOUISVIILE, K	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-HD WKSO-DT WKSO-KY	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49.2 49.1 49.2 11 49.2 11 11.1 53 53.1	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M I-M E E-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-DT WHAS-HD WKSO-DT WKSO-KY WKSO2	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 11.1 53 53.1 53.3	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M I-M N-M E E-M E-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-DT WDRB-ANT WHAS-DT WHAS-DT WHAS-DT WHAS-HD WKSO-DT WKSO-KY WKSO2 WKYT-DT WKYT-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 11.1 53 53.1 53.3 36	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M I-M E-M E-M N	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-DT WHAS-HD WKSO-DT WKSO-KY WKSO2 WKYT-DT WKYT-HD WKYU-DT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 11.1 53 53.1 53.3 53.1 53.3 36 36.1 18	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M I-M N-M E E-M E-M N N-M E	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-HD WDRB-ANT WHAS-DT WHAS-HD WKSO-DT WKSO-KY WKSO2 WKYT-DT WKYT-HD WKYU-DT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 53.3 36 36.1 18 26	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M E E-M E-M N-M E E-M N N-M E N N-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Lexington, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-HD WKSO-DT WKSO-KY WKSO2 WKYT-DT WKYT-HD WKYU-DT WLKY-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 49.2 11 11.1 53 53.1 53.3 36 36 36.1 18 26 26.1	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M E E-M E-M N-M E E-M N-M N-M E N N-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Lexington, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-HD WHAS-DT WHAS-HD WHAS-HD WKSO-DT WKSO-KY WKSO2 WKYT-DT WKYT-HD WKYU-DT	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 53.3 36 36.1 18 26	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M E E-M E-M N-M E E-M N N-M E N N-M	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOCATION OF STATION Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Louisville, KY Lexington, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Lexington, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-HD WDRB-HD WDRB-ANT WHAS-DT WHAS-DT WHAS-HD WKSO-CY WKSO2 WKYT-DT WKYT-HD WKYT-HD WKYU-DT WLKY-HD WLKY-HD	CHANNEL NUMBER 47 47.1 47.1 47.2 13 13.1 49 49.1 49.2 11 53.3 36 36.1 18 26 26.1	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M E E-M E-M N-M E E-M N-M E N N-M I I N-M I I N N-M I I N N-M I I N N N N N N N N N N N N N	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOUISVIILE, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Lexington, KY Bowling Green, KY Bowling Green, KY Lexington, KY Lexington, KY Louisville, KY	
SIGN WAVE-DT WAVE-HD WAVE-Grit WBKO-DT WBKO-HD WDRB-DT WDRB-DT WDRB-HD WDRB-ANT WHAS-DT WHAS-HD WHAS-HD WKSO-CY WKSO2 WKYT-DT WKYT-HD WKYT-HD WKYT-HD WKYL-DT WLKY-HD WLKY-HD WLKY-HD	CHANNEL NUMBER 47 47.1 47.2 13 13.1 49 49.1 49.2 11 49.2 11 11.1 53 53.1 53.3 53.1 53.3 36 36.1 18 26 26.1 26.2 51.2	CHANNI 3. TYPE OF STATION N-M N-M I I-M I-M N-M E E-M E-M R N-M E N N-M I I I-M I I I I I I I I I I I I I	4. DISTANT? (Yes or No)	B Adair 5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION 6. LOUISVIILE, KY Louisville, KY Louisville, KY Bowling Green, KY Bowling Green, KY Louisville, KY Lexington, KY Bowling Green, KY Bowling Green, KY Lexington, KY Bowling Green, KY Louisville, KY	

FORM SA3E. PAGE 3.

