This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED AMOUNT						
08/21/2019	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	2019/1									
Period										
B Owner	Instructions: Give the full legal name of the owner of the cable system. If rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conduct of these were different owners during the accounting period, of a single statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SIMILITY MICHAEL STATES AND COMMENTALING ADDRESS OF CABLE SIMILITY MICHAEL STATES AND COMMENTALING ADDRESS OF CABLE SIMILITY MICHAEL STATES AND CABLE SIMILITY MICHAEL	cts the business of the cable systemly the owner on the last day of the entire accounting period e system's ID number assigned b	em the accounting period should s							
				34851 2019/1						
	PO Box 48 Kimball, SD 57355									
С	INSTRUCTIONS: In line 1, give any business or trade name names already appear in space B. In line 2, give the mailing									
System	1 IDENTIFICATION OF CABLE SYSTEM:	, ,		· ·						
	MAILING ADDRESS OF CABLE SYSTEM:									
	(Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page	1b. Identify only the frst comm	nunity served below and rel	ist on page 1b						
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	WHITE LAKE	SD								
Community	Below is a sample for reporting communities if you report			OUR SEE!						
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#						
Sample	Alliance	MD MD	B	2						
	Gering	MD	В	3						
ĺ										

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Midstate Communications Inc.			34851							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated										
areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should be	reported in paren	theses							
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9).	e column blank. If evant community	you report any sta with a subscriber	ations group,							
When reporting the carriage of television broadcast stations on a community-by-comm	a subscriber grou									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	 						
WHITE LAKE	SD			First						
CHAMBERLAIN PUKWANA	SD SD			Community						
KIMBALL	SD									
OACOMA	SD									
STICKNEY	SD			See instructions for						
PLATTE GEDDES	SD SD		•	additional information on alphabetization.						
DELMONT	SD									
ACADEMY	SD									
NEW HOLLAND	SD									
FT THOMPSON	SD			Add rows as necessary.						
GANN VALLEY	SD									
		1		1						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midstate Communications Inc.

SYSTEM ID#

34851

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	ı	RATE		
Residential:								
 Service to first set 	441	\$ 54.95	DIGITAL	1,760	\$	62.95		
 Service to additional set(s) 			LOCAL CHOICE	68	\$	19.95		
 FM radio (if separate rate) 								
Motel, hotel								
Commercial								
Converter								
 Residential 								
 Non-residential 								
		ļ			********			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	F	CATEGORY OF SERVICE	F	RATE	
Continuing Services:		Installation: Non-residential					
 Pay cable 		Motel, hotel					
 Pay cable—add'l channel 		Commercial			НВО	\$	19.00
Fire protection		Pay cable			SHOWTIME	\$	19.00
Burglar protection		 Pay cable-add'l channel 	CINEMAX	\$	12.45		
Installation: Residential		Fire protection			STARZ/ENCORE	\$	12.45
First set	\$ 57.00	Burglar protection					
Additional set(s)		Other services:					
• FM radio (if separate rate)		Reconnect	\$	20.00			
Converter		Disconnect					
		Outlet relocation	\$	57.00			
		 Move to new address 	\$	40.00		1	
			·····			1	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Midstate Communications Inc. 34851 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER **STATION** (If Distant) **KPLO** 6.1 Ν No **RELIANCE, SD** UTV 6.2 I-M No RELIANCE, SD See instructions for additional information **KPLO-DT4** N-M 6.4 No RELIANCE, SD on alphabetization. 5.1 Ν No KDLV-TV MITCHELL, SD 5.2 Ν No KDLV-SD MITCHELL, SD **KPRY-TV** 4 Ν No PIERRE, SD KSFY-DT2 13.2 I-M No PIERRE, SD KSFY-DT3 13.3 I-M No PIERRE, SD 7 Ν **KTTW** No SIOUX FALLS, SD KTTW-DT2 7.2 I-M No SIOUX FALLS, SD KUSD-TV 2 Ε Yes 0 **VERMILLION, SD KUSD-DT2** 2.2 E-M Yes 0 VERMILLION, SD **KUSD-DT3** 2.3 E-M Yes 0 **VERMILLION, SD**

