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               |  |  |  |  |  |  |
| 08/27/2019                    | \$ 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<br>Period | 2019/1  |                      |                               |                 |  |  |  |  |  |
| Period               | Instructions:   |                      |                               |                 |  |  |  |  |  |
| <b>B</b><br>Owner    | Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation  List any other name or names under which the owner conducts the business of the cable system  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. |                      |                               |                 |  |  |  |  |  |
|                      | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM   |                      |                               |                 |  |  |  |  |  |
|                      | Crystal Communications, Inc.  |                      |                               |                 |  |  |  |  |  |
|                      | Consolidated Communications Enterprise Services   |                      |                               |                 |  |  |  |  |  |
|                      |   |                      |                               | 619692019/1     |  |  |  |  |  |
|                      |   |                      |                               | 61969 2019/1    |  |  |  |  |  |
|                      |   |                      |                               |                 |  |  |  |  |  |
|                      | 121 S 17th Street   |                      |                               |                 |  |  |  |  |  |
|                      | Mattoon, IL 61938-2987  |                      |                               |                 |  |  |  |  |  |
| С                    | INSTRUCTIONS: In line 1, give any business or trade names used to id  | dentify the busines  | ss and operation of the syste | em unless these |  |  |  |  |  |
| C                    | names already appear in space B. In line 2, give the mailing address of   | the system, if diffe | erent from the address give   | n in space B.   |  |  |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:   |                      |                               |                 |  |  |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM:  |                      |                               |                 |  |  |  |  |  |
|                      | 221 E Hickory St 2 (Number, street, rural route, apartment, or suite number)  |                      |                               |                 |  |  |  |  |  |
|                      | Mankato, MN 56001   |                      |                               |                 |  |  |  |  |  |
|                      | (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                | ELLENDALE   | MN                   |                               |                 |  |  |  |  |  |
| Community            | Below is a sample for reporting communities if you report multiple cha  | nnel line-ups in S   | pace G.                       |                 |  |  |  |  |  |
|                      | CITY OR TOWN (SAMPLE)   | STATE                | CH LINE UP                    | SUB GRP#        |  |  |  |  |  |
| Sample               | Alda  | MD                   | A                             | 1               |  |  |  |  |  |
|                      | Alliance  | MD<br>MD             | B<br>B                        | 2 3             |  |  |  |  |  |
|                      | Gering  | MD                   | В                             | 3               |  |  |  |  |  |

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

| FORM SA3E. PAGE 1b.  |   |  |                  |  |  |  |  |  |  |  |  |
|--|---|--|------------------|--|--|--|--|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   |   |  | SYSTEM ID#       |  |  |  |  |  |  |  |  |
| Crystal Communications, Inc.   |   |  | 61969            |  |  |  |  |  |  |  |  |
| 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 fillings.  |   |  |                  |  |  |  |  |  |  |  |  |
| <b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.   |   |  |                  |  |  |  |  |  |  |  |  |
| If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each relationated by a number (based on your reporting from Part 9).  | e column blank. If<br>levant community  | you report any st<br>with a subscriber | ations<br>group, |  |  |  |  |  |  |  |  |
| When reporting the carriage of television broadcast stations on a community-by-community channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be a second or some content of the properties of the prop | a subscriber grou                       |  |                  |  |  |  |  |  |  |  |  |
| CITY OR TOWN   | STATE                                   | CH LINE UP                             | SUB GRP#         |  |  |  |  |  |  |  |  |
| ELLENDALE  | MN                                      | AB                                     | 1                | First                                      |  |  |  |  |  |  |  |
| NEW RICHMIND   | MN                                      | AB                                     | 1                | Community                                  |  |  |  |  |  |  |  |
| FARIBAULT  | MN                                      | AB                                     | 2                |  |  |  |  |  |  |  |  |
| NICOLLET   | MN                                      | AB                                     | 3                |  |  |  |  |  |  |  |  |
| ST. PETER  | MN                                      | AB                                     | 3                |  |  |  |  |  |  |  |  |
| JANESVILLE   | MN                                      | AB                                     | 3                | See instructions for                       |  |  |  |  |  |  |  |
| WASECA<br>ST. CLAID  | MN                                      | AB                                     | 3                | additional information on alphabetization. |  |  |  |  |  |  |  |
| ST. CLAIR EAGLE LAKE   | MN                                      | AA                                     | 4                | on diphabetization.                        |  |  |  |  |  |  |  |
| GARDEN CITY  | MN<br>MN                                | AA<br>AA                               | 4                |  |  |  |  |  |  |  |  |
| MAPLETON   | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| MANKATO  | MN                                      | AA                                     | 4                | Add rows as necessary.                     |  |  |  |  |  |  |  |
| LIME TOWNSHIP  | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| MANKATO TOWNSHIP   | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| NORTH MANKATO  | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| SOUTH BEND TOWNSHIP  | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| VERNON CENTER  | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| MADISON LAKE   | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| GOOD THUNDER   | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| SKYLINE  | MN                                      | AA                                     | 4                |  |  |  |  |  |  |  |  |
| LAKE CRYSTAL   | MN                                      | AA                                     | 5                |  |  |  |  |  |  |  |  |
| AMBOY  | MN                                      | AA                                     | 5                |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  | • |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |
|  |   |  |                  |  |  |  |  |  |  |  |  |

| 1    |      |
|------|------|
|      |      |
| <br> | <br> |
|      |      |
|      |      |

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Crystal Communications, Inc.

SYSTEM ID#

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BLO  | OCK 1                 |    |       | BLOCK 2 |                     |                       |      |  |
|--|-----------------------|----|-------|---------|---------------------|-----------------------|------|--|
| CATEGORY OF SERVICE                              | NO. OF<br>SUBSCRIBERS |    | RATE  |         | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE |  |
| Residential:                                     |                       |    |       |         |                     |                       |      |  |
| Service to first set                             | 10,136                | \$ | 26.74 |         |                     |                       |      |  |
| <ul> <li>Service to additional set(s)</li> </ul> |                       |    |       |         |                     |                       |      |  |
| <ul> <li>FM radio (if separate rate)</li> </ul>  |                       |    |       |         |                     |                       |      |  |
| Motel, hotel                                     | 18                    | \$ | 26.74 | 11      |                     |                       |      |  |
| Commercial                                       | 268                   | \$ | 26.74 | 11      |                     |                       |      |  |
| Converter  |                       |    |       |         |                     |                       |      |  |
| Residential                                      | 703                   | \$ | 26.74 |         |                     |                       |      |  |
| Non-residential                                  |                       |    |       |         |                     |                       |      |  |
|  | T                     | 1  |       | 1 1     |                     | 1                     | T    |  |

# F

## Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

|   |    | BLO   | CK 1                          |    |       | BLOCK 2             |     |       |
|---|----|-------|-------------------------------|----|-------|---------------------|-----|-------|
| CATEGORY OF SERVICE                         | F  | RATE  | CATEGORY OF SERVICE RATE      |    |       | CATEGORY OF SERVICE | E F | RATE  |
| Continuing Services:                        |    |       | Installation: Non-residential |    |       | Basic               | \$  | 26.74 |
| Pay cable                                   | \$ | 26.74 | Motel, hotel                  | \$ | 99.00 | Standard            | \$  | 29.95 |
| <ul> <li>Pay cable—add'l channel</li> </ul> |    |       | Commercial                    | \$ | 99.00 | Select              | \$  | 77.49 |
| Fire protection                             |    |       | Pay cable                     |    |       | Expanded            | \$  | 83.49 |
| Burglar protection                          |    |       | Pay cable-add'l channel       |    |       |                     |     |       |
| Installation: Residential                   |    |       | Fire protection               |    |       | HIGH DEF            | \$  | 10.50 |
| First set                                   | \$ | 99.00 | Burglar protection            |    |       | НВО                 | \$  | 14.99 |
| Additional set(s)                           | \$ | 99.00 | Other services:               |    |       | CINEMAX OR STARZ    | \$  | 14.99 |
| • FM radio (if separate rate)               |    |       | Reconnect                     | \$ | 30.00 | SHOWTIME            | \$  | 14.99 |
| Converter                                   |    |       | Disconnect                    |    |       |                     | 1   |       |
|   |    |       | Outlet relocation             |    |       |                     | 1   |       |
|   |    |       | Move to new address           | \$ | 30.00 |                     |     |       |
|   |    |       |                               |    |       |                     | 1   |       |

| FORM SA3E. PAGE 3.  LEGAL NAME OF OW  | NED OF CARLE SA   | /STEM:   |  |  | SYSTEM ID#  | 1   |
|---|---|--|--|--|---|---|
| Crystal Comm  |   |  |  |  | 61969   | Name  |
|   |   |  |  |  | 0.1000  |   |
| carried by your cable FCC rules and regula 76.59(d)(2) and (4), 7 substitute program ba Substitute Basis basis under specifc F Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List ea each multicast stream cast stream as "WETA VETA-simulcast). Column 2: Give the  | G, identify every system during the tions in effect or 6.61(e)(2) and (1818, as explaine Stations: With In CC rules, regular here in space of only on a subsequent and also in spanformation concomments. Call a associated with A-2". Simulcast the channel numbers. For example | y television standard y television y television standard y television y tele | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>orizations:<br>t it in space I (the<br>ation was carried<br>report origination<br>coording to its ov-<br>be reported in ones<br>was assigned to   | (1) stations carried carriage of certal (e)(2) and (4))]; is carried by your die Special Statement of both on a substitus, see page (v) on program service er-the-air designation of the television statement of the statement of t | s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify atton. For example, report multi- h stream separately; for example tion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| ducational station, befor independent multi- for the meaning of the Column 4: If the separation of local serve Column 5: If you heable system carried the distant state. For the retransmiss of a written agreement he cable system and son "E" (exempt). For explanation of these the Column 6: Give the form the column 6: Give the column | y entering the le icast), "E" (for no ese terms, see le tation is outside rice area, see parave entered "Ye the distant statiction on a part-tirision of a distant tentered into on a primary trans simulcasts, also hree categories de location of ea Canadian statio            | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an area coloner "E". If , see page (v) ch station. For oncommercial page (v) ch station.   | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "of general instruct 4, you must correct accounting period accounting period accounting period accounting period accounting period period by a counting period period in the second sociation representation of the general of the mame of the general of | for network multion "E-M" (for noncetions located in the distant"), enter "Yions located in the plete column 5, and. Indicate by enterivated channel subject to a royalt etween a cable system of any of instructions located list the community with distance to the community with th | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing try transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.   |   |
| tote. If you are utilize  | ng malapic char   |  | EL LINE-UP   | •  | chamic inic-up.   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |   |
| WFTC  | 29  | I  | no   |  | MSP   |   |
| KTCA  | 2.1   | E  | yes  | 0  | MSP   | See instructions for                        |
| WCCO  | 4   | N  | no   |  | MSP   | additional information alphabetization.     |
| KMSP  | 9   | I  | no   |  | MSP   | оп агрпарециацоп.                           |
| KARE  | 11.1  | N  | no   |  | MSP   |   |
| KARE-2  | 11.2  | N-M  | no   |  | MSP   |   |
| KSTP  | 5.1   | N  | no   |  | MSP   |   |
| KSTC  | 5.2   | I  | no   |  | MSP   | 1   |
| KEYC  | 12.1  | N  | no   | •  | Mankato   |   |
| WUCW  | 23  | I  | no   |  | MSP   | 1   |
|   |   |  |  |  |   |   |
|   |   |  |  |  |   |   |