LEGAL NAME OF OW	NER OF CABLE SYS	STEM:			SYSTEM ID# 027285	Name
		N			027203	
PRIMARY TRANSMIT			totion (include	tronclater -t-"	no and low nower talevisian stations)	
		•	· · ·	5	ns and low power television stations) rried only on a part-time basis under	G
FCC rules and regula	ations in effect or	n June 24, 19	981, permitting	the carriage of ce	ertain network programs [sections	
76.59(d)(2) and (4), 3 substitute program b				61(e)(2) and (4))	; and (2) certain stations carried on a	Primary Transmitters
Substitute Basis	Stations: With r	respect to ar	ny distant station	ns carried by you	r cable system on a substitute program	Television
basis under specifc F • Do not list the static	, 0	,		the Special State	ment and Program Log)—if the	
station was carrie	d only on a subst	titute basis.		·		
	information conc				stitute basis and also on some other) of the general instructions located	
Column 1: List ea	ach station's call	-			ces such as HBO, ESPN, etc. Identify	
			•	•	nation. For example, report multi- ach stream separately; for example	
WETA-simulcast).				· ·		
			•		ation for broadcasting over-the-air in is may be different from the channel	
on which your cable	system carried th	ne station.		.		
					dependent station, or a noncommercial ticast), "I" (for independent), "I-M"	
(for independent mul	ticast), "E" (for no	oncommercia	al educational),	or "E-M" (for nor	commercial educational multicast).	
•			•		n the paper SA3 form. Yes". If not, enter "No". For an ex-	
planation of local ser	vice area, see pa	age (v) of the	e general instruc	ctions located in t	the paper SA3 form.	
-					5, stating the basis on which your entering "LAC" if your cable system	
carried the distant sta	ation on a part-tir	ne basis bec	cause of lack of	activated channe	el capacity.	
					Ity payment because it is the subject system or an association representing	
•					nary transmitter, enter the designa-	
· · · /		o enter "E". I	f you carried the	e channel on any	other basis, enter "O." For a further	
			() of the severe	Linetwystiens less		
					ated in the paper SA3 form. hity to which the station is licensed by the	
Column 6: Give t FCC. For Mexican or	he location of eac Canadian station	ch station. F ns, if any, gi	or U.S. stations ve the name of	, list the commur the community w	ated in the paper SA3 form. hity to which the station is licensed by the rith which the station is identifed.	
Column 6: Give t FCC. For Mexican or	he location of eac Canadian station	ch station. F ns, if any, gi	or U.S. stations ve the name of	, list the commur the community w	ated in the paper SA3 form. hity to which the station is licensed by the rith which the station is identifed.	
Column 6: Give t FCC. For Mexican or	he location of eac Canadian station	ch station. F ns, if any, gi nnel line-ups	or U.S. stations ve the name of , use a separate	, list the commur the community w	ated in the paper SA3 form. hity to which the station is licensed by the rith which the station is identifed. ch channel line-up.	
Column 6: Give t FCC. For Mexican or	he location of eac Canadian statio	ch station. F ns, if any, gi nnel line-ups	or U.S. stations ve the name of , use a separate	, list the commur the community w e space G for eac	ated in the paper SA3 form. hity to which the station is licensed by the rith which the station is identifed. ch channel line-up.	
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ACCOUNTING PER	IOD: 2019/1							FORM SA3E. PAGE 4.
	LEGAL NAME OF	OWNER OF CAB	LE SYSTE	EM:				SYSTEM ID#
Name	Cumberland	d Cellular, I	nc.					027285
		,	_					
н		t every radio	station c) arried on a separate and disc enerally receivable" by your o				
Primary	Special Instru	ctions Conce	rning A	II-Band FM Carriage: Under	Copyright Office	regulations, a	an FM si	gnal is generally
Transmitters:				stem whenever it is received				
Radio	on the basis of	monitoring, to	be rece	ived at the headend, with the	system's FM ar	ntenna, during	certain :	stated intervals.
				e Copyright Office regulations	on this point, se	e page (vi) of	the gen	eral instructions
	located in the p							
				each station carried.				
				on is AM or FM.	and by the apple	aveter of a	oonorata	and discrete
				nal was electronically proces k mark in the "S/D" column.	sed by the cable	system as a	separate	
				ion (the community to which the	he station is lice	nsed by the F	CC or in	the case of
				the community with which th			00 01, 11	
			e, u,,		0 0100000 10 10000			
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	1	I	1	1 1	1	L		