FORM SA3E. PAGE 3.						.1	
LEGAL NAME OF OWN					SYSTEM ID#	Namo	
Midstate Comm	nunications	Inc.			34851		
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried only your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute Dasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. - List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommer							
Note: If you are dimen	ig manipic onai	•	·		onariie iiie up.		
	ı	CHANN	EL LINE-UP	АВ			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851	- Namo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Pasis Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 oc Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you heable system carried the carried the distant stat For the retransmiss	G, identify every system during the consine effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(y television standard programment of the station and s	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the tition was carried ute basis station be reported in the referring to its own be reported in the reported	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity.	G Primary Transmitters: Television	
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-		CHANN	EL LINE-UP	AC	·		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWNE					SYSTEM ID#	Name		
Midstate Comm	unications	Inc.			34851			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in								
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_		CHANN	EL LINE-UP	AD				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Midstate Comr	nunications	Inc.			34851	
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC	G, identify every system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With rocc rules, regular here in space	r television stane accounting a June 24, 1964), or 76.63 (rd in the next pespect to any tions, or auth G—but do list	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations:	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a s carried by your c	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the	G Primary Transmitters: Television
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a						
		CHANN	EL LINE-UP	AE		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Midstate Comm	nunications	Inc.			34851		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
In General: In space G carried by your cable si FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried of List the station here, as basis. For further infinite paper SA3 for Column 1: List each each multicast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licension which your cable sy Column 3: Indicate educational station, by (for independent multice For the meaning of the Column 5: If you had cable system carried the carried the distant station. For the retransmission of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the	s, identify every ystem during the ons in effect or .61(e)(2) and (.iis, as explaine tations: With r C rules, regular here in space only on a substand also in spatformation concern. In station's call associated with .2". Simulcast: e channel numbers associated with in each case wentering the least), "E" (for no se terms, see pattern is outside the carea, see pattern is outside the case on a part-time on on a part-time on on a part-time on of a distant entered into on a primary transistimulcasts, also ree categories, e location of each canadian statio	y television streams accounting in June 24, 194, or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the state of the station account in a station. Whether the station. Whether the station. Whether the station and uning the sear in column on during the sear in column on during the sear in or before Jumitter or an account in the station. For the sear in or search or sear	g period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the station was carried tute basis station report origination cording to its ovalue bears assigned to pannel 4 in Wash attion is a network etwork), "N-M" (I educational), or general instruct 4, you must con accounting period accounting peri	(1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Specia	es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the payment beta which the station is identified.	Primary Transmitters: Television	
		CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
Midstate Comm	nunications	Inc.			34851			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in								
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		CHANN	EL LINE-UP	AG				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER					SYSTEM ID#	Name	
Midstate Commu	unications	Inc.			34851		
PRIMARY TRANSMITTER	S: TELEVISIO	N					
In General: In space G, carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Stabasis under specifc FCC Do not list the station here, and basis. For further info in the paper SA3 form Column 1: List each each multicast stream as cast stream as "WETA-2 WETA-simulcast). Column 2: Give the coits community of license. On which your cable syst Column 3: Indicate in educational station, by e (for independent multicast For the meaning of these Column 5: If you hav cable system carried the carried the distant station For the retransmission of a written agreement et the cable system and a ption "E" (exempt). For sin explanation of these thre Column 6: Give the local system and a ption "E" (exempt). For sin explanation of these thre Column 6: Give the local substitute in the cable system and a ption "E" (exempt). For sin explanation of these thre Column 6: Give the local substitute in the cable system and a ption "E" (exempt). For sin explanation of these thre Column 6: Give the local substitute in the cable system and a ption "E" (exempt). For sin explanation of these thre Column 6: Give the local substitute in the cable system and a ption "E" (exempt). For sin explanation of these thre	identify every stem during the sin effect on the side of the sexplained attions: With respect to the side of the s	r television stane accounting in June 24, 1984), or 76.63 (r d in the next prespect to any titions, or auth G—but do list ititute basis. In the stane acceptance of the station acceptance of the station acceptance of the station. In the local serving (v) of the station on during the acceptance of the station of the station. In the station of the station of the station of the station. For the station of the station of the station of the station of the station. For the station of the station o	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the time the time that it in space I (the time that it in the time that it is an earn that is not space area, (i.e. "or general instruct 4, you must cor accounting period accounti	(1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Specia	es". If not, enter "No". For an expaper SA3 form. Stating the basis on which your dering "LAC" if your cable system capacity. To payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the payment beta which the station is identified.	Primary Transmitters: Television	
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1. CALL 2 SIGN	. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851	- Namo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "\n" (for network) "\n"-\n" (for network multicast), "" (for independent), "\n" (fo							
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	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						1	
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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		CHANN	EL LINE-UP	AJ		-	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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Note: If you are utilizing				•			
		CHANN	EL LINE-UP	AK			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWNE					SYSTEM ID#	Name		
Midstate Comm	unications	Inc.			34851			
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		CHANN	EL LINE-UP	AL				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. 1 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent),"-I-M" (for							
		CHANN	EL LINE-UP	AM			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851	Train 0	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network)", N-M" (for network multicast), "" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational) multicast							
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Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AN			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWNE					SYSTEM ID#	Name		
Midstate Comm	unications	Inc.			34851			
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel								
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		CHANN	EL LINE-UP	AO				
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851	Traine	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
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		CHANN	EL LINE-UP	AP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851	Traine	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 07.66.61(e)(2) and (4), 07.66.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "\mathbb{T} (for network), \mathbb{T} \mathbb{M} \mathbb{M} \mathbb{M} \mathbb{M} \							
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	entered into on a primary transi simulcasts, also tree categories, e location of ea Canadian statio	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ne 30, 2009, be ssociation repre you carried the of the general in r U.S. stations, e the name of the	etween a cable system in a cable system in a channel on any ot instructions locate list the community with a community with	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
,			EL LINE-UP		<u> </u>		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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					ļ		
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					ļ		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTE		Name	
Midstate Comn	nunications	Inc.				34851		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), or 76.61(e)(2) and (4), or 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. **Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for independent multicast), "E" (
rioto. Il you are utilizin		• •	•		onarmer ime up.			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		EL LINE-UP 4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Midstate Comn	nunications	Inc.			34851	- Namo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 07.66.01 (e)(2) and							
of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	t entered into on a primary trans simulcasts, also aree categories e location of ea Canadian statio	n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ns, if any, giv	ne 30, 2009, be ssociation repre you carried the of the general in r U.S. stations, e the name of the	etween a cable systement and the primal channel on any of instructions locate list the community with the co	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. r to which the station is licensed by the which the station is identifed.		
-		CHANN	EL LINE-UP	AS			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.					Accookii	NG 1 EMOD. 2013/1	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Nama	
Midstate Comm	nunications	Inc.			34851	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for							
rector in you are atment	g manipio onai		·	<u> </u>	onamic up.		
		CHANN	EL LINE-UP	AI			
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NUMBER	STATION		(II Distant)			
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FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name							
Midstate Communications Inc. 34851								
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76,59(l)(2) and (4),76,616(e)(2) and (4),0 or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "LM" (for in								
CHANNEL LINE-UP AU								
1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant) 6. LOCATION OF STATION (If Distant)								

FORM SA3E. PAGE 3.					0./0==1.15//	T			
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Midstate Comn	nunications	Inc.			34851				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "For for independent), "I-M" (for indepe									
Note: if you are utilizing	ng multiple char		·	•	channel line-up.				
	T	CHANN	EL LINE-UP	AV					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
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FORM SA3E. PAGE 3.									
LEGAL NAME OF OWNER					SYSTEM ID#	Name			
Midstate Commu	ınications	Inc.			34851				
PRIMARY TRANSMITTER	S: TELEVISIO	N							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(l)(2) and (4), 76.616(e)(2) and (4), 0, 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "HM" (for netw									
		CHANN	EL LINE-UP	AW					
1. CALL 2. SIGN	. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
				,					

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 34851 Midstate Communications Inc. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/1			
LEGAL NAME OF OWNER OF		EM:			S	YSTEM ID#	Name			
Midstate Communicati	ons Inc.					34851				
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
explanation of the programm				e general instr	uctions located in the pap	er SA3 form.	Substitute			
1. SPECIAL STATEMENT					huadi talaniaian nyanya		Carriage: Special			
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
Log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in										
effect on October 19, 1976.				WHE	EN SUBSTITUTE	7 DEACON				
S		E PROGRAM	T		AGE OCCURRED	7. REASON FOR				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION				
					_					
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Midstate Communications Inc.

SYSTEM ID#

34851

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE											
CALL SIGN	WHEN CARRIAGE OCCURRED				CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED				
	DATE	FROM	OUR	RS TO			DATE	FROM	IOUR	DURS TO	
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	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#						
Mie	state Communications Inc.		34851	Name					
Ins all a (as pag	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)								
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.									
	irt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e entered on line	1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2	in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered or	ı line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or mor least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.	e is 1.064 percen	t of the						
	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. This is your minimum fee.	\$	8,129.98						
Block 2	, ,								
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	<u></u> \$	6,097.48						
	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	\$	6,097.48						
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE : Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	8,129.98	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, ente zero.	r	0.00	submitting additional deposits under					
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact					
	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	\$	8,854.98	appropriate form for submitting the additional fees.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#									
Name	Midstate Communications Inc.	34851									
	CHANNELS										
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations										
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels	1. Enter the total number of channels on which the cable										
	1. Enter the total number of channels on which the cable system carried television broadcast stations										
	and nonbroadcast services										
	and nondroad services										
N Individual to Be Contacted											
for Further	Name Tammy Walsh Telephone 605-778-6221										
Information											
	Address PO Box 48										
	(Number, street, rural route, apartment, or suite number) Kimball, SD 57355										
	(City, town, state, zip)										
	Finally tempty@mideteff.net										
	Email tammy@midstaff.net Fax (optional) 605-778-8080										
	OFFICIATION (This statement of account must be actified and simulation and in accordance with Committee Office accordance)										
0	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or 										
Certification											
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 										
	X /S/ Mark Benton										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting										
	Typed or printed name: Mark Benton										
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	Title: General Manager										
	(Title of official position held in corporation or partnership)										
	Date: August 19, 2019										

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

Midstate Communications Inc. SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? No	cial ment rning eceipts
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Name Mailing Address INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. Line 1 Enter the amount of late payment or underpayment x Line 2 Multiply line 1 by the interest rate* and enter the sum here x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here)
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274 Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner Address	
First community served Accounting period ID number	