| FORM SA3E. PAGE 3.  LEGAL NAME OF OWN   | NER OF CABLE SY   | /STEM:  |  |   | SYSTEM ID#  |                               |
|---|---|---|--|---|---|-------------------------------|
| Crystal Commi   |   |   |  |   | 61969   | Name                          |
| PRIMARY TRANSMITT   |   |   |  |   |   |                               |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases   | G, identify every<br>system during the<br>ions in effect or<br>3.61(e)(2) and (<br>sis, as explaine   | y television st<br>he accounting<br>n June 24, 19<br>4), or 76.63 (r<br>d in the next p   | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.  | (1) stations carrie<br>ne carriage of certa<br>1(e)(2) and (4))]; a   | and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a  | G<br>Primary<br>Transmitters: |
| Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List eac 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 multice For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried t carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For | Stations: With In CC rules, regular here in space only on a substant also in spanformation concorn. The second of the control | respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis. The state of the station ace streams must be the station. The station whether the station. The station whether the station between the FCC has be station. The station whether the station between the local service (v) of the local service on during the same basis because the station or before Jumitter or an acceptage (v). If | r distant stations orizations: at it in space I (the ation was carried tute basis station report origination cording to its own be reported in or annel 4 in Wash ration is a network), "N-M" (I educational), or e general instructive area, (i.e. "or general instructive 4, you must cor accounting period ause of lack of a sam that is not some 30, 2009, be association repreyou carried the | de Special Statement of both on a substiffus, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This light of the television statisting the more televisions located in the mplete column 5, so d. Indicate by entitivated channel of the televisions of the television of | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further | Television                    |
|   |   |   |  |   | d in the paper SA3 form.  to which the station is licensed by the   |                               |
| FCC. For Mexican or One: If you are utilizing   |   | , ,, ,  |  | ,   | which the station is identifed.<br>channel line-up.   |                               |
|   |   | CHANN   | EL LINE-UP   | AB  |   |                               |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |                               |
| WFTC  | 29  | I   | no   |   | MSP   |                               |
| KTCA  | 2.1   | E   | yes  | 0   | MSP   |                               |
| wcco  | 4   | N   | no   |   | MSP   |                               |
| KMSP  | 9   | I   | no   |   | MSP   |                               |
| KARE  | 11.1  | N   | no   |   | MSP   |                               |
| KARE-2  | 11.2  | N-M   | no   |   | MSP   |                               |
| KSTP  | 5.1   | N   | no   |   | MSP   |                               |
| KSTC  | 5.2   | I   | no   |   | MSP   |                               |
| KEYC  | 12.1  | N   | no   |   | Mankato   |                               |
| WUCW  | 23  | I   | no   |   | MSP   |                               |
|   |   | ······  |  | <b>†</b>  |   |                               |
|   | <b>+</b>  |   |  | •   |   |                               |
|   | <b>+</b>  |   |  | <b>*</b> ··········   |   |                               |
|   | <b>+</b>  |   |  | <b></b>   |   |                               |
|   |   |   |  |   |   |                               |
|   |   |   |  | <b>†</b>  |   |                               |
|   | <b>†</b>  |   |  | <b>†</b>  |   |                               |

| FORM SA3E. PAGE 3.  |   |   |  |   |   |  |
|---|---|---|--|---|---|--|
| LEGAL NAME OF OWN   |   |   |  |   | SYSTEM ID#  | Name                                   |
| Crystal Commu   | unications,   | nc.   |  |   | 61969   |  |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | ON  |  |   |   |  |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during to ions in effect or 6.61(e)(2) and (6.61(e)(2) | ne accounting<br>n June 24, 194, or 76.63 (r<br>d in the next respect to any<br>attions, or auth<br>G—but do lis-<br>titute basis.<br>ace I, if the sta-<br>terning substit<br>sign. Do not re-<br>n a station accestreams must<br>ber the FCC hea, WRC is Cha- | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>cute basis station<br>report origination<br>coording to its over<br>be reported in our  | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati  | s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel | Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the                              | rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion on a partial it entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio   | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becamulticast streen or before Jumitter or an accomment of the enter "E". If the see page (v) ch station. Forns, if any, giv                 | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, io<br>d. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. / payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. / to which the station is licensed by the n which the station is identifed.   |  |
|   |   | CHANN   | EL LINE-UP   | AC  |   |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |
|   |   |   |  |   |   |  |

| FORM SA3E. PAGE 3.   |   |   |   |   |  |   |
|--|---|---|---|---|--|---|
| LEGAL NAME OF OWN  |   |   |   |   | SYSTEM ID#   | Name  |
| Crystal Commu  | unications,   | nc.   |   |   | 61969  |   |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO  | ON  |   |   |  |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens | system during to ions in effect or 6.61(e)(2) and (6.61(e)(2) | ne accounting<br>n June 24, 194, or 76.63 (r<br>d in the next respect to any<br>attions, or auth<br>G—but do lis-<br>titute basis.<br>ace I, if the sta-<br>terning substit<br>sign. Do not re-<br>n a station accestreams must<br>ber the FCC hea, WRC is Cha- | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>cute basis station<br>report origination<br>coording to its over<br>be reported in our   | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati  | s and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example sion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the   | e in each case we rentering the lecast), "E" (for no ese terms, see ation is outside ce area, see propose entered "Ye he distant staticion on a part-tipion of a distant tatent entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio   | whether the stater "N" (for no commercial page (v) of the the local servage (v) of the es" in column on during the sme basis becamulticast streen or before Jumitter or an accenter "E". If a see page (v) ch station. Fons, if any, giv                        | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct and the condition of the condition of the general instruct area that is not some sociation repressociation repressociation of the general in the condition of the general instruction | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, and. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If you which the station is licensed by the match which the station is identifed.  |   |
|  |   | CHANN   | EL LINE-UP  | AD  |  |   |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |
|  |   |   |   |   |  |   |

| FORM SA3E. PAGE 3.  |   |   |  |  |  |   |
|---|---|---|--|--|--|---|
| LEGAL NAME OF OWN   |   |   |  |  | SYSTEM ID#   | Name  |
| Crystal Commu   | unications,   | nc.   |  |  | 61969  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | ON  |  |  |  |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during to ions in effect or 6.61(e)(2) and (6.61(e)(2) | ne accounting<br>n June 24, 194, or 76.63 (r<br>d in the next respect to any<br>attions, or auth<br>G—but do lis-<br>titute basis.<br>ace I, if the sta-<br>terning substit<br>sign. Do not re-<br>n a station accestreams must<br>ber the FCC hea, WRC is Cha- | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>cute basis station<br>report origination<br>coording to its over<br>be reported in our  | (1) stations carried e carriage of cert 1(e)(2) and (4))]; as carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television stat   | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the                              | rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion on a partial it entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio   | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becamulticast streen or before Jumitter or an accomment of the enter "E". If the see page (v) ch station. Forns, if any, giv                 | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5,<br>od. Indicate by en<br>activated channel of<br>subject to a royalty<br>etween a cable sy-<br>esenting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the match which the station is identifed.  |   |
|   |   | CHANN   | EL LINE-UP   | AE   |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   | •   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  | <del></del>  |  |   |
|   |   |   |  | ·  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   | <u> </u>  |   |  |  | ļ  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |
|   |   |   |  |  |  |   |

| FORM SA3E. PAGE 3.   |   |  |  |  |  |
|--|---|--|--|--|--|
| LEGAL NAME OF OWNER OF CABLE SY  | STEM:   |  |  | SYSTEM ID#   | Name                                   |
| Crystal Communications, I  | nc.   |  |  | 61969  | - Namo                                 |
| PRIMARY TRANSMITTERS: TELEVISION   | N   |  |  |  |  |
| In General: In space G, identify every carried by your cable system during the FCC rules and regulations in effect or 76.59(d)(2) and (4), 76.61(e)(2) and (5) substitute program basis, as explaine Substitute Basis Stations: With respect to the station here in space station was carried only on a substitute the station here in space station was carried only on a substitute the station here, and also in space basis. For further information concein the paper SA3 form.  Column 1: List each station's call each multicast stream associated with cast stream as "WETA-2". Simulcast: WETA-simulcast).  Column 2: Give the channel numbits community of license. For example on which your cable system carried the Column 3: Indicate in each case we educational station, by entering the left (for independent multicast), "E" (for not for the meaning of these terms, see pacelumn 5: If you have entered "Ye cable system carried the distant static carried the distant station on a part-time for the retransmission of a distant of a written agreement entered into on the cable system and a primary transition "E" (exempt). For simulcasts, also explanation of these three categories.  | y television standard accounting an June 24, 1944), or 76.63 (rd d in the next prespect to any attions, or auth G—but do list titute basis. In the standard account of the station account of the station account of the station. In the station account of the station account of the station. In the station account of the station account of the station account of the station of | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried ute basis station eport origination coording to its own be reported in comparation in a network), "N-M" (I educational), on a general instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, in that is not some 30, 2009, be a speciation repression of the general in the of the general in the of the general in the control of the general of the control of the general of the general in the control of the general in the control of the general of the general in the control of the general of the general in the control of the general of the general of the general of the general of the gen | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute for "E-M" (for noncontrolled in the special state of the television statification, D.C. This work station, an indefor network multicute "E-M" (for noncontrolled in the special state), enter "Yes ions located in the special state of the | 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 ute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel appendent station, or a noncommercial east), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In the paper SA3 form. In the stating the basis on which your sering "LAC" if your cable system capacity. Payment because it is the subject stem or an association representing by transmitter, enter the designation in the stating the basis, enter "O." For a further | Primary<br>Transmitters:<br>Television |
| FCC. For Mexican or Canadian statio <b>Note:</b> If you are utilizing multiple char  |   |  | •  |  |  |
| The state of the s | •   | EL LINE-UP   |  |  |  |
| 1. CALL 2. B'CAST SIGN CHANNEL NUMBER  |   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |
|  |   |  |  |  |  |

| FORM SA3E. PAGE 3.   |                                |        |                            |   |                        |      |  |
|--|--------------------------------|--------|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN  | IER OF CABLE SY                | /STEM: |                            |   | SYSTEM ID              | Namo |  |
| Crystal Commi  | unications,                    | nc.    |                            |   | 6196                   | 9    |  |
| PRIMARY TRANSMITTI   | ERS: TELEVISIO                 | N      |                            |   |                        |      |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind |                                |        |                            |   |                        |      |  |
| FCC. For Mexican or ( Note: If you are utilizing   |                                | . ,    |                            | •                                       |                        |      |  |
| Note: If you are utilizing   |                                |        | EL LINE-UP                 |   | спапногино-ир.         |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER |        | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
|  |                                |        |                            |   |                        |      |  |
|  | •                              |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        | •••  |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  | <b></b>                        |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |
|  |                                |        |                            |   |                        |      |  |

| FORM SA3E. PAGE 3.  |  |  |   |   |  |   |
|---|--|--|---|---|--|---|
| LEGAL NAME OF OWN   |  |  |   |   | SYSTEM ID#   | Name  |
| Crystal Commu   | ınications, l  | nc.  |   |   | 61969  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | N  |   |   |  |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the control of the con | he accounting n June 24, 1984), or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. ace I, if the stateming substite sign. Do not red a station acceptable when the first present present the first present the firs | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>cute basis station<br>report origination<br>coording to its over<br>be reported in our   | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati  | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the                              | rentering the le cast), "E" (for no ese terms, see pation is outside ice area, see paave entered "Ye he distant static ion on a part-tirision of a distant a tentered into or a primary transisimulcasts, also aree categories, e location of ea Canadian statio   | etter "N" (for no<br>concommercial<br>page (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>me basis becar<br>multicast streen<br>or or before Ju<br>mitter or an act<br>o enter "E". If<br>, see page (v)<br>ch station. Fo  | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct and the condition of the condition of the general instruct area that is not some sociation repressociation repressociation of the general in the condition of the general instruction | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, and. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If you which the station is licensed by the match which the station is identifed.  |   |
|   |  | CHANN  | EL LINE-UP  | AH  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   | <b>+</b>   |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   | ***************************************  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
|   |  |  |   |   |  |   |

| FORM SA3E. PAGE 3.   |   |  |  |   |   |      |  |
|--|---|--|--|---|---|------|--|
| LEGAL NAME OF OWN  |   |  |  |   | SYSTEM ID#  | Name |  |
| Crystal Commu  | unications, l   | lnc.   |  |   | 61969   |      |  |
| 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. |   |  |  |   |   |      |  |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the   | rentering the lecast), "E" (for no ese terms, see leation is outside ce area, see pave entered "Yithe distant static ion on a part-tirition of a distant at entered into or a primary transsimulcasts, also ree categories e location of ea Canadian statio | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an area coloner "E". If , see page (v) ch station. For oncommercial page (v) ch station. | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, io<br>d. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further end in the paper SA3 form. If to which the station is licensed by the many which the station is identifed. |      |  |
|  |   | CHANN  | EL LINE-UP   | Al  |   |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  | •   |  |  |   |   |      |  |
|  | •   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |
|  |   |  |  |   |   |      |  |