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/1		
LEGAL NAME OF OWNER OF Cumberland Cellular, I		EM:				SYSTEM ID# 027285	Name		
SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	3					
In General: In space I, ident substitute basis during the ac explanation of the programm form.	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regu	lations, or authoriza	ions. For a further	I Substitute		
1. SPECIAL STATEMENT • During the accounting per broadcast by a distant state	riod, did you			is, any nonn	etwork television pr		Carriage: Special Statement and Program Log		
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant stat gulations, c tion. Do no Lucy" or "NE n was broad sign of the adcast station hadian station th and day ve "5/7." es when the Example: a er "R" if the and regulati rogramming	am on a separa attach addition nnetwork telev- tion and that your or authorization to use general 3A Basketball: dcast live, enter station broadca on's location (ti ons, if any, the when your syster a substitute pro- a program carr listed program ons in effect do	hal pages. vision program (substitute pour cable system substitute this. See page (vi) of the gericategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "I asting the substitute progra- he community to which the community with which the stem carried the substitute ogram was carried by your- ied by a system from 6:01: In was substituted for progra- uring the accounting period	brogram) that ad for the pro heral instructi r "basketball" No." am. station is licc station is licc station is ide program. Us cable system 15 p.m. to 6: amming that d; enter the le	t, during the accour gramming of anoth ons located in the p . List specific prog ensed by the FCC of entified). e numerals, with the n. List the times acc 28:30 p.m. should b your system was re etter "P" if the listed	ting er station aper am or, in e month urately se quired pro			
		E PROGRAM	1		EN SUBSTITUTE	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	, FOR DELETION TO			
				·					
				·					
				·					
				·					
					_				
					_				
					_				

N	LEGAL NAME OF	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Name	Cumberland	l Cellular, In	с.						027285		
	PART-TIME CA	ARRIAGE LOG									
J Part-Time Carriage Log	 In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.–12:00 p.m." 										
			DATE	S AND HOURS	DF F	PART-TIME CAF	RRIAGE				
		WHEN	I CARRIAGE OCC	URRED			WHEN	I CARRIAGE OCC			
	CALL SIGN		HOU	IRS		CALL SIGN		HOL	IRS		
		DATE	FROM	TO			DATE	FROM	TO		
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FORM	SA3E. PAGE 7.				
-	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Name
Cu	mberland Cellular, Inc.			027285	
Inst all a (as pag	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seccidentifed in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. 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.	ondary	transmis e this am \$	sion service	K Gross Receipts
		I			
Instru Con Con If yo fee If yo acco	(RIGHT ROYALTY FEE ctions : Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. nur system did not carry any distant television stations, leave block 3 blank. Enter the an from block 1 on line 1 of block 4, and calculate the total royalty fee. nur system did carry any distant television stations, you must complete the applicable pa pompanying this form and attach the schedule to your statement of account.	arts of t	the DSE	Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.				
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ slow.	enterec	d on line 2	2 in block	
÷ .	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered o	on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.				
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	964,849.45	
	This is your minimum fee.	\$		10,266.00	
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 colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and c Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 	nn 4, ya od?	ou must o	check	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	7,919.14	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			0.00	
	Line 3. Add lines 1 and 2 and enter here	\$		7,919.14	
Block	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee		¢	10 266 00	
4	from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	10,266.00	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter	r		0.00	submitting additional
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9				deposits under Section 111(d)(7)
	(Interest Worksheet)			0.00	should contact the Licensing
	Line 4. FILING FEE		\$	725.00	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	\$		10,991.00	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of	the	

ACCOUNTING PERIC	. 2013/1	FORM SA3E. PAGE 8.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Cumberland Cellular, Inc.	027285
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations	atations 36
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	172
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 Daryl Hammond Telephone	270-343-1111
	Address P.O. Box 80 (Number, street, rural route, apartment, or suite number)	
	Jamestown, KY 42629 (City, town, state, zip)	
	Email Fax (optional)	
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regul I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] I the 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 ir button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus comp Typed or printed name: Daryl Hammond	3; or system as identified her of the cable system d herein
	Title: Secretary/Treasurer (Title of official position held in corporation or partnership)	
	Date: July 23, 2019	
form in order to proc numbers. By providi search reports prepa	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information ess your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name ng PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce ared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account an statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law	e, address and telephoi 's public indexes anc