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ACCOUNTING PERIOD: 2019/1

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

ACCOUNTING PERIOD: 2019/1

DSE SCHEDULE. PAG											
1	LEGAL NAME OF OWNER OF CABL				S	STEM ID#					
•	Midstate Communication	ons Inc.				34851					
	SUM OF DSEs OF CATEGO	RY "O" STATION	NS:								
	 Add the DSEs of each statio 										
	Enter the sum here and in line	-	0.75								
	Instructions:										
2	In the column headed "Call	Sign": list the cal	ll signs of all distant station	ns identified by t	he letter "O" in column 5						
Commutation	of space G (page 3).	" for each inden	andont station, give the DS	SE ac "1 0": for /	and natwork or nancom						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	moroiai oudodaloriai olaliori, gi		CATEGORY "O" STATIC	NS: DSEs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KUSD-TV	0.250									
	KUSD-DT2	0.250									
	KUSD-DT3	0.250									
				<u> </u>							
Add rows as				···							
necessary.				<u> </u>							
Remember to copy				<u> </u>							
all formula into new				····							
rows.				····							
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Name	Midstate Communications Inc.							34851	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs								
	1. CALL SIGN	2. NUMBEF OF HOU CARRIEI SYSTEM	RS 3. N D BY S	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	5. TY	ALUE	S. DSE	
						x x			
	***************************************		÷	=	=	x	<u>=</u>		
						x x			
			÷	=		x	=		
			÷			x	=		
	Add the DSEs of	SUM OF DSEs OF CATEGORY LAC STATIONS: dd the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,▶ 0.00							
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 								
						ATION OF DSEs			
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAM	3. NUMB OF DA' IS IN YEA	YS	
		÷		=			÷ -	=	
		÷ ÷ ÷		=			÷	=	
				=		÷ ÷		=	
		÷		=			÷	=	
	SUM OF DSEs OF SUBSTITUTE-BASIS STATIONS: Add the DSEs of each station. Enter the sum here and in line 3 of part 5 of this schedule,								
5 Total Number of DSEs	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the tota number of DSEs applicable to your system. 1. Number of DSEs from part 2●								
	TOTAL NUMBER OF DSEs 0.75								

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

LEGAL NAME OF O							S'	YSTEM ID# 34851	Name
Instructions: Bloc In block A: If your answer if 'schedule.			art 6 and part	7 of the DSE sche	edule blank aı	nd complete pa	art 8, (page 16) of	the	6
If your answer if '	"No," complete blo	ocks B and C	below.						
		İ	BLOCK A: 1	ELEVISION M.	ARKETS				Computation of 3.75 Fee
<u></u>	1981?	schedule—D	•	aller markets as de				gulations in	3.70166
			Y D. CADD	IAGE OF PERI	MITTED DO	250			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheme	ations listed in ons prior to Ju dule. (Note: T	part 2, 3, and 4 or ne 25, 1981. For fune letter M below r	f this schedule urther explana	e that your sys	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC r. A Stations carrie 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfatherec instructions for E Carried pursus *F A station pre	ed pursuant to as defined as defined al educationa distation (76.6 or DSE sched ant to individuations) retrievalles as defined and to station will be station will be set to station will be station will be substation lly be substat	lations cited b o the FCC ma I in 76.5(kk) (7 al station [76.5 55) (see paragule). ule). ual waiver of F d on a part-tir ithin grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 6.57, 76.59(b) (e)(1), 76.63(a) (63(a) referring (bstitution of g) (asis prior to Ju	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) irandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
	*(Note: For those this schedule to	e stations ide determine the	ntified by the I	n parts 2, 3, and 4 etter "F" in column	n 2, you must	complete the v	. °	Т	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KUSD-TV	С	0.25							
KUSD-DT2	M	0.25							
KUSD-DT3	M	0.25							
							<u> </u>		
							<u> </u>		
								0.75	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule				0.75	
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove				0.75	
Line 3: Subtract (If zero, le				r of DSEs subject 7 of this schedu		rate.		0.00	
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				·	<u>-</u>	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, spac	e L (page 7)			0.00	

	Istate Com	munications I	SYSTEM:					S`	4851 YSTEM	Name
			BLOCK	A: TELEVI	SION MARKETS	S (CONTIN	UED)			_
	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
										Computation of 3.75 Fee
		-								
			•••••							
		-								
									<u> </u>	
										
			•••••							
<u>-</u>				<u> </u>						-

Name	Midstate Comm			3485							
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 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. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.								981 pe enterei		
		PERMITT	ED DSE FOR STA	ATIONS CARRI	ΕD	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	P	ERIOD		CARRIAGE	[DSE		DSE	
					••••						
											_
7	Instructions: Block A	A must be com	ıpleted.								
Computation	In block A: If your answer is	"Yes " comple	ete blocks B and C	below							
of the					pa	art 8 of the DSE sched	ule.				
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION MARK	ET				
Exclusivity											
Surcharge	Is any portion of the control	cable system w	ithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	X Yes—Complete	blocks B and	C .			No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHF	F/Grade B Contour	Stations	BLOCK C: Computation of Exempt DSEs					3	
	Is any station listed in commercial VHF stati or in part, over the cal	ion that places				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	l'	•	th its appropriate per	mitted DSF		Yes—List each st	,	with its annronria	ate nermi	itted DSF	
	X No—Enter zero a			millod BOL		X No—Enter zero a			ato porm	MOU BOL	
	044 004			205		0.11.001	DOE	044.00		205	l
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iΝ	DSE	l
											l
											l
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		ļ									l
											l
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc.	SYSTEM ID# 34851	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	764,095.47	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	I	Midstate Communications Inc.	34851
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	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of 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. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be caused. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers becated within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.	elow
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ 764,095	<u>5.47</u>
	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.).	<u>0.75</u>
	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)	<u>'.48</u>
		B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ 5,356.31	
		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	<u>-</u>
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	6.097 48
		Base Rate Fee	

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

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Midst	ate Communications Inc.	34851	Name
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation of
	C. Multiply line B by 3.000 and enter here >		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here >		
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca	st signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channe G.	I line-ups in	9
receipt	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee s from subscribers located within the station's local service area, from your system's total gross receipts. To take a on, you must:		Computation of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
NOTE:	If any portion of your cable system is located within the top 100 television market and the station is not exempt in properties a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.	, ,	for Partially Distant Stations, and
	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
-	For each community served, determine the local service area of each wholly distant and each partially distant stat to that community.	ion you	Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
groups	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your systems section:	tem's subscriber	
	fy the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
1) your	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in f this schedule; or,	n parts 2, 3,	
2) any	contion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
• Add t	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.	nstructions	
page.	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nee	at is, the total	

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

actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 34851 Midstate Communications Inc. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE						S	YSTEM ID# 34851	Name
wiiustate Commun	iications						34851 	
В		COMPUTATION OF		TE FEES FOR EAC			up.	
		SUBSCRIBER GROU	IP			SUBSCRIBER GRO		9
COMMUNITY/ AREA	All			COMMUNITY/ ARE	Α		0	_
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
			 	-				and
			-					Syndicated
			†		•••••	•		Exclusivity
			†	-				Surcharge
			†					for
								Partially
								Distant
								Stations
								