| FORM SA3E. PAGE 3.  |  |  |  |   |  |   |
|---|--|--|--|---|--|---|
| LEGAL NAME OF OWN   |  |  |  |   | SYSTEM ID#   | Name  |
| Crystal Commu   | ınications, l  | nc.  |  |   | 61969  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | N  |  |   |  |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during the control of the con | he accounting n June 24, 1984, or 76.63 (red in the next prespect to any attons, or auth G—but do list titute basis. ace I, if the state erning substitt sign. Do not red a station acceptation accept | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>cute basis station<br>report origination<br>coording to its over<br>be reported in our  | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati  | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example tion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the                              | rentering the le cast), "E" (for no ese terms, see pation is outside ice area, see paave entered "Ye he distant static ion on a part-tirision of a distant tentered into or a primary transisimulcasts, also aree categories, e location of ea Canadian statio   | etter "N" (for no<br>concommercial<br>page (v) of the<br>the local servage (v) of the<br>es" in column<br>on during the a<br>me basis beca<br>multicast streen<br>or or before Ju<br>mitter or an as<br>o enter "E". If<br>, see page (v)<br>ich station. Fo<br>ons, if any, give  | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, io<br>d. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the match which the station is identifed.  |   |
| -   |  | CHANN  | EL LINE-UP   | A.J   |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 1  | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   | <b>+</b>   |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   | ***************************************  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   |  |   |
|   |  |  |  |   |  |   |

| FORM SA3E. PAGE 3.   |                                |                          |                            |   |                        |      |  |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN  | IER OF CABLE SY                | STEM:                    |                            |   | SYSTEM ID              | Namo |  |
| Crystal Commu  | unications,                    | nc.                      |                            |   | 6196                   | 9    |  |
| 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 pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "" (for independent), "I-M" (for indep |                                |                          |                            |   |                        |      |  |
| 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                 | AK                                      |                        |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        | ···· |  |
|  |                                |                          |                            |   |                        | ···· |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   | <u></u>                |      |  |
|  | <del> </del>                   |                          |                            | <b></b>                                 |                        |      |  |
|  | <b></b>                        |                          |                            |   |                        |      |  |
|  | <b></b>                        |                          |                            |   |                        |      |  |
|  |                                |                          |                            |   |                        |      |  |
|  | <b></b>                        |                          |                            |   | <u> </u>               |      |  |

| FORM SA3E. PAGE 3.  |   |  |  |   |  |   |
|---|---|--|--|---|--|---|
| LEGAL NAME OF OWN   |   |  |  |   | SYSTEM ID#   | Name  |
| Crystal Commu   | unications,   | lnc.   |  |   | 61969  |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO  | ON   |  |   |  |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during to ions in effect or 6.61(e)(2) and (6.61(e)(2) | he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In accepting substitute basis of the statement of the astation acception as the statement of th | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.<br>distant stations<br>orizations:<br>t it in space I (the<br>ation was carried<br>cute basis station<br>report origination<br>coording to its over<br>be reported in our  | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati  | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the tute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the                              | rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion on a partial it entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio   | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an area coloner "E". If , see page (v) ch station. For oncommercial page (v) ch station.   | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, io<br>d. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject estem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. If to which the station is licensed by the match which the station is identifed.  |   |
|   |   | CHANN  | EL LINE-UP   | AL  |  |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION   |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   | •   |  |  |   |  |   |
|   | •   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   | •   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  | ••••••  |  |   |
|   |   |  |  |   |  |   |
|   | •   |  |  |   |  |   |
|   | •   |  |  |   |  |   |
|   |   |  |  |   |  |   |
|   |   |  |  |   |  |   |

| FORM SA3E. PAGE 3.   |                                |       |                            |   |                        |      |  |
|--|--------------------------------|-------|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN  | IER OF CABLE SY                | STEM: |                            |   | SYSTEM II              | Namo |  |
| Crystal Commu  | unications, l                  | nc.   |                            |   | 619                    | 69   |  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO                 | ON    |                            |   |                        |      |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as 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-N" (for network multicast), "I" (for independent), "I-M" (for in |                                |       |                            |   |                        |      |  |
| FCC. For Mexican or C<br>Note: If you are utilizing  |                                | . ,   |                            | •                                       |                        |      |  |
| ,  |                                | •     | EL LINE-UP                 |   | ·                      |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER |       | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  |                                |       |                            |   |                        |      |  |
|  | <b></b>                        |       |                            | <b></b>                                 |                        |      |  |
|  |                                |       |                            |   |                        |      |  |

| FORM SA3E. PAGE 3.  |                                |                          |                            |   |                        | •    |  |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN   | ER OF CABLE SY                 | STEM:                    |                            |   | SYSTEM ID#             | Name |  |
| Crystal Commu   | ınications, I                  | nc.                      |                            |   | 61969                  |      |  |
| PRIMARY TRANSMITTERS: TELEVISION  In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in  |                                |                          |                            |   |                        |      |  |
| its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).  For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.  Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.  Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station 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 with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, |                                |                          |                            |   |                        |      |  |
|   |                                | CHANN                    | EL LINE-UP                 | AN                                      |                        |      |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
|   |                                |                          |                            |   |                        |      |  |
|   |                                |                          |                            |   |                        |      |  |
|   |                                |                          |                            |   |                        |      |  |
|   |                                |                          |                            |   |                        |      |  |
|   |                                |                          |                            |   |                        |      |  |
|   |                                |                          |                            |   |                        |      |  |

| FORM SA3E. PAGE 3.   |  |  |  |  |  | T                                      |
|--|--|--|--|--|--|--|
| LEGAL NAME OF OWN  |  |  |  |  | SYSTEM ID#   | Name                                   |
| Crystal Commi  | unications,  | Inc.   |  |  | 61969  |  |
| PRIMARY TRANSMITTI   | ERS: TELEVISION  | ON   |  |  |  |  |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Pasis Substitute Pasis Substitute Pasis Substitute Pasis Pa | G, identify ever system during to ions in effect on 6.61(e)(2) and (6.51(e)(2) | y television standard y television | g period, except 81, permitting the referring to 76.6 paragraph. It is distant stations to report origination cording to its own to be reported in comment of the station is a network that is not say the say of | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television statifington, D.C. This work station, an indefor network multicur "E-M" (for noncontrolled in the television of the television statifications located in the distant"), enter "Yesions located in the mplete column 5, sod. Indicate by enticutivated channel or cubiect to a royalty steven a cable system a cable system on any of instructions located list the community | es". If not, enter "No". For an ex-<br>e paper SA3 form.<br>stating the basis on which your<br>tering "LAC" if your cable system | Primary<br>Transmitters:<br>Television |
| Note: If you are utilizing   |  | . ,  |  | •  |  |  |
|  |  | CHANN  | EL LINE-UP   | AO   |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION   |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| FORM SA3E. PAGE 3.  |                                |      |                            |   |                        | T    |  |
|---|--------------------------------|------|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN   |                                |      |                            |   | SYSTEM ID#             | Name |  |
| Crystal Commi   | unications,                    | inc. |                            |   | 61969                  |      |  |
| PRIMARY TRANSMITTI  | ERS: TELEVISIO                 | NC   |                            |   |                        |      |  |
| 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 retwork), "N-M" (for network multicast), "E" (for noncommercial educational), |                                |      |                            |   |                        |      |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                                |      | EL LINE-UP                 |   |                        |      |  |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER |      | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |
|   |                                |      |                            |   |                        |      |  |
|   |                                |      |                            |   |                        |      |  |

| FURM SAJE. PAGE 3.   |  |  |  |  | OVOTEM ID#  |                                    |
|--|--|--|--|--|---|------------------------------------|
| Crystal Commi  |  |  |  |  | SYSTEM ID#<br>61969   | Name                               |
| PRIMARY TRANSMITTI   |  |  |  |  |   |                                    |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program base   | system during to<br>ions in effect of<br>5.61(e)(2) and (<br>sis, as explaine  | he accounting<br>n June 24, 19<br>(4), or 76.63 (t<br>ed in the next   | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph.  | (1) stations carrie<br>ne carriage of certa<br>1(e)(2) and (4))]; a  | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program  | G Primary Transmitters: Television |
| basis under specifc FC  Do not list the station station was carried  List the station here, basis. For further in in the paper SA3 for Column 1: List eac 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 servic Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or Column 6: Give the FCC. | CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with a channel number of the station's call associated with the ineach case of the station is outsided to the channel number of the station is outsided to the channel number of the station is outsided to the channel number of the station is outsided to the station is outsided to the station of a distant static ion on a part-tilicition of a distant and the entered into one a primary transpanding the station of a distant the entered into one a primary transpanding the station of a distant the entered into one aprimary transpanding the station of the categories are categories and canadian static canadian static on the station of the categories are categories and canadian static on the station of th | ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read to a station ace streams must be the FCC has, WRC is Chane station. Whether the station. Whether the station apage (v) of the the local serving (v) of the es" in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given it to list the local serving the me basis becar multicast stream or before Jumitter or an accenter "E". If , see page (v) ch station. Foons, if any, given it is the said that | tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network ation is a network ation is a network (i.e. "General instruction of the ation is a network (i.e. "General instruction of the ation is a network (i.e. "General instruction of the ation of the general instruction of the general in | d both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This bork station, an indefor network multicute for "E-M" (for noncontrollor because in the television located in the implete column 5, so the column 6, so the column 10, so the col | ent and Program Log)—if the sute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example con for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial ast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity. The paper SA3 form association representing the paper sand the station representing the pasis, enter "O." For a further din the paper SA3 form. The towhich the station is licensed by the may which the station is identified. |                                    |
| Note: If you are utilizing   | ig multiple chai   | •  | ·  | •  | channel line-up.  |                                    |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)   | 5. BASIS OF<br>CARRIAGE<br>(If Distant)  | 6. LOCATION OF STATION  |                                    |
|  |  |  |  |  |   |                                    |
|  |  |  |  |  |   |                                    |

| FORM SA3E. PAGE 3.  |  |  |   |   |   |   |
|---|--|--|---|---|---|---|
| LEGAL NAME OF OWN   |  |  |   |   | SYSTEM ID#  | Name  |
| Crystal Commu   | unications,  | nc.  |   |   | 61969   |   |
| PRIMARY TRANSMITTE  | ERS: TELEVISIO   | ON   |   |   |   |   |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eace each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy | system during to ions in effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spanformation concurred. The station's call associated with 6.2". Simulcast the channel number of the system carried the constant of the station of the s | ne accounting In June 24, 1944), or 76.63 (In d in the next prespect to any attons, or auth G—but do listitute basis. In the state of t | g period, except 81, permitting the referring to 76.6 paragraph. A distant stations orizations: tit in space I (the stion was carried the basis station report origination coording to its own be reported in the stion was assigned to sannel 4 in Wash  | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statington, D.C. This  | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G<br>Primary<br>Transmitters:<br>Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the  | rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion of a distant ic entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio  | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the communities street or or before Jumitter or an action enter "E". If the see page (v) ch station. Forns, if any, giv   | etwork), "N-M" ( I educational), of a general instruct vice area, (i.e. "congeneral instruct and the condition of the condition of the general instruct area that is not some sociation repressociation repressociation of the general in the condition of the general instruction | for network multic<br>or "E-M" (for nonce<br>ctions located in the<br>distant"), enter "Ye<br>ions located in the<br>mplete column 5, and. Indicate by en-<br>ictivated channel of<br>subject to a royalty<br>etween a cable sys-<br>senting the prima<br>channel on any of<br>instructions locate<br>list the community<br>me community with | es." If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.   |   |
|   |  | CHANN  | EL LINE-UP  | AR  |   |   |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)   | 6. LOCATION OF STATION  |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   | •  |  |   | ***************************************   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   | <u> </u>   |  |   |   |   |   |
|   |  |  |   |   |   |   |
|   | <b></b>  | <br>   |   | <u> </u>  |   |   |