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABL	LE SYSTEM:		SYSTEM ID#	Name
Cumberland Cellular, Ir	nc.		027285	Nume
The Satellite Home Viewer lowing sentence: "In determining the service of providing	total number of subscribers and the gr g secondary transmissions of primary b	EIPTS EXCLUSIONS 1111(d)(1)(A), of the Copyright Act by adding th oss amounts paid to the cable system for the b roadcast transmitters, the system shall not incl g secondary transmissions pursuant to section	asic ude sub-	P Special Statement
paper SA3 form. During the accounting peri made by satellite carriers t	od did the cable system exclude any a	note on page (vii) of the general instructions ir mounts of gross receipts for secondary transmi		Concerning Gross Receipts Exclusion
X NO YES. Enter the total h	ere and list the satellite carrier(s) below	/ \$		
Name Mailing Address		Name Mailing Address		
	IENTS	<u>+</u>		
You must complete this wo	orksheet for those royalty payments sul	omitted as a result of a late payment or underp general instructions in the paper SA3 form.	ayment.	Q
Line 1 Enter the amount of	of late payment or underpayment	x		Interest Assessment
Line 2 Multiply line 1 by the	he interest rate* and enter the sum her	ee	- -	
Line 3 Multiply line 2 by the	he number of days late and enter the s		days 00274	
	0.00274** enter here and on line 3, bloc (page 7)	\$	- t charge)	
	ate chart click on <i>www.copyright.gov/lid</i> 9 Division at (202) 707-8150 or licensing	censing/interest-rate.pdf. For further assistance		
** This is the decimal e	equivalent of 1/365, which is the interes	t assessment for one day late.		
	-	count already submitted to the Copyright Offce, ounting period, and ID number as given in the		
Owner				
First community served				
Accounting period				
ID number				
Privacy Act Notice: Section 111 of ti	tle 17 of the United States Code authorizes the 0	Copyright Offce to collect the personally identifying informa	tion (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 filing, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.

2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

3) A station of the same type substituted for a carried network, noncommercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)]) in effect on June 24, 1981.

4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.

5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

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

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

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

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

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

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

DSE SCHEDULE. PAGE 11.

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.

 Identify the communities/areas represented by each subscriber group.
 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.

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

6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows: • When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains

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

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

EXAMPLE:

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

		Distant Stations Carried		Identification	of Subscriber	Groups		
In most cases	under current FCC	STATION	DSE	CITY	OUTSIDE LC	DCAL	GRO	SS RECEIPTS
rules, all of Fairvale would be within		in A (independent)	1.0		SERVICE AF	REA OF	FROM SUBSCRIBER	
the local service area of both stations		B (independent)	1.0	Santa Rosa	Stations A, B	, C, D ,E		\$310,000.00
A and C and all of Rapid City and Bo-		- C (part-time)	0.083	Rapid City	Stations A an	nd C		100,000.00
dega Bay wou	ld be within the local	D (part-time)	0.139	Bodega Bay	Stations A an	nd C		70,000.00
service areas o	of stations B, D, and E	. E (network)	<u>0.25</u>	Fairvale	Stations B, D	, and E		120,000.00
		TOTAL DSEs	2.472		TOTAL GRO	SS RECEIPTS		\$600,000.00
	1	Minimum Fee Total Gross	Receipts		\$600,000.00			
Santa Rosa	Stations A and C		·		x .01064			
	35 mile zone				\$6,384.00			
		First Subscriber Group		Second Subso	criber Group		Third Subscriber Group	
	· · · ·	(Santa Rosa)		(Rapid City and	l Bodega Bay)		(Fairvale)	
	Fairvale							
		Gross receipts	\$310,000.00	Gross receipts		\$170,000.00	Gross receipts	\$120,000.00
Rapid City		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
	Bodega	\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .010)64 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
/ t	Bay	\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .007	′01 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
Station	ISB D							
and and		Total Base Rate Fee: \$6,						
35 mile	e zone 🗸	In this example, the cable	system would ent	er \$10,008.94 in	space L, block	3, line 1 (page	7)	