								
	<u>.</u>							
			.					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 764	,095.47	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	ID		FOLIRTH	I SUBSCRIBER GRO	IID	
COMMUNITY/ AREA	TTIIND	OODOONIDEN ONOC	0	COMMUNITY/ ARE		1 OODOONIDEN ONO	0	
COMMONIT IT AREA				OCIVINIOI II II ARE				
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			+					
Total DSEs	1		0.00	Total DSEs		11	0.00	
Gross Receipts Third 0	Froup	•	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Cross receipts Tillia C	J. Oup	<u> </u>	3.00	Torosa Necelpia Pou	Oroup	Ψ	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				<u> </u>				
Base Rate Fee: Add th			riber group	as shown in the boxes	s above.		0.00	
Enter here and in block	ເ ວ, iine 1, ເ	space L (page /)				\$	0.00	

	YSTEM ID# 34851	_					WNER OF CAB nunications	Midstate Commu
	ID.			TE FEES FOR EACH				E
9	0	SUBSCRIBER GRO	SIATH	COMMUNITY/ AREA	0	SUBSCRIBER GRO		COMMUNITY/ AREA
Computatio of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and Syndicated								
Exclusivity								
Surcharge for						-	······	
Partially								
Distant Stations								
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	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	CALL SIGN
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		CALL SIGN		CALL SIGN		CALL SIGN		Total DSEs
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and				
Syndicate Exclusivit				
Surcharge				
for				
Partially				
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Stations				
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0.00 Base Rate Fee Second Group \$ 0.00	0.00	\$	oup	Base Rate Fee First G
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0.00 Gross Receipts Fourth Group \$ 0.00	0.00	\$	roup	Gross Receipts Third G
	_ <u></u>			
0.00 Base Rate Fee Fourth Group \$ 0.00	0.00	\$	roup	Base Rate Fee Third G

EGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	IRTEENTH	SUBSCRIBER GRO	UP	H		SUBSCRIBER GRO	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	Computation
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			<u></u>					and
	<u></u>							Syndicate Exclusivit
							••••	Surcharge
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	···			1				
		-						
Total DSEs		_	0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
F	IFTEENTH	SUBSCRIBER GRO)UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>				····	
				-			····	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	he base rat	re fees for each subs		Base Rate Fee Fou		\$	0.00	

LEGAL NAME OF OWNE Midstate Commun						S	7STEM ID# 34851	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCR	IBER GROUP		
	ITEENTH	SUBSCRIBER GROU		Ti .	GHTEENTH	SUBSCRIBER GROU	IP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u> </u>			Exclusivity
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							···	Distant
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						-		
			<u> </u>				Ļ	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GROU	JP	T	WENTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					. 	 	<u></u>	
								
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
9	JP	SUBSCRIBER GROU	-SECOND	TWENT	JP	SUBSCRIBER GRO	TY-FIRST	TWEN
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and	<u></u>					_		
Syndicated Exclusivity	····						-	
Surcharge								
for								
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Stations								
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
								

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

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grade receipte describe along the street of	
Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP	
TY/ AREA 0 COMMUNITY/ AREA 0	
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eipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	

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and							
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.00	\$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	SUBSCRIBER GROUP	RTY-SIXTH	THIF	JP	SUBSCRIBER GROU	TY-FIFTH	THIR
<u>0</u>			COMMUNITY/ AREA	0			COMMUNITY/ AREA
OSE	CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00	0.00		Total DSEs	0.00			Total DSEs
	\$ 0.00	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G
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TY-EIGHTH	TE FEES FOR EACH THIR COMMUNITY/ AREA CALL SIGN		COMPUTATION OF SUBSCRIBER GRO	SEVENTH	
			CALL SIGN		
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nd Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
FORTIETH	İ		SUBSCRIBER GRO	TY-NINTH	
COMMUNITY/ AREA 0					COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	Total DSEs	0.00			Total DSEs
h Group	Gross Receipts Fourt	0.00	\$	Group	Gross Receipts Third G
h Group	Base Rate Fee Fourt	0.00	\$	Group	Base Rate Fee Third G
h Group	NITY/ AREA	COMMUNICALL S CALL S Total DSI Gross Re Base Rat	0.00 Base Rate UP 0 COMMUN DSE CALL S CALL S O.00 Total DSE 0.00 Gross Ret 0.00 Base Rate	\$ 0.00 Base Rate SUBSCRIBER GROUP CALL SIGN DSE CALL S CALL S O.00 Total DSE \$ 0.00 Base Rate	TY-NINTH SUBSCRIBER GROUP O COMMUNITY DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN TOTAL DSIGN Gross Re

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9	JP	SUBSCRIBER GROU	-SECOND		JP	SUBSCRIBER GRO	TY-FIRST	
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and								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	-FOURTH	FORT	JP	SUBSCRIBER GRO	TY-THIRD	FOR1
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
								

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	Y-EIGHTH	FORT	JP	SUBSCRIBER GRO	SEVENTH	FORTY-S
	0	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00		l I	Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Name	YSTEM ID# 34851	S'						LEGAL NAME OF OWNE Midstate Commun
				TE FEES FOR EACH				
9		SUBSCRIBER GROL	FIFTIETH			SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	'-SECOND	FIFT	JP	SUBSCRIBER GRO	TY-FIRST	FIF
	0	COMMUNITY/ AREA 0			0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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							<u>.</u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

LEGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
	TY-THIRD	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	DUP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C. SOO TOOOIPIO TIIIIU	oup	·		2.000 1.000ipto 1 0u	O.Jup	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun	
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL	
9	JP	SUBSCRIBER GROU	Y-EIGHTH		JP	SUBSCRIBER GRO	SEVENTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GRO	TY-NINTH	FIFT	
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	0.00		<u> </u>	Total DSEs	0.00		1	Total DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G	
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LEGAL NAME OF OWNER Midstate Commun						SY	STEM ID# 34851	Name
				TE FEES FOR EACH				
	Y-FIRST	SUBSCRIBER GROU		Ti .	Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	-		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SIXT	Y-THIRD	SUBSCRIBER GROU	JP	SIXT	Y-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

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Total DSEs	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00	
SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP	
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
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Computation	SUBSCRIBER GROU	VENTIETH		JP	SUBSCRIBER GROU	Y-NINTH	
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0.00			Total DSEs	0.00			Total DSEs
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0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	SUBSCRIBER GROU	/-SECOND	SEVENT	JP	SUBSCRIBER GROU	ΓY-FIRST	SEVEN
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0.00			Total DSEs	0.00			Total DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
		-					•
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
٥	JP	SUBSCRIBER GROU	-FOURTH	SEVENT	JP	SUBSCRIBER GROU	Y-THIRD	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	ITY-SIXTH	SEVE	JP	SUBSCRIBER GROU	TY-FIFTH	SEVEN [*]
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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		A CONTRACTOR OF THE CONTRACTOR						

LEGAL NAME OF OWNER OF MIDSTATE COMMUNICA						S	YSTEM ID# 34851	Name
BLOC	K A: C	OMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	ENTH :	SUBSCRIBER GRO		Ħ		I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group)	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group)	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVENTY-N	HTMIN:	SUBSCRIBER GRO	JP			I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN D	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	р	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	•							
Base Rate Fee Third Grouր	р	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Fee Third Group	p ase rate	\$	0.00	Gross Receipts Four Base Rate Fee Four as shown in the boxe	rth Group		0.00	