| FORM SA3E. PAGE 3.   |                                |                          |                            |   |                        |      |  |  |  |
|--|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|--|
| LEGAL NAME OF OWN  | IER OF CABLE SY                | STEM:                    |                            |   | SYSTEM ID#             | Name |  |  |  |
| Crystal Commi  | unications, l                  | nc.                      |                            |   | 61969                  | Name |  |  |  |
| PRIMARY TRANSMITT  | 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 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 |                                |                          |                            |   |                        |      |  |  |  |
|  |                                | CHANN                    | EL LINE-UP                 | AS                                      |                        |      |  |  |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION |      |  |  |  |
|  |                                |                          |                            |   |                        |      |  |  |  |
|  |                                |                          |                            |   |                        |      |  |  |  |
|  |                                |                          |                            |   |                        |      |  |  |  |
|  |                                |                          |                            |   |                        |      |  |  |  |
|  |                                |                          |                            |   |                        |      |  |  |  |
|  |                                |                          |                            |   |                        |      |  |  |  |

| FURINI SAJE. PAGE 3.  |  |   |   |  | 0./0.7.514 ID.//  |                                    |
|---|--|---|---|--|---|------------------------------------|
| Crystal Commi   |  |   |   |  | SYSTEM ID#<br>61969   | Name                               |
| PRIMARY TRANSMITT   |  |   |   |  |   |                                    |
| In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bases   | G, identify every<br>system during to<br>ions in effect or<br>5.61(e)(2) and (<br>sis, as explaine | y television st<br>he accounting<br>n June 24, 19<br>(4), or 76.63 (r<br>ed in the next | period, except<br>81, permitting the<br>referring to 76.6<br>paragraph. | (1) stations carrie<br>e carriage of certa<br>1(e)(2) and (4))]; a | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a | G Primary Transmitters: Television |
| Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  **List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  **Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  **Column 2:* Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  **Column 3:* Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational), or "E-M" (for network 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 |  |   |   |  |   |                                    |
| Note: If you are utilizing  | ig multiple chai   |   | EL LINE-UP  |  | спаппетше-ир.   |                                    |
| 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION  | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                            | 6. LOCATION OF STATION  |                                    |
|   |  |   |   |  |   |                                    |

| FORM SA3E. PAGE 3.   |                          |                            |   |                        |        |  |  |
|--|--------------------------|----------------------------|---|------------------------|--------|--|--|
| LEGAL NAME OF OWNER OF CABLE SY  | STEM:                    |                            |   | SYSTEM ID#             | Namo   |  |  |
| Crystal Communications, I  | nc.                      |                            |   | 61969                  | - Hamo |  |  |
| PRIMARY TRANSMITTERS: TELEVISION   | 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), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:  Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 networks multicast |                          |                            |   |                        |        |  |  |
| FCC. For Mexican or Canadian statio <b>Note:</b> If you are utilizing multiple char  | . ,                      |                            | •                                       |                        |        |  |  |
| Trote: If you are dimening manapie order   | •                        | EL LINE-UP                 |   | onarmormic up.         | +      |  |  |
| 1. CALL 2. B'CAST SIGN CHANNEL NUMBER  | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION | -      |  |  |
|  |                          |                            |   |                        | -      |  |  |
|  |                          |                            |   |                        | •      |  |  |
|  |                          |                            |   |                        | -      |  |  |
|  |                          |                            |   |                        |        |  |  |
|  |                          |                            |   |                        |        |  |  |
|  |                          |                            |   |                        | -      |  |  |
|  |                          |                            |   |                        |        |  |  |
|  |                          |                            |   |                        | -      |  |  |
|  |                          |                            |   |                        |        |  |  |
|  |                          |                            |   |                        | -      |  |  |
|  |                          |                            |   | l                      | -      |  |  |
|  |                          |                            |   |                        |        |  |  |
|  |                          |                            |   |                        | -      |  |  |
|  |                          |                            |   |                        |        |  |  |
|  |                          |                            |   |                        |        |  |  |

| FURM SAJE. PAGE 3.   |   |  |   |  | OVOTEM ID#  |                                       |
|--|---|--|---|--|---|---------------------------------------|
| Crystal Commi  |   |  |   |  | SYSTEM ID#<br>61969   | Name                                  |
| PRIMARY TRANSMITTI   |   |  |   |  |   |                                       |
| carried by your cable s<br>FCC rules and regulat<br>76.59(d)(2) and (4), 76<br>substitute program base   | system during to<br>ions in effect of<br>5.61(e)(2) and (<br>sis, as explaine | he accounting<br>n June 24, 19<br>4), or 76.63 (i<br>d in the next | g period, except<br>81, permitting the<br>referring to 76.6<br>paragraph. | (1) stations carrie<br>the carriage of certa<br>1(e)(2) and (4))]; a | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program | G  Primary  Transmitters:  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 |   |  |   |  |   |                                       |
| Note: If you are utilizing   | ig multiple chai  | •  | ·   |  | channel line-up.  |                                       |
|  |   |  | EL LINE-UP  |  |   |                                       |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION   | 4. DISTANT?<br>(Yes or No)  | 5. BASIS OF<br>CARRIAGE<br>(If Distant)                              | 6. LOCATION OF STATION  |                                       |
|  |   |  |   |  |   |                                       |
|  |   |  |   |  |   |                                       |
|  |   |  |   |  |   |                                       |
|  |   |  |   |  |   |                                       |
|  |   |  |   |  |   |                                       |
|  |   |  |   |  |   |                                       |
|  |   |  |   |  |   |                                       |

| FORM SA3E. PAGE 3.   |                                |                          |                            |   |   |      |  |
|--|--------------------------------|--------------------------|----------------------------|---|---|------|--|
| LEGAL NAME OF OWN  | IER OF CABLE SY                | STEM:                    |                            |   | SYSTEM ID   | Namo |  |
| Crystal Commu  | unications, l                  | nc.                      |                            |   | 6196  | 9    |  |
| PRIMARY TRANSMITTE   | ERS: TELEVISIO                 | ON                       |                            |   |   |      |  |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:  • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.  • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.  Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).  Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.  Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network," "N-N" (for network multicast)," "(for independent)," "-M" (for in |                                |                          |                            |   |   |      |  |
| FCC. For Mexican or ( Note: If you are utilizing   |                                |                          |                            | •                                       | which the station is identifed.<br>channel line-up. |      |  |
| ,  |                                | •                        | EL LINE-UP                 |   |   |      |  |
| 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER | 3. TYPE<br>OF<br>STATION | 4. DISTANT?<br>(Yes or No) | 5. BASIS OF<br>CARRIAGE<br>(If Distant) | 6. LOCATION OF STATION                              |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   | •••• |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  | •                              |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |
|  |                                |                          |                            |   |   |      |  |

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61969 Crystal 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 PERIO  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|--|-----------------------|---------------------------|---|---------------------|----------|-------|---|--------------------|------|--|--|
| LEGAL NAME OF OWNER OF  Crystal Communication  |                       | EM:                       |   |                     |          |       | S | YSTEM ID#<br>61969 | Name |  |  |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a  |                       |                           |   |                     |          |       |   |                    |      |  |  |
| substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any 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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in |                       |                           |   |                     |          |       |   |                    |      |  |  |
| S  | UBSTITUT              | E PROGRAM                 | 1 | 1 1                 | EN SUBS  |       |   | 7. REASON<br>FOR   |      |  |  |
| 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN |   | 5. MONTH<br>AND DAY | 6.       | TIME: |   | DELETION           |      |  |  |
|  |                       |                           |   |                     | <u> </u> |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          | =     |   |                    |      |  |  |
|  |                       |                           |   |                     | <u> </u> | =     |   |                    |      |  |  |
|  |                       |                           |   |                     | <b>_</b> |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     | <u> </u> | =     |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          | _     |   |                    |      |  |  |
|  |                       |                           |   |                     |          | =     |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |
|  |                       |                           |   |                     |          |       |   |                    |      |  |  |

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name Legal Name of Owner of Cable system:

Crystal Communications, Inc.

SYSTEM ID#
61969

# J

### Part-Time Carriage Log

### PART-TIME CARRIAGE LOG

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

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

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m."

|             | DATES AND HOURS OF PART-TIME CARRIAGE |      |    |         |           |      |              |              |      |    |
|-------------|---------------------------------------|------|----|---------|-----------|------|--------------|--------------|------|----|
| CALL SIGN - | WHEN CARRIAGE OCCURRED                |      |    |         | CALL SIGN | MHE1 | N CARRIAGE O |              |      |    |
|             | DATE                                  | FROM | UR | S<br>TO |           |      | DATE         | FROM         | OURS | TO |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              | <del></del>  |      |    |
|             |                                       |      | =- |         |           |      |              | <del> </del> |      |    |
|             |                                       |      |    |         |           |      |              |              | _=_  |    |
|             |                                       |      | =- |         |           |      |              |              | _=   |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              | <del></del>  |      |    |
|             |                                       |      | =- |         |           |      |              | <del> </del> | -=   |    |
|             |                                       |      | =- |         |           |      |              |              | _=_  |    |
|             |                                       |      | =- |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      | =  |         |           |      |              |              | -=   |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      |    |         |           |      |              |              |      |    |
|             |                                       |      | _  |         |           |      |              |              |      |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      | _  |         |           |      |              |              | _    |    |
|             |                                       |      |    |         |           |      |              |              |      |    |

|  | SA3E. PAGE 7.  IL NAME OF OWNER OF CABLE SYSTEM:  |                    | SYSTEM ID# |   |  |  |  |  |  |
|--|---|--------------------|------------|---|--|--|--|--|--|
| Cry  | stal Communications, Inc.   |                    | 61969      | Name  |  |  |  |  |  |
| 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) |   |                    |            |   |  |  |  |  |  |
| <ul><li>Con</li><li>Con</li><li>If you</li><li>fee</li><li>If you</li><li>accord</li></ul>   | RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the alform block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.   | arts of the DSE S  | chedule    | <b>L</b><br>Copyright<br>Royalty Fee                          |  |  |  |  |  |
|  | ort 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should bk 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 blow.  | entered on line 2  | in block   |   |  |  |  |  |  |
|  | ort 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho<br>block 4 below.   | uld be entered or  | n line     |   |  |  |  |  |  |
| Block<br>1   | <b>MINIMUM FEE:</b> 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.  Line 1. Enter the amount of gross receipts from space K  |                    |            |   |  |  |  |  |  |
|  | Line 1. Effect the amount of gross receipts from space R  Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.  | Ψ                  | 000,302.42 |   |  |  |  |  |  |
|  | This is your minimum fee.   | \$                 | 7,111.59   |   |  |  |  |  |  |
| Block<br>2   | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and control of the control | nn 4, you must cl  | neck       |   |  |  |  |  |  |
| Block<br>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  | \$                 | 35.99      |   |  |  |  |  |  |
|  | Line 2. <b>3.75 Fee:</b> 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  | \$                 | 35.99      |   |  |  |  |  |  |
| Block<br>4   | Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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  | \$                 | 7,111.59   | Cable systems   |  |  |  |  |  |
|  | Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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<br>additional<br>deposits under                    |  |  |  |  |  |
|  | Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)  |                    |            |   |  |  |  |  |  |
|  | Line 4. FILING FEE. \$ 725.00   |                    |            |   |  |  |  |  |  |
|  | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here  | \$                 | 7,836.59   | appropriate<br>form for<br>submitting the<br>additional fees. |  |  |  |  |  |
|  | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)   | See page (i) of th | e          |   |  |  |  |  |  |