DSE SCHEDULE. PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
I	Cumberland Cellular, Inc					02728						
	SUM OF DSEs OF CATEGORY		S:									
	Add the DSEs of each station.											
	Enter the sum here and in line 1	of part 5 of this	schedule.		4.25							
2	Instructions:	an": list the call	signs of all distant station	s identified by th	e letter "Ω" in column 5							
-	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).											
Computation	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs											
Category "O"												
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WMYO-MyNet	1.000										
	WBKO-DT	0.250										
	WHAS-DT	0.250										
	WKYT-DT	0.250										
dd rowc ac	WLKY-DT	0.250										
dd rows as	WBKI-DT	1.000										
ecessary. Temember to copy	WKYU-DT	0.250										
ll formula into new	WLKY-32	1.000										
ows.												
Jws.												
						I						

								DULE. PAGE 12.				
Name		Cellular, Inc.						SYSTEM ID# 027285				
3 Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should a Column 3 Column 4 be carried out Column 5 give the type- Column 6	st the call sign of all dist For each station, give correspond with the info For each station, give Divide the figure in col at least to the third dec For each independent	the number of h rmation given in the total numbe lumn 2 by the fig imal point. This station, give the olumn 4 by the f	ours your cable syste space J. Calculate o r of hours that the sta gure in column 3, and is the "basis of carriag e "type-value" as "1.0. igure in column 5, and	m carried the sta nly one DSE for tion broadcast or give the result in ge value" for the " For each netwo	ation during the accou each station. ver the air during the a decimals in column 4 station. vrk or noncommercial in column 6. Round to	accounting period. . This figure must educational station, no less than the	r				
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBI OF HO CARRI SYSTE	ER URS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TY	PE 6. D LUE	SE				
			÷		=	×	=					
			÷		=	×	=					
			÷			x x	=					
			÷		=	x	=					
			÷ ÷			×						
			÷		=	x x	=					
	Add the DSEs	o F CATEGORY LAC of each station. Im here and in line 2 of		nedule,		0	.00					
4 Computation of DSEs for Substitute- Basis Stations	Was carried tions in efference Broadcast of space I). Column 2: 1 at your option. Column 3: 1 Column 4: 1	e the call sign of each s I by your system in subs ct on October 19, 1976 ne or more live, nonnetw For each station give the This figure should corre Enter the number of day Divide the figure in colu This is the station's DSE	stitution for a pro (as shown by th work programs du e number of live espond with the rs in the calenda mn 2 by the figu	gram that your syster le letter "P" in column uring that optional carr , nonnetwork program information in space I ar year: 365, except in re in column 3, and gi	n was permitted 7 of space I); an riage (as shown by ns carried in subs a leap year. ve the result in c	to delete under FCC r d y the word "Yes" in colu stitution for programs t olumn 4. Round to no	ules and regular- mn 2 of hat were deleted less than the third	orm).				
		SI	JBSTITUTE-	BASIS STATION	IS: COMPUT/	ATION OF DSEs	<u> </u>					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMBER OF DAYS S IN YEAR					
			÷	=			÷	=				
			÷	=			÷ ÷					
			÷	=			÷	=				
			÷	=			÷	=				
	Add the DSEs	OF SUBSTITUTE-BAS		= nedule,		0	•	=				
5 Total Number of DSEs	number of DSEs 1. Number o 2. Number o	R OF DSEs: Give the ar s applicable to your syste f DSEs from part 2 • f DSEs from part 3 • f DSEs from part 4 • R OF DSEs		boxes in parts 2, 3, and	4 of this schedul	e and add them to prov	vide the total 4.25 0.00 0.00	4.25				
							<u> </u>					