	34851	s						LEGAL NAME OF OWNE Midstate Commun
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
0	JP	SUBSCRIBER GROU	'-SECOND	EIGHT	JP	SUBSCRIBER GROU	TY-FIRST	EIGH [*]
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	3ase Rate Fee First Gr
	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	JP	SUBSCRIBER GROU	Y-THIRD	EIGH1
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
				TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
9		SUBSCRIBER GROU	TY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated Exclusivity								
Surcharge								
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	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	/-EIGHTH	EIGHT		SUBSCRIBER GRO	SEVENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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				•••••		-		••••••
	0.00			Total DSEs	0.00		I I	Γotal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	TY-NINTH	EIGHT COMMUNITY/ AREA
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and Syndicated								
Exclusivity								
Surcharge								
for Partially								
Distant								
Stations						<u> </u>		
	<u></u>							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gi
		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						<u> </u>		
					-			
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
				11				

34851 Name	S						LEGAL NAME OF OWNE Midstate Commun
PUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP				BASE RA	COMPUTATION OF	OCK A: (Bl
<u> </u>	SUBSCRIBER GRO	Y-FOURTH	iii		SUBSCRIBER GRO	ry-third	
O COMMUNITY/ AREA Computati			COMMUNITY/ AREA	0			COMMUNITY/ AREA
				DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							
and and							
Syndicate First residual to the state of th	-						
Exclusivi Surcharg				<u>.</u>		<u>.</u>	
for		<u>-</u>			-		
Partially							
Distant		<u> </u>			<u> </u>		
Stations	-	<u> </u>					
		<u> </u>					
	-	<u>-</u>					
			Total DSEs	0.00			Total DSEs
0.00 Gross Receipts Second Group \$ 0.00	\$	nd Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00 Base Rate Fee Second Group \$ 0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
CRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP	SUBSCRIBER GRO	ETY-SIXTH	NIN	JP	SUBSCRIBER GRO	TY-FIFTH	NINE
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
LL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	 	<u>-</u>				<u>-</u>	
	-	<u>-</u>				<u> </u>	
		<u> </u>					
	-	<u></u>				<mark>.</mark>	
		<u>-</u>					
	-	<u>-</u>					
		<u> </u>					
	<u> </u>	<u></u>				<u>.</u>	
0.00 Total DSEs 0.00			Total DSEs	0.00			Total DSEs
	_		Gross Receipts Fourt	0.00	•	roun	Gross Receipts Third G
0.00 Gross Receipts Fourth Group \$ 0.00	\$	n Group		0.00	\$	oroup	Sioss Receipts Tilla C

		Inc.					YSTEM ID# 34851	Name
BLOCI	K A: C	OMPUTATION O	F BASE RA	ATE FEES FOR EAC				
	NTH S	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
						-		Exclusivity Surcharge
				·				for
								Partially
								Distant
								Stations
			······································					
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group	•	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group		\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINETY-N	INTH S	SUBSCRIBER GRO	UP	ONE H	HUNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
			<u> </u>		<mark></mark>			
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			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group	,	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<u> </u>	
	,	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNI Midstate Commu						S	YSTEM ID# 34851	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDR	ED FIRST	SUBSCRIBER GRO	UP	ONE HUNDR	ED SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
					·····			Syndicated Exclusivity
			<u> </u>					Surcharge
					•••••			for
								Partially
								Distant
								Stations
			······································					
					•••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDR	ED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
	···							
						-		
			<u> </u>		<u></u>		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O Total DSEs 0.00	ONE HUNDRED SIXTH SUBSCE	RIBER GROUP 0	SUBSCRIBER (JNDRED FIFTH	ONE HUNDF COMMUNITY/ AREA
O COMMUNITY/ AREA O Computation SE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O Total DSEs O .000	MUNITY/ AREA	0		REA	COMMUNITY/ AREA
Computation SE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00					
CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs		SIGN DSE			
and Syndicated Exclusivity Surcharge for Partially Distant Stations O Total DSEs O DOD					CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations O Total DSEs O DODO Syndicated Exclusivity Surcharge for Partially Distant Stations					
Exclusivity Surcharge for Partially Distant Stations Total DSEs D.00					
Surcharge for Partially Distant Stations Total DSEs O 0.00					
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Distant Stations O Total DSEs Double Distant Stations			H		
		·····			
0_ Total DSEs					
			H		
0 Gross Receipts Second Group \$ 0.00	DSEs	0.00			Total DSEs
	s Receipts Second Group \$	0.00	\$	First Group	Gross Receipts First G
0 Base Rate Fee Second Group \$ 0.00	Rate Fee Second Group \$	0.00	\$	irst Group	Base Rate Fee First G
ONE HUNDRED EIGHTH SUBSCRIBER GROUP		RIBER GROUP	SUBSCRIBER	RED SEVENTH	ONE HUNDRED
O COMMUNITY/ AREA O	IMUNITY/ AREA	0		REA	COMMUNITY/ AREA
SE CALL SIGN DSE CALL SIGN DSE	LL SIGN DSE CALL	. SIGN DSE	CALL SIGN	DSE	CALL SIGN
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			-		
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0 Total DSEs 0.00	I DSEs	0.00			Total DSEs
0 Gross Receipts Fourth Group \$ 0.00	s Receipts Fourth Group \$	0.00	\$	hird Group	Gross Receipts Third
	<u>*</u>		<u>:</u>	F	
0 Base Rate Fee Fourth Group \$ 0.00	Rate Fee Fourth Group \$	0.00	\$	hird Group	Base Rate Fee Third

LEGAL NAME OF OWN						S	YSTEM ID# 34851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDR	ED NINTH	SUBSCRIBER GRO	UP	ONE HUND	RED TENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
			<u></u>	-			<u></u>	Base Rate Fe
				·				Syndicated
								Exclusivity
								Surcharge
								for
	···							Partially Distant
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	···						<u></u>	
Total DSEs			0.00	Total DSEs	ļ.	!!	0.00	
	roup	•	0.00		ond Croup	¢	0.00	
Gross Receipts First G	Froup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	11		I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	···							
			···					
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	···						<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Midstate Commun						S	YSTEM ID# 34851	Name
B ONE HUNDRED THI				ATE FEES FOR EAC		RIBER GROUP	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
			<u></u>					Base Rate Fe and
								Syndicated Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A 		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Rate Fee: Add th	ne base ra			as shown in the boxe		\$	0.00	