| Nome                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID# |  |  |  |  |  |  |  |  |
|----------------------------|---|------------|--|--|--|--|--|--|--|--|
| Name                       | Crystal Communications, Inc.  | 61969      |  |  |  |  |  |  |  |  |
| N.4                        | CHANNELS  |            |  |  |  |  |  |  |  |  |
| M                          | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations  |            |  |  |  |  |  |  |  |  |
| Channels                   | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |            |  |  |  |  |  |  |  |  |
| Gildilliolo                | Enter the total number of channels on which the cable   |            |  |  |  |  |  |  |  |  |
|                            | system carried television broadcast stations  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | 2. Enter the total number of activated channels   |            |  |  |  |  |  |  |  |  |
|                            | on which the cable system carried television broadcast stations  198  |            |  |  |  |  |  |  |  |  |
|                            | and nonbroadcast services   |            |  |  |  |  |  |  |  |  |
| N.I.                       | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual  |            |  |  |  |  |  |  |  |  |
| N                          | we can contact about this statement of account.)  |            |  |  |  |  |  |  |  |  |
| Individual to              |   |            |  |  |  |  |  |  |  |  |
| Be Contacted               |   |            |  |  |  |  |  |  |  |  |
| for Further<br>Information | Name Julie Poon Telephone 916-786-1034  |            |  |  |  |  |  |  |  |  |
| illioilliation             |   |            |  |  |  |  |  |  |  |  |
|                            | Address 211 Lincoln Street (Number, street, rural route, apartment, or suite number)  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | Roseville, CA 95678 (City, town, state, zip)  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | Email julie.poon@consolidated.com Fax (optional)  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.   |            |  |  |  |  |  |  |  |  |
| 0                          |   |            |  |  |  |  |  |  |  |  |
| Certifcation               | • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or                  |            |  |  |  |  |  |  |  |  |
|                            | in line 1 of space B and that the owner is not a corporation of partnership, of   |            |  |  |  |  |  |  |  |  |
|                            | (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.   | em         |  |  |  |  |  |  |  |  |
|                            | in line i 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)]  |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | /s/Michael Shultz   |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | 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 the | ne         |  |  |  |  |  |  |  |  |
|                            | "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.   |            |  |  |  |  |  |  |  |  |
|                            | Typed or printed name: Michael Shultz   |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            |   |            |  |  |  |  |  |  |  |  |
|                            | VD D - 1 ( - 0 D 1 !!   |            |  |  |  |  |  |  |  |  |
|                            | Title: VP-Regulatory & Public Policy (Title of official position held in corporation or partnership)  |            |  |  |  |  |  |  |  |  |
|                            | (The of Shield position has in surprised to partitioning)   |            |  |  |  |  |  |  |  |  |
|                            | Date: August 27, 2019   |            |  |  |  |  |  |  |  |  |
|                            | Date. August 27, 2019   |            |  |  |  |  |  |  |  |  |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#                            | Nama  |
|---|---------------------------------------|---|
| Crystal Communications, Inc.  | 61969                                 | Name  |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by additional lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect For more information on when to exclude these amounts, see the note on page (vii) of the general instruction paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below. | ne basic<br>include sub-<br>ion 119." | P Special Statement Concerning Gross Receipts Exclusion |
| Name Mailing Address Mailing Address Mailing Address  |                                       |   |
| INTEREST ASSESSMENTS  |                                       |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or unc<br>For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.   | derpayment.                           | Q   |
| Line 1 Enter the amount of late payment or underpayment   |                                       | Interest<br>Assessment                                  |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here   | -<br>days                             |   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here  | uays                                  |   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)  | st charge)                            |   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  | ance please                           |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.  |                                       |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright O please list below the owner, address, first community served, accounting period, and ID number as given in filing.  |                                       |   |
| Owner Address   |                                       |   |
| First community served Accounting period ID number  |                                       |   |

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

ACCOUNTING PERIOD: 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 control of the control of the BOT. |      |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

### **EXAMPLE**:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

|                              |              | <b>40,0000</b>              |              |                             |              |  |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|--|
| 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** 

| 4                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#                                     |          |            |     |            |  |  |  |  |  |
|---|---|----------|------------|-----|------------|--|--|--|--|--|
| 1                                       | Crystal Communications, Inc. 6196   |          |            |     |            |  |  |  |  |  |
|   | SUM OF DSEs OF CATEGO  • Add the DSEs of each statio Enter the sum here and in line | 0.25     |            |     |            |  |  |  |  |  |
| 2 Computation of DSEs for               |   |          |            |     |            |  |  |  |  |  |
| Category "O"                            | mercial educational station, give the DSE as ".25."  CATEGORY "O" STATIONS: DSEs    |          |            |     |            |  |  |  |  |  |
| Stations                                | CALL SIGN   | DSE      | CALL SIGN  | DSE | CALL SIGN  | DSE  |  |  |  |  |
| Stations                                | KTCA  | 0.250    | OALL GIGIT | DOL | OALL GIGIT | DOL  |  |  |  |  |
| Add rows as necessary. Remember to copy |   |          |            |     |            |  |  |  |  |  |
| all formula into new rows.              |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            | <u> </u>                                     |  |  |  |  |
|   |   |          |            |     |            | <br>   |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            | ]  |  |  |  |  |
|   |   |          |            |     |            | ]  |  |  |  |  |
|   |   |          |            |     |            | ]  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            | [  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            |  |  |  |  |  |
|   |   |          |            |     |            | !<br>  |  |  |  |  |
|   |   |          |            |     |            | l  |  |  |  |  |
|   |   |          |            |     |            | <b></b>                                      |  |  |  |  |
|   |   | <u> </u> |            |     |            | <u> </u>                                     |  |  |  |  |
|   |   |          |            |     |            | <u> </u>                                     |  |  |  |  |
|   |   |          |            |     |            | <u>                                     </u> |  |  |  |  |

|   | Crystal Com  | munications Inc  |  |  |   |   |  |  |           |
|---|--|--|--|--|---|---|--|--|-----------|
| Name  | 5. y 6 tu.: 6 6  | munications, inc.  |  |  |   |   |  |  | 61969     |
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6                     | CAPACITY st the call sign of all dista :: For each station, give t correspond with the infor :: For each station, give t :: Divide the figure in colu at least to the third decir :: For each independent value as ".25." :: Multiply the figure in colu coint. This is the station's  | the number of hou<br>mation given in s<br>the total number of<br>umn 2 by the figur<br>mal point. This is<br>station, give the "<br>blumn 4 by the fig | urs your cable syste pace J. Calculate or of hours that the state in column 3, and the "basis of carriag type-value" as "1.0." ure in column 5, and  | m carried the sta<br>nly one DSE for<br>ion broadcast or<br>give the result in<br>e value" for the<br>' For each netwo                    | ation during the each station. wer the air during decimals in constation.  Ork or noncommin column 6. R | ng the accounting the accounting the accounting the following the follow | ting period. figure must ional station, s than the |           |
| Capacity  |  | C  | ATEGORY L  | AC STATIONS:   | COMPUTAT  | ION OF DS   | Es   |  |           |
|   | 1. CALL<br>SIGN  | 2. NUMBE<br>OF HOU<br>CARRIE<br>SYSTEI   | ER 3.<br>JRS<br>ED BY<br>M   | NUMBER<br>OF HOURS<br>STATION<br>ON AIR  | 4. BASIS O<br>CARRIAC<br>VALUE  | F<br>GE   | 5. TYPE<br>VALUE   | 6. DS  |           |
|   |  |  |  |  | <b>=</b>  |   |  |  |           |
|   |  |  |  |  |   |   |  |  |           |
|   |  |  |  |  |   |   |  |  |           |
|   |  |  | ÷  |  | =   | x   |  | =  |           |
|   |  |  | <u>.</u>   |  | =   |   |  |  |           |
|   |  |  | ÷  |  |   | x   |  | =  |           |
|   | Add the DSEs   | of CATEGORY LAC Sof each station. Im here and in line 2 of p   |  | dule,  |   |   | 0.00   |  |           |
| Computation of DSEs for Substitute-Basis Stations                                   | Was carried tions in efference before to space I).     Column 2: at your option.     Column 3:     Column 4: | e the call sign of each stands of the call sign of each stands of the condition of the call sign of the call | itution for a progras shown by the ork programs duri number of live, r spond with the ints in the calendar on 2 by the figure (For more inform         | ram that your systen<br>letter "P" in column<br>ng that optional carr<br>nonnetwork program<br>formation in space I<br>year: 365, except in<br>in column 3, and gi<br>ation on rounding, s | n was permitted<br>7 of space I); an<br>iage (as shown by<br>s carried in subs<br>a leap year.<br>we the result in c<br>ee page (viii) of | to delete unde<br>id<br>y the word "Yes'<br>stitution for pro<br>column 4. Rour<br>the general ins      | r FCC rules ar in column 2 of grams that we d to no less tr structions in th   | ere deleted  | m).       |
|   |  |  |  | ASIS STATION   |   |   |  |  |           |
|   | 1. CALL<br>SIGN  | 2. NUMBER<br>OF<br>PROGRAMS  | 3. NUMBER<br>OF DAYS<br>IN YEAR  |  | 1. CALL<br>SIGN   | 2. NUMI<br>OF<br>PRO  | BER<br>GRAMS   | 3. NUMBER<br>OF DAYS<br>IN YEAR                    | 4. DSE    |
|   |  |  |  | =  |   |   | ÷  |  | =         |
|   |  | -  | +  | =  |   | l   | ÷  |  | =         |
|   |  | -  |  |  |   |   | ÷  | 1  | =         |
|   |  | -  | -  | =  |   |   | ÷  |  | = <u></u> |
|   | Add the DSEs   | of SUBSTITUTE-BAS<br>of each station.<br>Im here and in line 3 of p  |  | dule,  | ▶   |   | 0.00   |  |           |
| <b>5</b> Total Number of DSEs   | number of DSE:  1. Number of 2. Number of 2.   | ER OF DSEs: Give the ames applicable to your system of DSEs from part 2  of DSEs from part 3  of DSEs from part 4  of DSEs from part 4   |  | xes in parts 2, 3, and   | 4 of this schedul   | le and add then   |  | 0.25<br>0.00<br>0.00                               | 0.25      |

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

|  | OWNER OF CABLE  |   |  |   |  |  | S  | YSTEM ID#<br>61969 | Name  |
|--|---|---|--|---|--|--|--|--------------------|---|
|  | ck A must be com  | pleted.   |  |   |  |  |  |                    |   |
| In block A:  • If your answer if schedule.     | "Yes," leave the re   | emainder of p   | part 6 and part  | 7 of the DSE sche   | edule blank a  | nd complete  | part 8, (page 16) of   | f the              | 6   |
|  | "No," complete blo  |   |  |   |  |  |  |                    | Communication of                                    |
| le the cable evete                             | m located wholly o  |   |  | ELEVISION M   |  | section 76.5   | of FCC rules and re  | gulations in       | Computation of 3.75 Fee                             |
| effect on June 24                              |   |   | •  |   |  |  |  | guiations in       |   |
|  | plete blocks B and  |   | DO NOT COM   | FLETE THE REIVI   | AINDER OF  | FARTOANL   | , ,  |                    |   |
|  |   |   | CK B. CARR   | IAGE OF PERI  | MITTED D   | SFe  |  |                    |   |
| Column 1:<br>CALL SIGN                         | under FCC rules   | s of distant st<br>and regulation<br>ne DSE Sche  | ations listed in<br>ons prior to Ju<br>dule. (Note: T  | part 2, 3, and 4 o<br>ne 25, 1981. For fi<br>ne letter M below r  | f this schedul<br>urther explan  | le that your s<br>ation of perm  | ystem was permitte<br>hitted stations, see t<br>ast stream as set fo | he                 |   |
| Column 2:<br>BASIS OF<br>PERMITTED<br>CARRIAGE | (Note the FCC rt. A Stations carri- 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfathered instructions fc E Carried pursus *F A station pre | ules and regued pursuant on as defined all education (76. or DSE schedant to individually carried JHF station w | ulations cited b<br>to the FCC ma<br>d in 76.5(kk) (7<br>al station [76.5<br>65) (see parag<br>dule).<br>ual waiver of F<br>ed on a part-tir<br>vithin grade-B | 76.59(d)(1), 76.61(9(c), 76.61(d), 76.<br>graph regarding sure (76.7)<br>ne or substitute bacontour, [76.59(d)) | ose in effect of 76.57, 76.59(I) (e)(1), 76.63(i) 63(a) referrir abstitution of general series of the series of th | on June 24, 1<br>o), 76.61(b)(c<br>a) referring to<br>g to 76.61(d)<br>grandfathered<br>une 25, 1981 | 981.<br>c), 76.63(a) referring<br>o 76.61(e)(1<br>)                  |                    |   |
| Column 3:                                      |   | e stations ide  | entified by the I  | n parts 2, 3, and 4<br>etter "F" in columr  |  |  | e worksheet on pag   | e 14 of            |   |
| 1. CALL<br>SIGN                                | 2. PERMITTED<br>BASIS   | 3. DSE  | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS   | 3. DSE   | 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS  | 3. DSE             |   |
|  |   |   |  |   |  |  |  |                    |   |
|  |   |   |  |   |  |  |  |                    |   |
|  |   |   |  |   |  |  |  |                    |   |
|  |   |   |  |   |  |  |  |                    |   |
|  |   |   | 1  |   | 1  | 11   |  | 0.00               |   |
|  |   |   | 1 OCK C: CC  | MOUTATION O   |  |  |  | 0.00               |   |
|  |   |   |  | MPUTATION O   | 3.13 FEE   |  |  |                    |   |
|  | e total number of   |   |  |   |  |  |  |                    |   |
|  | e sum of permitte   |   |  |   |  |  |  |                    |   |
|  | line 2 from line 1<br>leave lines 4–7 b   |   |  | •   |  | 5 rate.  |  |                    |   |
| Line 4: Enter gro                              | oss receipts from   | space K (p  | age 7)   |   |  |  | x 0.03   | 375                | Do any of the DSEs represent                        |
| Line 5: Multiply                               | line 4 by 0.0375  | and enter s   | um here  |   |  |  |  |                    | partially<br>permited/<br>partially<br>nonpermitted |
| Line 6: Enter tot                              | al number of DS   | Es from line  | 3  |   |  |  | <u> </u>   |                    | carriage?  If yes, see part 9 instructions.         |
| Line 7: Multiply                               | line 6 by line 5 ar   | nd enter her  | e and on line  | 2, block 3, spac  | e L (page 7  | )  |  | 0.00               |   |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  SYSTEM ID# 61969 |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|--|-----------------------|---|--|--------------------|-----------|-----------------|--------------------|--------|-------------------------|--|--|
|  | ,                     | BLOCK                                   | A: TELEVIS                                   | SION MARKETS       | S (CONTIN | UED)            |                    |        | _                       |  |  |
| 1. CALL<br>SIGN  | 2. PERMITTED<br>BASIS | 3. DSE                                  | 1. CALL<br>SIGN                              | 2. PERMITTED BASIS | 3. DSE    | 1. CALL<br>SIGN | 2. PERMITTED BASIS | 3. DSE | 6                       |  |  |
|  |                       |   |  |                    |           |                 |                    |        | Computation of 3.75 Fee |  |  |
|  |                       |   |  |                    |           |                 |                    |        | 0.707.00                |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••• |                         |  |  |
|  |                       |   | <u>                                     </u> |                    |           |                 |                    |        |                         |  |  |
|  |                       | • |  |                    |           |                 |                    | •••••  |                         |  |  |
|  |                       | •                                       |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    | ••••••    |                 |                    | •••••  |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   | <br> -                                       |                    |           |                 |                    |        |                         |  |  |
|  |                       |   | <u> </u>                                     |                    |           |                 |                    | •••••• |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••  |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••• |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••  |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••• |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••  |                         |  |  |
|  |                       |   |  |                    |           |                 |                    |        |                         |  |  |
|  |                       |   |  |                    | <b></b>   |                 |                    |        |                         |  |  |
|  |                       |   |  |                    |           |                 |                    | •••••• |                         |  |  |