ACCOUNTING I	PERIOD: 2019/1
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LEGAL NAME OF C Cumberland C		SYSTEM:					S	YSTEM ID# 027285	Name
schedule.	"Yes," leave the re	emainder of p		of the DSE sched	ule blank and	complete par	t 8, (page 16) of th	e	6
 If your answer if 	NO, COMPlete bid	ICKS D AND C		ELEVISION MA	ARKETS				Computation of
effect on June 24,	1981?	schedule—D	najor and small	er markets as defin	ned under sec		CC rules and regul	ations in	3.75 Fee
		BLO	CK B: CARR		/ITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations are consistent of the second s	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of the 25, 1981. For furthe e 25, 1981. For furthe letter M below refloct of 2010.)	ther explanation	on of permitte	d stations, see the	-	
Column 2: BASIS OF PERMITTED CARRIAGE	 (Note the FCC r. A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursua *F A station pre 	Iles and regu ed pursuant t on as defined al educationa d station (76.1 r DSE sched ant to individu viously carrie IHF station w	lations cited be o the FCC mar d in 76.5(kk) (76 al station [76.59 65) (see paragr ule). ual waiver of FC ad on a part-tim rithin grade-B co	e or substitute basi ontour, [76.59(d)(5)	e in effect on . .57, 76.59(b), n(1), 76.63(a) n 3(a) referring t stitution of gra s prior to June	June 24, 1981 76.61(b)(c), 7 referring to 76 to 76.61(d)] ndfathered st	6.63(a) referring to 6.61(e)(1) ations in the		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			orksheet on page 1	4 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	
WBKO-DT	D	0.25	WLKY-32	М	1.00				
WHAS-DT	D	0.25	WMYO-My	М	1.00				
WKYT-DT	D	0.25							
WKYU-DT	C	0.25							
WLKY-DT	D	0.25							
WBKI-DT	D	1.00							
					·			4.25	
		E	BLOCK C: CO	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this s	schedule					
Line 2: Enter the	sum of permitte	d DSEs fror	n block B abo	ve					
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSI	Es from line	3				·		carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line :	2, block 3, space	L (page 7)			0.00	

DSE SCHEDULE. PAGE 13.

	-							[SE SCHEDULE. P.	AGE 14.		
News	LEGAL NAME OF OWN	IER OF CABLE SYST	EM:						SYSTE	M ID#		
Name	Cumberland Ce	ellular, Inc.							02	7285		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. 											
						A PART-TIME AN						
	1. CALL	2. PRIOR				A PART-TIME AN		RESENT	6. PERMITT	FD		
	SIGN	DSE		ERIOD		CARRIAGE		DSE	0. PERMIT			
		201										
7 Computation of the Syndicated	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
-		BLOCK A: MAJOR TELEVISION MARKET										
Exclusivity Surcharge	 Is any portion of the of 	cable system within a	top 100 majo	r television mar	ket as o	defned by section 7	6.5 of FCC	rules in effect J	une 24, 1981?			
	Yes—Complete											
	BLOCK B: Ca	arriage of VHF/Grad	e B Contour	Stations		BLOCK	(C: Compu	itation of Exem	pt DSEs			
	Is any station listed in commercial VHF stati or in part, over the ca	on that places a gra			nity	s any station listed served by the cab ormer FCC rule 76	le system p	•				
		tation below with its ap and proceed to part 8.	propriate perm	nitted DSE		Yes—List each st No—Enter zero a			te permitted DSE	E		
	CALL SIGN	DSE C	ALL SIGN	DSE	г	CALL SIGN	DSE	CALL SIG	N DSE	_		
							-					
								-				
		└────┤ ───		0.00			!!	TOT	F. 4	0.00		
		т	DTAL DSEs	0.00				TOTAL DS	ES	0.00		

DSE SCHEDULE. PAGE15.

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID# 027285	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section	Enter the amount of gross receipts from space K (page 7)	964,849.45	7
1 Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	 Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 DSI is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. 	E	
	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.		
-u	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 DSI is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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		

ACCOUNTING PERIOD:	2019/1	DSE SCHEDULE. PA	.GE 16.
Name	LEGAL NAM	IE OF OWNER OF CABLE SYSTEM: SYSTEM:	
	(Cumberland Cellular, Inc. 02	7285
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 of the		A. Enter 0.00300 of gross receipts (the amount in section 1)	
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)	
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	<u></u>
8 Computation of Base Rate Fee	6 was o • In blo • If you • If you blank What i were lo	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. ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did v	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	-	X Yes—Complete part 9 of this schedule.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
		Base Rate Fee	.00

DSE SCHEDULE. PAGE 17.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	
Cumberland Cellular, Inc. 0272	285 Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
	8
A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$	
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 ▶	
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	7
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-wide basis. Carriage of television broadcast signals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel lin- ups in Space G.	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclu	
receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage this exclusion, you must:	of Base Rate Fee
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the sam	and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the numb	ber of Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each gro Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you	for u Partially
must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below However, if your cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
How to Identify a Subscriber Group for Partially Distant Stations	for Partially
Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you	Permitted Stations
carried to that community.	
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and the same token, the station is distant to the subscriber.)	, by
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each	
subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.	;
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.	
In each section:	
 Identify the communities/areas represented by each subscriber group. Cive the cell size for each of the station in the subscriber group's complement, that is each station that is distant to all of the 	
• Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.	
• If:	
1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, and 4 of this schedule; or,	3,
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule. 	
• Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instruction in the paper SA3 form.	IS
• Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the t DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.	total

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	Cumberland Cellular, Inc.	027285
	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.	