LEGAL NAME OF OWNE Midstate Commun						S	YSTEM ID# 34851	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	l l		I SUBSCRIBER GROU	JP	٥
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
	·-		······································		••••			Otations
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Total DSEs			0.00	Total DSEs		11	0.00	
		_					3	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NI	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u> </u>		······································					
	<u></u>		······································				····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	г	Ļ-				ı.		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 34851	Name
			BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE						SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
		 	···			 		and
					•••••			Syndicated
					•••••			Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	-		· · · · · · · · · · · · · · · · · · ·					
ONE HUNDRED TWEE	NIY-IHIRD	SUBSCRIBER GROUP		ii e		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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						<u> </u>		
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						-		
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
_	_							
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		
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LEGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TW	ENTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED TV	WENTY-SIXTH	SUBSCRIBER GROUP	1	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fee
	<mark>.</mark>	 				-		and
			<u></u>			-	····	Syndicated
	····					-		Exclusivity Surcharge
		H	···			-		for
	••••							Partially
								Distant
								Stations
	<mark>.</mark>		<u></u>			-		
			 			-		
	····		···			<u> </u>		
Total DSEs			0.00	Total DSEs	!		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>	 				-		
			<u></u>			-		
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	····		<u></u>			-		
			<u></u>					
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	····		 				<u> </u>	
			···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU	Р	ONE HUNDRI	ED THIRTIETH	SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	···		···				····	Syndicated
	···				••••			Exclusivity
								Surcharge
								for
								Partially
	···			-	·····			Distant Stations
				·				Stations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TH	IRTY-FIRST	SUBSCRIBER GROU	Р	ONE HUNDRED THI	RTY-SECONE	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				·				
	···		•••••••••••••••••••••••••••••••••••••••		••••			
					••••			
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	-				-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add t			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TH	IRTY-THIRD	SUBSCRIBER GROUI	P	ONE HUNDRED TH	IRTY-FOURTH	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						 		and
		-				-		Syndicated Exclusivity
						-		Surcharge
								for
								Partially
			<u></u>			-		Distant
						-		Stations
	···					-		
		=				-		
			<u></u>					
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	IRTY-FIFTH	SUBSCRIBER GROUI	P	ONE HUNDRED	THIRTY-SIXTH	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	···					-		
			<u></u>					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNI Midstate Commu						S	YSTEM ID# 34851	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROU	P	Ħ		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
	<u></u>				·····			Syndicated
	<u></u>		<u>-</u>		••••			Exclusivity
								Surcharge
		-	<u> </u>					for
	<mark></mark>		<u></u>		·····			Partially Distant
		-	<u> </u>					Stations
			<u></u>					
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Total DSEs	-	-1	0.00	Total DSEs	•		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THI	RTY-NINTH	SUBSCRIBER GROU	P	11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foun	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Midstate Commun						S	YSTEM ID# 34851	Name
BL	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
	TY-FIRST	SUBSCRIBER GROUP				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
								and
						-		Syndicated Exclusivity
						-		Surcharge
								for
								Partially
								Distant
					<u></u>	-		Stations
					···			
					···	-		
			<u> </u>			<u> </u>		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FOR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FOR	RTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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					····		····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	RTY-FIFTH	SUBSCRIBER GROUP)	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-				-		and
						 		Syndicated
			<u> </u>				<u></u>	Exclusivity
			. 		····		<u></u>	Surcharge for
			······································		••••	-	<u></u>	Partially
						-		Distant
								Stations
							<u></u>	
			<u> </u>		·····	<u> </u>		
Total DSEs			0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	очр	<u>·</u>		C. 555 1555.pt5 555	oa	<u> </u>		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY	/-SEVENTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER Midstate Commun						SI	STEM ID# 34851	Name
				TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROL	JP	ONE HUNDRED) FIFTIETH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
					<mark></mark>		<u></u>	Syndicated
					<u> </u>	-	<u></u>	Exclusivity
					<u> </u>		<u></u>	Surcharge for
		-			<u>-</u>	-	<u> </u>	Partially
								Distant
								Stations
					<mark></mark>		<u></u>	
					<mark></mark>	<u> </u>	<u></u>	
					. 		<u> </u>	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP		Y-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<u> </u>	-	<u></u>	
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					<mark></mark>		<u></u>	
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							<u></u>	
					<u>-</u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Midstate Commun						S	YSTEM ID# 34851	Name
BI ONE HUNDRED FIF				TE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
						-		and
						-		Syndicated Exclusivity
								Surcharge for
						-		Partially
						-		Distant Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED FIF COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GRO	UP 0	ONE HUNDRED COMMUNITY/ ARE		SUBSCRIBER GROU	JP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
		-						
Total DSEs	roup	•	0.00	Total DSEs	rth Crous	c	0.00	
Gross Receipts Third C	əi Oup	\$	0.00	Gross Receipts Fou	rai Gioup	ψ	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Midstate Commu						S	YSTEM ID# 34851	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FIFTY-EIGHTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
			<u></u>					Syndicated
	····		<u></u>					Exclusivity
	····							Surcharge for
	····					-		Partially
								Distant
								Stations
						-		
			<u></u>					
			<u></u>			<u> </u>		
Total DSEs			0.00	Total DSEs		Ш	0.00	
Gross Receipts First (Group	•	0.00	Gross Receipts Sec	and Croup	¢	0.00	
Gioss Receipts Filst	этоир	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	•		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851								
Bl		COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EACI		RIBER GROUP SUBSCRIBER GROUP	I IP	
COMMUNITY/ AREA	All			COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
			<u> </u>		<u></u>		<u></u>	and Syndicated
							····	Exclusivity
								Surcharge
					<u></u>		····	for Partially
							····	Distant
								Stations
					<u></u>			
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 764,095.4				Gross Receipts Seco				
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<u></u>			
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							<u> </u>	
	<u>-</u>						<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th			criber group	as shown in the boxes	above.			
Enter here and in block	3, line 1,	space L (page 7)				\$	0.00	

						34851	
	: COMPUTATION C H SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	LID	
COMMUNITY/ AREA	TO OCCOUNTED TO CONC	0	COMMUNITY/ ARE		TOODOOTTIDEIT OITO	0	9
	П				II		Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
		····					and
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							Surcharg
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otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	¢	0.00	Gross Receipts Sec	and Group	¢	0.00	
iloss Receipts Filst Gloup	\$	0.00	Gloss Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
QE\/ENT	H SUBSCRIBER GRO		 				
SEVENI		מווכ		FICHTH	CURCOURED CDO	LID	
COMMUNITY/ ADEA	IT SUBSCINIBLIN GINE		COMMUNITY/ A DE		SUBSCRIBER GRO	_	
COMMUNITY/ AREA		0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	
CALL SIGN DSE	CALL SIGN		COMMUNITY/ ARE		SUBSCRIBER GRO	_	
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		0		Α		0	
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		0		Α		0	
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		0		Α		0	
		0		Α		0	
		0		Α		0	
		0		Α		0	
CALL SIGN DSE		DSE	CALL SIGN	Α		DSE	
CALL SIGN DSE		0.00	CALL SIGN Total DSEs	DSE		0 DSE	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN DSE CALL SIGN DSE Fotal DSEs Gross Receipts Third Group	CALL SIGN	0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

LEGAL NAME OF OWNER Midstate Commun			-			S	YSTEM ID# 34851	Name
BL	OCK A: (COMPUTATION O	BASE RA	TE FEES FOR EAC				
	NINTH	SUBSCRIBER GRO	UP		TENTH	H SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					<u></u>		<u></u>	Exclusivity
							<u></u>	Surcharge for
			<u> </u>				<u> </u>	Partially
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T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EL	EVENTH	SUBSCRIBER GRO	UP	TWELVTH SUBSCRIBER GROUP				
COMMUNITY/ AREA			0	COMMUNITY/ AREA	OMMUNITY/ AREA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 34851	S						Midstate Commun
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	IRTEENTH			SUBSCRIBER GROU	RTEENTH	THIF
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and						-		
Syndicated						-		
Exclusivity Surcharge		 						
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	0.00		L	Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GROU	IXTEENTH	S	UP	SUBSCRIBER GROU	FTEENTH	FII
	JP 0	SUBSCRIBER GROU	IXTEENTH	S COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	
		SUBSCRIBER GROU	DSE			SUBSCRIBER GROU	FTEENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN

0 Computatio DSE of Base Rate For and Syndicated Exclusivity	SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF	LOCK A: (R	
0 Computation DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant		HTEENTH	EIG				D	
Computation DSE of Base Rate Fill and Syndicated Exclusivity Surcharge for Partially Distant					SUBSCRIBER GRO	NTEENTH		
DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Syndicated Exclusivity Surcharge for Partially Distant								
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0.00			Total DSEs	0.00			Total DSEs	
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0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	SUBSCRIBER GROU	VENTIETH	TV	JP	SUBSCRIBER GRO	NTEENTH	NI	
0			COMMUNITY/ AREA	0 C			OMMUNITY/ AREA	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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0.00			Total DSEs	0.00			Fotal DSEs	
		_		_		_		
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third (

0 9 Computation	DOUB	IBER GROUP	CLIDCCD					
Computation	DOLID.		SUBSUR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
Computation	ROUP	SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	TY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
SE of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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and								
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00	0.00			Total DSEs	0.00		 	Total DSEs
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00	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	ROUP	SUBSCRIBER GROU	/-FOURTH	TWENT	JP	SUBSCRIBER GROU	Y-THIRD	TWENT
0				COMMUNITY/ AREA	0			COMMUNITY/ AREA
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00	0.00		<u> </u>	Total DSEs	0.00			Total DSEs
00	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

LEGAL NAME OF OWI Midstate Commu						S	34851	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
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								and
								Syndicated
								Exclusivity
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWENTY	'-SEVENTH	SUBSCRIBER GRO	DUP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0		COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee: Add			scriber group	as shown in the boxe	es above.	\$		

	COMPUTATION OF SUBSCRIBER GRO		TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
COMMUNITY/ AREA	1 SUBSCRIBER GRO	LID	11	TI 115 T :			
CALL SIGN DSE		0	COMMUNITY/ AREA		I SUBSCRIBER GRO	UP 0	9
CALL SIGN DSE							Computation
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate F
							and
							Syndicate
							Exclusivit
							Surcharge
				····			for Partially
							Distant
							Stations
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		······································					
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIRTY-FIRS	Γ SUBSCRIBER GRO	UP	THIR	TY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				·····			
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Total DSEs		0.00	Total DSEs	•	••	0.00	
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
				-			
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

LEGAL NAME OF OWNER Midstate Commun						S	YSTEM ID# 34851	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
THIRT	Y-THIRD	SUBSCRIBER GRO		THIRT	Y-FOURTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
						-		Syndicated
			·····		-			Exclusivity
					······································	-	····	Surcharge for
						-		Partially
					·			Distant
								Stations
								
								
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
3ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIR	Y-FIFTH	SUBSCRIBER GRO	UP	THIF	RTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
the	e base rat			as shown in the boxes		\$	0.00	

LEGAL NAME OF OWNER Midstate Commun						S	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GROU			Y-EIGHTH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.01011	202	07.122.01.011	302	07.122 01011	332	07.22 0.0.1	302	Base Rate Fee
								and
								Syndicated
						-		Exclusivity
								Surcharge
								for
							····	Partially
					-		·····	Distant Stations
			.		·			Stations
			······································					
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP		FORTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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T			0.00	T 1 1 D 2 T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
				_				

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Computation of Base Rate I
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LEGAL NAME OF OWNE Midstate Commun			•			S	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GRO			RTY-SIXTH	I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.12000	202	07.122 0.011	202	07.22 0.0.1	202	07.22 0.0.1	302	Base Rate Fee
								and
		-						Syndicated
						-		Exclusivity
					<u> </u>			Surcharge
					<mark></mark>			for
					<u> </u>			Partially
		-	<u>.</u>		<mark></mark>			Distant
								Stations
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Total DSEs	!		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GRO	UP	FOR	TY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0				0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u> </u>			
					<mark></mark>			
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						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				Ш				

Name	YSTEM ID# 34851	S						LEGAL NAME OF OWNE Midstate Commun
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	FIFTIETH			SUBSCRIBER GRO	ΓΥ-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						<u> </u>		
and						 		
Syndicated								
Exclusivity Surcharge	···-	 			-	П		
for	<u></u>				-			
Partially								
Distant								
Stations						<u> </u>		
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	0.00			Total DSEs	0.00		•	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	-SECOND	FIFT	UP	SUBSCRIBER GRO	TY-FIRST	FIF
	0			COMMUNITY/ AREA	0		MMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						 		
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	····							
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated						-	<mark></mark>	
Exclusivity Surcharge	<u></u>						. 	
for				••••••			<u> </u>	
Partially								
Distant								
Stations		-						
		-					<u></u>	
	<u></u>	-					<u></u>	
							<u>-</u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	TY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<u>.</u>	
		·			•			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
٥	JP	SUBSCRIBER GROU	Y-EIGHTH	FIF	JP	SUBSCRIBER GROU	EVENTH	FIFTY-S
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and				•••••				
Syndicated								
Exclusivity Surcharge			-					
for	<u> </u>							
Partially								
Distant								
Stations				•••••				
			<u>.</u>			-		
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			•					
	0.00		•	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	SIXTIETH		JP	SUBSCRIBER GROU	Y-NINTH	FIFT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u>.</u>			-		
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	<u></u>		<u>.</u>					
	····							
	0.00			Total DSEs	0.00			Total DSEs
	_		Group				roup	
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	roup	Total DSEs Gross Receipts Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		<u> </u>						
Syndicated		-				-		
Exclusivity Surcharge	····	H			-		<u>.</u>	
for		+						
Partially						-		
Distant								
Stations								
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		-			·		<u> </u>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$ CHROOPINED ODG		Base Rate Fee First G
		SUBSCRIBER GROU	r-FOURTH			SUBSCRIBER GRO	I Y-I HIRD	
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		Total DSEs Gross Receipts Third G

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	CTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated						_	<mark>.</mark>	
Exclusivity					-			
Surcharge for		 						
Partially		-				-		
Distant		-						
Stations								
	<u></u>						<mark>.</mark>	
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gi
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	UP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							<mark>.</mark>	
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G
	_	\$	Group			\$	Group	

DSE of	SUBSCRIBER GROUP		TE FEES FOR EACH			OCK A: (RI
DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant		/ENTIETH	SE	ID			
Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant					SUBSCRIBER GRO	Y-NINTH	SIXT
Base Rate Fed and Syndicated Exclusivity Surcharge for Partially Distant			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant							
Exclusivity Surcharge for Partially Distant	_						
Surcharge for Partially Distant							
for Partially Distant	-						
Partially Distant							
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0.00			Total DSEs	0.00		<u> </u>	Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	-SECOND	SEVENT	JP	SUBSCRIBER GRO	TY-FIRST	SEVEN ⁻
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00			Total DSEs	0.00		1	Total DSEs
0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G

O Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	BER GROUP SUBSCRIBER GROUP		TE FEES FOR EACH	BASE RA	COMPUTATION OF		DI					
Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant	SUBSCRIBER GROUP	'-FOURTH	SEVENTY	SEVENTY-THIRD SUBSCRIBER GROUP								
Computation DSE of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant					SUBSCRIBER GROU	Y-THIRD						
Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant			COMMUNITY/ AREA	0			COMMUNITY/ AREA					
and Syndicated Exclusivity Surcharge for Partially Distant	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN					
Syndicated Exclusivity Surcharge for Partially Distant												
Exclusivity Surcharge for Partially Distant												
Surcharge for Partially Distant												
for Partially Distant												
Partially Distant												
Distant												
Stations												
0.00	0.0		Total DSEs	0.00		<u> </u>	Total DSEs					
0.00	\$ 0.0	d Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr					
												