| Name  | Crystal Commu  | NER OF CABLE SYSTER  unications, Inc.  | M:                          |                            |   | SYSTEM ID#:<br>61969 |  |  |  |  |  |  |  |  |
|---|--|--|-----------------------------|----------------------------|---|----------------------|--|--|--|--|--|--|--|--|
| Worksheet for<br>Computating<br>the DSE<br>Schedule for<br>Permitted<br>Part-Time and<br>Substitute<br>Carriage | stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fit A—Part-time sp 76.59 B—Late-night pr 76.61( S—Substitute ca genera Column 5: Indicate Column 6: Companin block  IMPORTANT: The | Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.  Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule  Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981  Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1)  Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters  (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)).  B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)).  S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form.  Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule  Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station.  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. |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   | 1. CALL  | 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED   |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   | SIGN   | DSE  | PERIOD                      | CARRIAGE                   | DSE   | DSE                  |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
| <b>7</b> Computation of the   | ,  | "Yes," complete block  |                             | part 9 of the DCF school   | ula.  |                      |  |  |  |  |  |  |  |  |
| Syndicated  | ii your answer is  | No, leave blocks B a   | and C blank and complete    |                            |   |                      |  |  |  |  |  |  |  |  |
| Exclusivity   |  |  | BLUCK A. MAJUR              | TELEVISION MARK            | <u> </u>  |                      |  |  |  |  |  |  |  |  |
| Surcharge   | Is any portion of the or   | cable system within a to   | pp 100 major television mar | ket as defned by section 7 | 6.5 of FCC rules in effect  | June 24, 1981?       |  |  |  |  |  |  |  |  |
|   | X Yes—Complete   | e blocks B and C .   |                             | X No—Proceed to            | part 8  |                      |  |  |  |  |  |  |  |  |
|   | BLOCK B: C   | arriage of VHF/Grade   | B Contour Stations          | BLOCK                      | C: Computation of Exer  | npt DSEs             |  |  |  |  |  |  |  |  |
|   | ,  | n block B of part 6 the lion that places a grade ble system?   |                             |                            | I in block B of part 7 carri<br>le system prior to March<br>.159) |                      |  |  |  |  |  |  |  |  |
|   | <del>                                   </del>   | station below with its appliand proceed to part 8.   | ropriate permitted DSE      |                            | tation below with its appropr<br>and proceed to part 8.           | iate permitted DSE   |  |  |  |  |  |  |  |  |
|   | CALL SIGN  | DSE CAL  | L SIGN DSE                  | CALL SIGN                  | DSE CALL SI   | GN DSE               |  |  |  |  |  |  |  |  |
|   |  | -  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  |  |                             |                            |   |                      |  |  |  |  |  |  |  |  |
|   |  | TOT  | AL DSEs 0.00                |                            | TOTAL D   | SES 0.00             |  |  |  |  |  |  |  |  |
|   |  | 101.   | U.30                        |                            | TOTALD  | 0.00                 |  |  |  |  |  |  |  |  |

| LEGAL NA      | ME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  | SYSTEM ID#<br>61969 | Name                      |
|---------------|---|---------------------|---------------------------|
|               | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE  |                     |                           |
| Section<br>1  | Enter the amount of gross receipts from space K (page 7)  | 668,382.42          | 7                         |
| Section<br>2  | A. Enter the total DSEs from block B of part 7  | 0.00                | Computation of the        |
|               | B. Enter the total number of exempt DSEs from block C of part 7   | 0.00                | Syndicated<br>Exclusivity |
|               | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8  | 0.00                | Surcharge                 |
| • Is an       | y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.   |                     |                           |
|               | SECTION 3: TOP 50 TELEVISION MARKET   |                     |                           |
| Section<br>3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.   |                     |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.  | 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<br>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  |                     |                           |
|               | CECTION ALCECOND TO TELEVICION MADVET   |                     |                           |
|               | SECTION 4: SECOND 50 TELEVISION MARKET  |                     |                           |
| Section<br>4a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period?  X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below.   |                     |                           |
|               | If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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                                      |   |  | YSTEM ID# |  |  |  |  |  |  |  |  |
|---|---|--|-----------|--|--|--|--|--|--|--|--|
|   | (   | Crystal Communications, Inc.   | 61969     |  |  |  |  |  |  |  |  |
| Computation of the Syndicated Exclusivity | Section<br>4b   | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.  A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$  B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$   |           |  |  |  |  |  |  |  |  |
| 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            | 6 was In blo If you If you blank What i   | You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.  • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.  What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located 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. |           |  |  |  |  |  |  |  |  |
|   | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS   |  |           |  |  |  |  |  |  |  |  |
|   | • Did your cable system retransmit the signals of any partially distant television stations during the accounting period? |  |           |  |  |  |  |  |  |  |  |
|   | Yes—Complete part 9 of this schedule.  No—Complete the following sections.  |  |           |  |  |  |  |  |  |  |  |
|   | BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE   |  |           |  |  |  |  |  |  |  |  |
|   | Section   |  |           |  |  |  |  |  |  |  |  |
|   |   | Enter the amount of gross receipts from space K (page 7)   |           |  |  |  |  |  |  |  |  |
|   | Section<br>2  | Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)  |           |  |  |  |  |  |  |  |  |
|   | Section<br>3  | If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.  NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.  A. Enter 0.01064 of gross receipts  (the amount in section 1)  |           |  |  |  |  |  |  |  |  |
|   |   | B. Enter 0.00701 of gross receipts  (the amount in section 1)  |           |  |  |  |  |  |  |  |  |
|   |   | C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here  |           |  |  |  |  |  |  |  |  |
|   |   | D. Multiply line B by line C and enter here  | _         |  |  |  |  |  |  |  |  |
|   |   | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)   |           |  |  |  |  |  |  |  |  |
|   |   | Base Rate Fee  | 0.00      |  |  |  |  |  |  |  |  |
|   |   |  |           |  |  |  |  |  |  |  |  |

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

|                            | AME OF OWNER OF CABLE SYSTEM: al Communications, Inc.  | SYSTEM ID#<br>61969 | 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)  **Section 1.**  **Page 1.**  **Page 2.**  **Pa |                     | 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 <b>&gt;</b>   |                     | 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 <b>&gt;</b>  |                     |   |
|                            | 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                |   |
| instead                    | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.  | •                   | 9   |
| Space<br>In Gen<br>receipt |  | e, to exclude       | Computation of Base Rate Fee                  |
| station<br>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<br>Syndicated<br>Exclusivity<br>Surcharge |
| also co                    | If any portion of your cable system is located within the top 100 television market and the station is not exempt in multiple a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.  |                     | for<br>Partially<br>Distant<br>Stations, and  |
| Step 1                     | Didentify a Subscriber Group for Partially Distant Stations:  For each community served, determine the local service area of each wholly distant and each partially distant state to that community.   | tion you            | for Partially<br>Permitted<br>Stations        |
| outside                    | For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the 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.   |                     |   |
| Compu                      | uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys  | tem's subscriber    |   |
| In each Identi Give        | I section:<br>fy the communities/areas represented by each subscriber group.<br>the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al<br>bers in the group.  | I of the            |   |
| • If:<br>1) your           | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i  | n parts 2, 3,       |   |
| 2) any                     | of this schedule; or,<br>portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b<br>6 of this schedule.  | block B,            |   |
| •                          | the 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 is apper SA3 form.   | nstructions         |   |
| page.<br>DSEs f            | oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the<br>In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the<br>for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.   | at is, the total    |   |

## SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 61969 Crystal 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# | Name             |
|-------------------------|----------------|------------------|--|-------------------------|----------|----------------|-----------|------------------|
| Crystal Communi         | cations, l     | nc.              |  |                         |          |                | 61969     | Name             |
| В                       | LOCK A: (      | COMPUTATION OF   | BASE RA                                | TE FEES FOR EACH        | SUBSCRI  | BER GROUP      |           |                  |
|                         | FIRST          | SUBSCRIBER GRO   | JP                                     |                         | SECOND   | SUBSCRIBER GRO | UP        | ^                |
| COMMUNITY/ AREA         | Ellenda        | le New Richland  |  | COMMUNITY/ AREA         | Faribua  | t              |           | 9<br>Computation |
| CALL SIGN               | DSE            | CALL SIGN        | DSE                                    | CALL SIGN               | DSE      | CALL SIGN      | DSE       | of               |
| KTCA                    | 0.25           | O/ LEE OTOTA     | DOL                                    | OALL GIGIT              | DOL      | CALL GIGIT     | DOL       | Base Rate Fe     |
|                         | 00             |                  | ···                                    | -                       | <b>+</b> |                |           | and              |
|                         |                |                  | ······································ |                         |          | _              |           | Syndicated       |
|                         |                |                  | •                                      |                         |          | _              |           | Exclusivity      |
|                         |                |                  |  | -                       |          |                |           | Surcharge        |
|                         |                |                  |  |                         |          | _              |           | for              |
|                         |                |                  |  |                         |          |                |           | Partially        |
|                         |                |                  |  |                         |          |                |           | Distant          |
|                         |                |                  |  |                         |          |                |           | Stations         |
|                         |                |                  |  |                         |          | _              |           |                  |
|                         |                |                  |  |                         | <b></b>  |                |           |                  |
|                         | <u> </u>       |                  |  |                         | <b></b>  |                |           |                  |
|                         | <mark></mark>  |                  | <u>.</u>                               |                         | <b></b>  |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
| Total DSEs              |                |                  | 0.25                                   | Total DSEs              |          |                | 0.00      |                  |
| Gross Receipts First G  | Group          | s 13             | 3,528.97                               | Gross Receipts Secon    | d Group  | \$             | 61,151.79 |                  |
| ·                       | ·              |                  |  |                         |          | ·              |           |                  |
| <b></b> .               |                |                  | 05.00                                  | <b>D D</b> ( <b>F</b> ) |          |                | 0.00      |                  |
| Base Rate Fee First G   | iroup          | \$               | 35.99                                  | Base Rate Fee Secon     | d Group  | \$             | 0.00      |                  |
|                         | THIRD          | SUBSCRIBER GRO   | JP                                     |                         | FOURTH   | SUBSCRIBER GRO | UP        |                  |
| COMMUNITY/ AREA         | Janesvi        | ille             |  | COMMUNITY/ AREA         |          |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
| CALL SIGN               | DSE            | CALL SIGN        | DSE                                    | CALL SIGN               | DSE      | CALL SIGN      | DSE       |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  |  |                         | <b>†</b> |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  |  |                         |          | _              |           |                  |
|                         |                |                  |  |                         |          | _              |           |                  |
|                         | <mark></mark>  |                  | <u> </u>                               |                         | <b></b>  |                |           |                  |
|                         | <mark></mark>  |                  |  |                         | <b></b>  |                |           |                  |
|                         |                |                  |  |                         | <b></b>  | _              |           |                  |
|                         |                |                  |  |                         | <b></b>  |                |           |                  |
|                         |                |                  |  |                         | <b>-</b> |                | <u> </u>  |                  |
|                         | <b>-</b>       |                  |  |                         | <b></b>  |                |           |                  |
|                         |                |                  | <u></u>                                |                         | <b>+</b> |                |           |                  |
| Total DSEs              | <u> </u>       |                  | 0.00                                   | Total DSEs              |          |                | 0.00      |                  |
| Gross Receipts Third (  | Group          | s 170            | ),156.85                               | Gross Receipts Fourth   | Group    | s 3            | 87,013.62 |                  |
| C. 300 Receipts Tillu C | Stoup          | <u> </u>         | .,                                     | Total Receipts Fourti   | Joup     | <del>-</del>   | 01,010.02 |                  |
|                         |                |                  |  |                         |          |                |           |                  |
| Base Rate Fee Third (   | Group          | \$               | 0.00                                   | Base Rate Fee Fourth    | Group    | \$             | 0.00      |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  |  |                         |          |                |           |                  |
|                         |                |                  | criber group                           | as shown in the boxes a | bove.    |                | 05.00     |                  |
| Enter here and in block | k 3, line 1, s | space L (page 7) |  |                         |          | \$             | 35.99     |                  |

| LEGAL NAME OF OWNE                             |          |                |              |                      |                  | S                                | YSTEM ID#<br>61969 | Name                     |
|--|----------|----------------|--------------|----------------------|------------------|----------------------------------|--------------------|--------------------------|
|  | FIFTH    | SUBSCRIBER GRO |              | TE FEES FOR EAC      |                  | RIBER GROUP<br>I SUBSCRIBER GROU | JP                 | 0                        |
| COMMUNITY/ AREA                                | Amboy    | Lake Crystal   |              | COMMUNITY/ ARE       | 9<br>Computation |                                  |                    |                          |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE          | CALL SIGN            | DSE              | CALL SIGN                        | DSE                | of                       |
|  |          |                |              |                      |                  |                                  |                    | Base Rate Fee            |
|  |          |                |              |                      |                  |                                  |                    | Syndicated               |
|  |          |                |              |                      |                  | -                                |                    | Exclusivity<br>Surcharge |
|  |          |                |              |                      |                  |                                  |                    | for                      |
|  |          |                |              |                      |                  |                                  |                    | Partially                |
|  | <u></u>  |                | <u></u>      |                      |                  |                                  |                    | Distant<br>Stations      |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                | <u></u>      |                      |                  |                                  |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
| Total DSEs                                     |          |                | 0.00         | Total DSEs           |                  | Ц                                | 0.00               |                          |
| Gross Receipts First G                         | Group    | \$ 36          | 5,531.19     | Gross Receipts Sec   | and Group        | \$                               | 0.00               |                          |
| Cross rescipts i not c                         | лоар     | <u> </u>       | 7,001.10     | Cross receipts eed   | ona Group        |                                  |                    |                          |
| Base Rate Fee First G                          | iroup    | \$             | 0.00         | Base Rate Fee Sec    | ond Group        | \$                               | 0.00               |                          |
|  | SEVENTH  | SUBSCRIBER GRO | UP <b>0</b>  | COMMUNITY/ADE        |                  | SUBSCRIBER GROU                  | JP<br><b>0</b>     |                          |
| COMMUNITY/ AREA                                |          |                |              | COMMUNITY/ ARE       |                  |                                  |                    |                          |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE          | CALL SIGN            | DSE              | CALL SIGN                        | DSE                |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  | <u> </u> |                | <u></u>      |                      |                  |                                  | <u></u>            |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                | <u></u>      |                      |                  | -                                |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
|  |          |                | <u></u>      |                      |                  |                                  |                    |                          |
|  |          |                |              |                      |                  |                                  |                    |                          |
| Total DSCs                                     |          |                | 0.00         | Total DCCs           |                  |                                  | 0.00               |                          |
| Total DSEs                                     | <b></b>  |                | 0.00         | Total DSEs           | who Carrier      | •                                | 0.00               |                          |
| Gross Receipts Third (                         | σιυαμ    | \$             | 0.00         | Gross Receipts Fou   | тит Стоир        | <b>v</b>                         | 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 | es above.        | \$                               |                    |                          |

| LEGAL NAME OF OWN Crystal Commun               |          |                                 |              |                      |                      | S               | YSTEM ID#<br>61969 | Name                      |
|--|----------|---------------------------------|--------------|----------------------|----------------------|-----------------|--------------------|---------------------------|
| E  |          | COMPUTATION O<br>SUBSCRIBER GRO |              | TE FEES FOR EAC      |                      | RIBER GROUP     | JP                 | •                         |
| COMMUNITY/ AREA                                |          |                                 | 0            | COMMUNITY/ ARE       | <b>9</b> Computation |                 |                    |                           |
| CALL SIGN                                      | DSE      | CALL SIGN                       | DSE          | CALL SIGN            | DSE                  | CALL SIGN       | DSE                | of                        |
|  |          |                                 |              |                      |                      |                 |                    | Base Rate Fee             |
|  |          |                                 |              |                      |                      |                 |                    | Syndicated<br>Exclusivity |
|  |          |                                 |              |                      |                      |                 |                    | Surcharge                 |
|  | <u></u>  |                                 | <u> </u>     |                      |                      |                 |                    | for<br>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 (                          |          | \$                              | 0.00         | Base Rate Fee Sec    |                      | \$              | 0.00               |                           |
| COMMUNITY/ AREA                                | ELEVENTH | SUBSCRIBER GRO                  | <b>0</b>     | COMMUNITY/ ARE       |                      | SUBSCRIBER GROU | <b>0</b>           |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
| CALL SIGN                                      | DSE      | CALL SIGN                       | DSE          | CALL SIGN            | DSE                  | CALL SIGN       | DSE                |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  | <u></u>  |                                 | <u> </u>     |                      |                      | -               |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
|  |          |                                 |              |                      |                      |                 |                    |                           |
| Total DSEs                                     |          | _                               | 0.00         | Total DSEs           |                      |                 | 0.00               |                           |
| Gross Receipts Third                           | Group    | \$                              | 0.00         | Gross Receipts 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<br>Enter here and in bloc |          |                                 | criber group | as shown in the boxe | s above.             | \$              |                    |                           |

| LEGAL NAME OF OWN Crystal Commun             |               |                |   |                      |           | S               | YSTEM ID#<br>61969 | Name             |
|--|---------------|----------------|---|----------------------|-----------|-----------------|--------------------|------------------|
| E  | BLOCK A: (    | COMPUTATION O  | F BASE RA                               | TE FEES FOR EAC      | CH SUBSCR | IBER GROUP      |                    |                  |
|  |               | SUBSCRIBER GRO |   | tt -                 |           | SUBSCRIBER GROU | JP                 | 9                |
| COMMUNITY/ AREA                              |               |                | 0                                       | COMMUNITY/ ARE       | _         |                 |                    |                  |
| CALL SIGN                                    | DSE           | CALL SIGN      | DSE                                     | CALL SIGN            | DSE       | CALL SIGN       | DSE                | Computation of   |
| 07.122.07.07.1                               | 332           | 07.122.01.01.1 | 302                                     | 37.EE 373.Y          | 202       | 07.122.01.01.1  | 332                | Base Rate Fee    |
|  |               |                |   |                      |           |                 |                    | and              |
|  |               |                |   |                      |           |                 |                    | Syndicated       |
|  |               |                |   |                      |           |                 |                    | Exclusivity      |
|  | <del></del>   |                |   |                      |           | -               |                    | Surcharge        |
|  | ·····         |                | <u></u>                                 |                      |           | -               |                    | for<br>Partially |
|  |               |                | •••                                     |                      |           | -               |                    | Distant          |
|  |               |                |   |                      |           |                 |                    | Stations         |
|  | <mark></mark> |                |   |                      |           |                 |                    |                  |
|  |               |                |   |                      |           |                 |                    |                  |
|  |               |                |   |                      |           |                 |                    |                  |
|  |               |                | ···                                     |                      |           | 1               |                    |                  |
|  | ••••          |                | ••••••••••••••••••••••••••••••••••••••• |                      |           |                 |                    |                  |
| Total DSEs                                   | •             |                | 0.00                                    | Total DSEs           | •         | •               | 0.00               |                  |
| Gross Receipts First                         | Group         | \$             | 0.00                                    | Gross Receipts Sec   | ond Group | \$              | 0.00               |                  |
| o. oco i toco.pto i mot                      | о.оцр         | <u> </u>       |   | Cross reserve        | 3.0up     | <u> </u>        |                    |                  |
| Base Rate Fee First (                        | Group         | \$             | 0.00                                    | Base Rate Fee Sec    | ond Group | \$              | 0.00               |                  |
| F  | IFTEENTH      | SUBSCRIBER GRO | UP                                      |                      | SIXTEENTH | SUBSCRIBER GROU | JP                 |                  |
| COMMUNITY/ AREA                              |               |                | 0                                       | COMMUNITY/ ARE       |           |                 |                    |                  |
| CALL SIGN                                    | DSE           | CALL SIGN      | DSE                                     | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                  |
|  |               | -              |   |                      |           | -               |                    |                  |
|  | <u></u>       |                | <u></u>                                 |                      |           | -               |                    |                  |
|  | ·····         |                | <u></u>                                 |                      |           | -               |                    |                  |
|  |               | -              | •••                                     |                      |           | -               |                    |                  |
|  |               |                |   |                      |           |                 |                    |                  |
|  |               |                |   |                      |           |                 |                    |                  |
|  | <u></u>       |                | <u></u>                                 |                      |           |                 | <u> </u>           |                  |
|  | ····          |                | ···                                     |                      |           |                 | <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<br>Enter here and in bloo |               |                | scriber group                           | as shown in the boxe | es above. | \$              |                    |                  |

| Crystal Commun                              |            |                |               |                      |            | S                | YSTEM ID#<br>61969 | Name                     |
|---|------------|----------------|---------------|----------------------|------------|------------------|--------------------|--------------------------|
| I   | BLOCK A: ( | COMPUTATION C  | F BASE RA     | ATE FEES FOR EAG     | CH SUBSCF  | RIBER GROUP      |                    |                          |
|   |            | SUBSCRIBER GRO | OUP           | ††                   |            | SUBSCRIBER GROU  | UP                 | 9                        |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       | :A         |                  | 0                  | Computation              |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE                | of                       |
|   |            |                |               |                      |            |                  |                    | Base Rate Fe             |
|   |            |                |               |                      |            |                  |                    | and                      |
|   |            |                |               |                      |            |                  |                    | Syndicated               |
|   |            |                |               |                      |            |                  | <u> </u>           | Exclusivity<br>Surcharge |
|   |            |                | ···           |                      | •••••      |                  |                    | for                      |
|   |            |                |               |                      |            |                  |                    | Partially                |
|   |            |                |               |                      | <u></u>    |                  |                    | Distant                  |
|   |            |                |               |                      |            |                  |                    | Stations                 |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                | ····          |                      | •••••      |                  | ·····              |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
| 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               |                          |
| N   | IINTEENTH  | SUBSCRIBER GRO | OUP           |                      | TWENTIETH  | I SUBSCRIBER GRO | UP                 |                          |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       |            |                  |                    |                          |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE                |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      |            |                  | <u> </u>           |                          |
|   | ····       |                | ····          |                      | •••••      |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                | ····          |                      | ·····      |                  |                    |                          |
|   | •••••      | <b> </b>       | ••••          |                      | •••••      |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
|   |            |                |               |                      | <u></u>    |                  |                    |                          |
|   |            |                |               |                      |            |                  |                    |                          |
| 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               |                          |
| Base Rate Fee: Add<br>Enter here and in blo |            |                | scriber group | as shown in the boxe | es above.  | \$               |                    |                          |