				TE FEES FOR EACH				
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA Jamestown, Russell Springs			SECOND SUBSCRIBER GROUP COMMUNITY/ AREA Columbia, Adair County			UP	9	
								Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
WBKO-DT	0.25			WBKO-DT	0.25	-		
WKYU-DT WLKY-DT	0.25			WKYT-DT WKYU-DT	0.25	-		and Syndicated
	0.25				0.25			Exclusivity
						-		Surcharge
								for
								Partially
								Distant
								Stations
						-		
Total DSEs			0.75	Total DSEs			0.75	
Gross Receipts First G	roup	\$ 611	,017.03	Gross Receipts Secon	nd Group	\$ 3	344,873.15	
Base Rate Fee First G	iroup	\$ 2	,875.92	Base Rate Fee Second	nd Group	\$	2,752.09	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA	Cumber	rland County		COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet	1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT	1.00 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT	1.00 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT	1.00 0.25 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT	1.00 0.25 0.25 0.25 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WKYU-DT WBKI-DT	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WBKI-DT WLKY-32	1.00 0.25 0.25 0.25 0.25 0.25 0.25 1.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WBKI-DT WBKI-DT WLKY-32	1.00 0.25 0.25 0.25 0.25 1.00 1.00					S		
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WBKI-DT WLKY-32	1.00 0.25 0.25 0.25 0.25 1.00 1.00		4.25	Total DSEs			0.00	
CALL SIGN WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WKYU-DT WBKI-DT WLKY-32 Total DSEs Gross Receipts Third (Base Rate Fee Third (1.00 0.25 0.25 0.25 0.25 1.00 1.00		4.25	Total DSEs	h Group		0.00	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WBKI-DT WLKY-32	1.00 0.25 0.25 0.25 0.25 1.00 1.00	 ξξξ	4.25	Total DSEs Gross Receipts Fourt	h Group		0.00	
WMYO-MyNet WBKO-DT WHAS-DT WKYT-DT WLKY-DT WKYU-DT WBKI-DT WBKI-DT Total DSEs Gross Receipts Third (Base Rate Fee Third (1.00 0.25 0.25 0.25 0.25 1.00 1.00 3.00 1.00	s fees for each subsc	<u>4.25</u> 3,959.27 291.13	Total DSEs Gross Receipts Fourt	h Group h Group		0.00	

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNE		E SYSTEM:	nonpol			SY	STEM ID# 027285	Name
				ATE FEES FOR EACH SUBSCRIBER GROUP				
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA			COMMUNITY/ AREA Columb		ia, Adair County		9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-				-		and Councilia at a d
		-						Syndicated Exclusivity
								Surcharge
								for
								Partially
		-				-		Distant
						-		Stations
		-				-		
						-		
		-						
					1			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 611,017.03		,017.03	Gross Receipts Second Group		\$ 34	4,873.15		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	TUIDD				FOURTU			
COMMUNITY/ AREA Cumberland County			FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-		
						-		
		-				-		
		-			.			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 8,959.27		,959.27	Gross Receipts Fourth Group \$ 0.00			0.00		
Base Rate Fee Third Group \$ 0.00		0.00	Base Rate Fee Fourth Group \$ 0.00					
Base Rate Fee: Add the base rate fees for each subscriber group a Enter here and in block 3, line 1, space L (page 7)				as shown in the boxes at	oove.	\$	0.00	
						L		

		FORM SA3E. PAGE 20.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cumberland Cellular, Inc.	SYSTEM ID# 027285					
		DCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9 Computation	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 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:						
of		Second 50 major television market					
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of 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 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. 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 schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SURCHARGE First Group	SURCHARGE Second Group					
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for in the boxes above. Enter here and in block 4, line 2 of space L (page	0					