0.00	\$ 0.0	d Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr					
	SUBSCRIBER GROUP	ITY-SIXTH	SEVEN	JP	SUBSCRIBER GROU	Y-FIFTH	SEVENT					
0			COMMUNITY/ AREA	0			COMMUNITY/ AREA					
DSE	CALL SIGN DS	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN					
0.00	0.0		Total DSEs	0.00			Total DSEs					
0.00	\$ 0.0	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G					
00	\$ 0.0	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G					

Computation	ROLIP	IBER GROUP	SUBSCR	TE EEE0 E0D E40L			LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
Computation of	RUID					COMPUTATION OF								
Computation of	1001	SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GROU	SEVENTH	SEVENTY-S						
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA						
Base Rate Fe	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
and														
Syndicated		-												
Exclusivity														
Surcharge						-								
for						-								
Partially														
Distant			<u>.</u>				 							
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0	0.00		!	Total DSEs	0.00		!!	Total DSEs						
<u> </u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr						
 														
<u>o</u>	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr						
	ROUP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GROU	Y-NINTH	SEVENT						
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA						
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
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<u> </u>	0.00			Total DSEs	0.00		<u> </u>	Total DSEs						
_	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	iroup	Gross Receipts Third G						
_		·	2 P	January Communication of the C		<u> </u>	,							
	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
9	JP	SUBSCRIBER GROU	/-SECOND			SUBSCRIBER GRO	TY-FIRST	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		-	ļ					
and								
Syndicated	<u>.</u>	-	.					
Exclusivity Surcharge	<u> </u>	-			-		<mark>-</mark>	
for	····	-			·	-	·	
Partially	····	<u> </u>						
Distant		-						
Stations			<u> </u>					
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		1	<u> </u>					
	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	EIGHT	UP	SUBSCRIBER GRO	TY-THIRD	EIGH
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		CALL SIGN	DSE			CALL SIGN	DSE	Total DSEs
	0.00	CALL SIGN		CALL SIGN Total DSEs	0.00			Total DSEs
		\$		CALL SIGN		CALL SIGN		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	EIGH ⁻	UP	SUBSCRIBER GRO	SEVENTH	EIGHTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
				COMMONT IT AREA				
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		CALL SIGN	DSE	CALL SIGN		CALL SIGN	DSE	
	DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	Total DSEs
		CALL SIGN		CALL SIGN		CALL SIGN		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851								Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs		!!	0.00	Total DSEs	!		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NIN	IETY-FIRST	SUBSCRIBER GRO	DUP	Ti .		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851								Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GRO			Y-FOURTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs	<u> </u>	Į.	0.00	Total DSEs	_	<u> </u>	0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GRO	UP	NIN	ETY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	1		0.00	Total DSEs		H	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subs	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851								Name
				TE FEES FOR EACH				
	EVENTH	SUBSCRIBER GRO		NINET	Y-EIGHTH	SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	 		0.00	Total DSEs	-		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NINET	V NIINITLI	SLIDSCRIPER CRO	LID	ONE HIL	NDDEDTU	SUBSCRIPER CROI	ID	
	Y-INIIN I H	SUBSCRIBER GRO		li	NDKEDIH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>. </u>		0.00	Total DSEs	ı		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Midstate Commun						S`	YSTEM ID# 34851	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
	D FIRST	SUBSCRIBER GROU			SECOND	SUBSCRIBER GROU	JP	۵
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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								Syndicated
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Total DSEs	<u> </u>		0.00	Total DSEs	1		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Basa Bata Esa First Cr	ou n		0.00	Page Pate Fee Secon	d Croup		0.00	
Base Rate Fee First Gr		\$		Base Rate Fee Secon		\$ CURCOURER CROI	0.00	
	ט וחוגט	SUBSCRIBER GROU		İ	DFOORIN	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>. </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
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Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Midstate Communi						S'	YSTEM ID# 34851	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRE	D FIFTH	SUBSCRIBER GRO	JP	ONE HUNDF	RED SIXTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GRO	JP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		e fees for each subse	criber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Midstate Commun						S'	YSTEM ID# 34851	Name	
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP			
ONE HUNDRE	D NINTH	SUBSCRIBER GROU	JP	ONE HUNDR	ED TENTH	SUBSCRIBER GROU	JP	^	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
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								Base Rate Fee	
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Total DSEs	<u> </u>		0.00	Total DSEs	ļ		0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00		
ONE HUNDRED EL	EVENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			SUBSCRIBER GROUP 0		
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Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$			

LEGAL NAME OF OWNER Midstate Commun						S'	YSTEM ID# 34851	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FOL	JRTEENTH	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIE	TEENTU	CLIBCODIDED CDOL	ID	ONE HUNDRED S	IVTEENTU	SUBSCRIPED CROIL	ID	
COMMUNITY/ AREA	IEENIH	SUBSCRIBER GROU	<u> 0</u>	COMMUNITY/ AREA	IXTEENTH	SUBSCRIBER GROU	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	ı		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the			riber group	as shown in the boxes	above.	\$		

9 Computation of	YSTEM ID# 34851							LEGAL NAME OF OWNE Midstate Commun
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
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LEGAL NAME OF OWNER Midstate Communi			•			S	YSTEM ID# 34851	Name
			BASE RA	TE FEES FOR EACH				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-SECONE	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0.00 0.00	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	1	of
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Total DSEs			0.00	Total DSEs			-	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWENT	Y-FOURTH	I SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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		to face for each subsc	riber group	as shown in the boxes a	phove			

	34851	S'			•			LEGAL NAME OF OWNER Midstate Communi
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-S
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DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	HIRTIETH SUBS	ONE HUNDRED TO		SUBSCRIBER GROUP	TY-NINTH	BL ONE HUNDRED TWEN COMMUNITY/ AREA
DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations		/JUNITY/ AREA	0			
DSE CALL SIGN DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations						COMMUNITY/ AREA
DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations			DSE			
and Syndicated Exclusivity Surcharge for Partially Distant Stations					DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations						
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Group \$ 0.00	Group \$	Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gr
'-SECOND SUBSCRIBER GROUP	SECOND SUBS	HUNDRED THIRTY	1	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR
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9 Computation of Base Rate Fe	YSTEM ID# 34851							LEGAL NAME OF OWNE Midstate Commun
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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Name	YSTEM ID# 34851	S			•			LEGAL NAME OF OWNER Midstate Commun
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1 Name	7STEM ID# 34851	SY				LE SYSTEM: Inc.		Midstate Commun
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9		SUBSCRIBER GROUP	Y-SECOND			SUBSCRIBER GROUP	RTY-FIRST	
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Name	YSTEM ID# 34851					Inc.	ications	Midstate Commun
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Midstate Communi		LE SYSTEM: Inc.				S	YSTEM ID# 34851	Name		
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ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		ONE HUNDRED	FIFTIETH	SUBSCRIBER GROU	JP	9		
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	oup	\$	0.00	Total DSEs Gross Receipts Fourth	Group	\$				
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9 Computation of	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
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		E HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP						
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	Р	SUBSCRIBER GROU	TY-SIXTH	ONE HUNDRED FIR	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED FIF
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Nonpermitted 3.75 Stations

Name 9 Computation	LEGAL NAME OF OWNER OF CABLE SYSTEM: Midstate Communications Inc. SYSTEM ID# 34851							
		BER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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FORM SA3E. PAGE 20.

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