| LEGAL NAME OF OWN Crystal Commun             |             |                |               |                      |            | S               | YSTEM ID#<br>61969 | Name             |
|--|-------------|----------------|---------------|----------------------|------------|-----------------|--------------------|------------------|
|  | BLOCK A: (  | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | IBER GROUP      |                    |                  |
| TWE  | NTY-FIRST   | SUBSCRIBER GRO | UP            | TWEN                 | TY-SECOND  | SUBSCRIBER GROU | JP                 | 9                |
| COMMUNITY/ AREA                              |             |                | 0             | COMMUNITY/ ARE       | Α          |                 | 0                  | Computation      |
| CALL SIGN                                    | DSE         | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                | of               |
| 3.12.3.3.1                                   |             |                |               | 5.122 5.51           |            |                 |                    | Base Rate Fee    |
|  |             |                |               |                      |            |                 |                    | and              |
|  |             |                |               |                      |            |                 |                    | Syndicated       |
|  | <u></u>     |                |               |                      |            |                 |                    | Exclusivity      |
|  |             |                |               |                      |            |                 |                    | Surcharge        |
|  | ····        | <br>           | <u></u>       |                      |            | -               |                    | for<br>Partially |
|  | ····        | <u> </u>       |               |                      |            | .               |                    | Distant          |
|  | ••••        | -              |               |                      |            | -               |                    | Stations         |
|  | ••••        |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
|  |             | _              |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
| Total DSEs                                   |             |                | 0.00          | Total DSEs           |            |                 | 0.00               |                  |
| Gross Receipts First Group \$ 0.00           |             |                | 0.00          | Gross Receipts Sec   | ond Group  | \$              | 0.00               |                  |
| Base Rate Fee First (                        | Group       | \$             | 0.00          | Base Rate Fee Sec    | ond Group  | \$              | 0.00               |                  |
| TWEN   | NTY-THIRD   | SUBSCRIBER GRO | UP            | TWEN                 | ITY-FOURTH | SUBSCRIBER GROU | JP                 |                  |
| COMMUNITY/ AREA                              |             |                | 0             | COMMUNITY/ ARE       | Α          |                 | 0                  |                  |
| CALL SIGN                                    | DSE         | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                |                  |
|  | <u></u>     |                |               |                      |            |                 |                    |                  |
|  | <u></u>     |                |               |                      |            |                 |                    |                  |
|  | <del></del> |                |               |                      |            | -               |                    |                  |
|  | ····        | -              |               |                      |            | -               |                    |                  |
|  | ••••        | H              | ···           |                      | •••••      | -               | ••••               |                  |
|  | ••••        |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            |                 |                    |                  |
|  |             |                |               |                      |            | -               | <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<br>Enter here and in bloo |             |                | scriber group | as shown in the boxe | es above.  | \$              |                    |                  |

| LEGAL NAME OF OWN Crystal Commun             |          |                |               |                      |            | S                 | YSTEM ID#<br>61969 | Name                 |
|--|----------|----------------|---------------|----------------------|------------|-------------------|--------------------|----------------------|
|  |          |                |               | TE FEES FOR EAC      | CH SUBSCF  | RIBER GROUP       |                    |                      |
|  |          | SUBSCRIBER GRO |               | i i                  |            | SUBSCRIBER GROU   |                    | 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>  |                | <del></del>   |                      |            |                   |                    | and<br>Syndicated    |
|  |          | <b>-</b>       |               |                      |            |                   |                    | Exclusivity          |
|  |          |                |               |                      |            |                   |                    | Surcharge            |
|  |          |                |               |                      |            |                   |                    | for                  |
|  |          |                |               |                      |            |                   |                    | Partially<br>Distant |
|  |          |                | ···           |                      |            |                   |                    | Stations             |
|  |          |                |               |                      |            |                   |                    |                      |
|  | <u></u>  |                | <u></u>       |                      |            |                   |                    |                      |
|  |          |                | ···           |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
| Total DSEs                                   |          |                | 0.00          | Total DSEs           |            |                   | 0.00               |                      |
| Gross Receipts First Group \$ 0.0            |          |                | 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 | I SUBSCRIBER GROU | JP                 |                      |
| COMMUNITY/ AREA                              |          |                | 0             | COMMUNITY/ ARE       |            |                   | 0                  |                      |
| CALL SIGN                                    | DSE      | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN         | DSE                |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          | H              | ···           |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
|  |          |                |               |                      |            |                   |                    |                      |
| 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<br>Enter here and in bloo |          |                | scriber group | as shown in the boxe | es above.  | \$                |                    |                      |

| LEGAL NAME OF OWN Crystal Commun             |            |                |               |                      |           | S               | YSTEM ID#<br>61969 | Name             |
|--|------------|----------------|---------------|----------------------|-----------|-----------------|--------------------|------------------|
| [  | BLOCK A: ( | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR | IBER GROUP      |                    |                  |
|  |            | SUBSCRIBER GRO |               |                      |           | SUBSCRIBER GROU |                    | 9                |
| COMMUNITY/ AREA                              |            |                | 0             | COMMUNITY/ ARE       | Α         |                 | 0                  | _                |
| CALL SIGN                                    | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                | Computation of   |
| 07.122.01.01.1                               | 202        | 07.122 0.0.1   | 302           | 07.122 07011         | 202       | 07.122.01.01.1  | 302                | Base Rate Fee    |
|  |            |                |               |                      |           |                 |                    | and              |
|  |            |                |               |                      |           |                 |                    | Syndicated       |
|  |            |                |               |                      |           |                 |                    | Exclusivity      |
|  |            |                | <u></u>       |                      |           | -               |                    | Surcharge        |
|  |            |                | <del></del>   |                      | ·····     | -               |                    | for<br>Partially |
|  |            |                | ···           |                      | ·····     |                 |                    | Distant          |
|  |            | <b>-</b>       | ···           |                      |           | -               |                    | Stations         |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                | <u></u>       |                      |           |                 |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
| Total DSEs                                   |            |                | 0.00          | Total DSEs           |           |                 | 0.00               |                  |
| Gross Receipts First Group \$ 0.00           |            |                | 0.00          | Gross Receipts Sec   | ond Group | \$              | 0.00               |                  |
| Base Rate Fee First                          | Group      | \$             | 0.00          | Base Rate Fee Sec    | ond Group | \$              | 0.00               |                  |
| THI  | RTY-FIRST  | SUBSCRIBER GRO | DUP           | THIR                 | TY-SECOND | 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>       |                      |           | -               |                    |                  |
|  |            | -              | <del></del>   |                      |           | -               |                    |                  |
|  |            | <b></b>        |               |                      |           | -               |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                |               |                      |           |                 |                    |                  |
|  |            |                |               |                      |           | -               |                    |                  |
|  |            |                | <del></del>   |                      |           |                 | <u></u>            |                  |
|  |            |                |               |                      |           | -               |                    |                  |
|  |            | •              |               |                      |           | 1               |                    |                  |
|  |            | •              |               |                      |           |                 |                    |                  |
| Total DSEs                                   |            |                | 0.00          | Total DSEs           |           |                 | 0.00               |                  |
| Gross Receipts Third                         | Group      | \$             | 0.00          | Gross Receipts Fou   | rth Group | \$              | 0.00               |                  |
| Base Rate Fee Third                          | Group      | \$             | 0.00          | Base Rate Fee Fou    | rth Group | \$              | 0.00               |                  |
| Base Rate Fee: Add<br>Enter here and in bloo |            |                | scriber group | as shown in the boxe | s above.  | \$              |                    |                  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  SYSTEM ID#  61969 |       |                 |                |                       |            |                  |       |                          |
|---|-------|-----------------|----------------|-----------------------|------------|------------------|-------|--------------------------|
|   |       |                 | DACE DA        | ATE FEES FOR EACI     | LI CLIDOCE | DIDED COOLID     | 01000 |                          |
|   |       | SUBSCRIBER GROU |                |                       |            | I SUBSCRIBER GRO | JP    |                          |
| COMMUNITY/ AREA   |       |                 | 0              | COMMUNITY/ AREA       |            |                  | 0     | 9                        |
| CALL SIGN   | DSE   | CALL SIGN       | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   | Computation of           |
| CALL SIGN   | DOL   | CALL SIGIV      | DOL            | CALL SIGN             | DOL        | CALL SIGN        | DOL   | Base Rate Fee            |
|   |       |                 |                |                       |            |                  |       | and                      |
|   |       | -<br>-          |                |                       |            |                  |       | Syndicated               |
|   |       |                 |                |                       |            |                  |       | Exclusivity<br>Surcharge |
|   |       |                 |                |                       |            |                  |       | for                      |
|   |       |                 |                |                       |            |                  |       | Partially                |
|   |       |                 |                | -                     |            |                  |       | Distant<br>Stations      |
|   |       | -               |                |                       |            |                  |       | 0.0                      |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       | -               |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
| Total DSEs  |       |                 | 0.00           | Total DSEs            |            |                  | 0.00  |                          |
| Gross Receipts First  | Group | \$              | 0.00           | Gross Receipts Seco   | nd Group   | \$               | 0.00  |                          |
|   |       |                 |                |                       |            |                  |       |                          |
| Base Rate Fee First   |       | \$              | 0.00           | Base Rate Fee Seco    |            | \$               | 0.00  |                          |
|   |       | SUBSCRIBER GRO  | JP<br><b>0</b> | II                    |            | I SUBSCRIBER GRO |       |                          |
| COMMUNITY/ AREA   |       |                 |                | COMMUNITY/ AREA       |            |                  | 0     |                          |
| CALL SIGN   | DSE   | CALL SIGN       | DSE            | CALL SIGN             | DSE        | CALL SIGN        | DSE   |                          |
|   |       | -               |                |                       |            |                  |       |                          |
|   |       |                 |                | -                     |            |                  |       |                          |
|   |       | -               |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       | -               |                |                       | <u></u>    |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
|   |       |                 |                |                       |            |                  |       |                          |
| Total DSEs  |       |                 | 0.00           | Total DSEs            |            |                  | 0.00  |                          |
|   | Group | •               | 0.00           |                       | h Group    | ¢                | 0.00  |                          |
| Gross Receipts Third  | σιυυμ | \$              | 0.00           | Gross Receipts Fourt  | п отоир    | \$               | 0.00  |                          |
| Base Rate Fee Third   | Group | \$              | 0.00           | Base Rate Fee Fourt   | h Group    | \$               | 0.00  |                          |
|   |       |                 |                | Ш                     |            |                  |       |                          |
| Base Rate Fee: Add<br>Enter here and in blo   |       |                 | criber group   | as shown in the boxes | above.     | \$               |       |                          |

| LEGAL NAME OF OWN Crystal Commun               |            |                |               |                      |            | S               | YSTEM ID#<br>61969 | Name             |
|--|------------|----------------|---------------|----------------------|------------|-----------------|--------------------|------------------|
| E  | SLOCK A: ( | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | IBER GROUP      |                    |                  |
| THIRTY   | SEVENTH    | SUBSCRIBER GRO | DUP           | THI                  | RTY-EIGHTH | SUBSCRIBER GROU | JP                 | 0                |
| COMMUNITY/ AREA                                |            |                | 0             | COMMUNITY/ ARE       | Α          |                 | 0                  | 9<br>Computation |
| CALL SIGN                                      | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                | of               |
|  |            |                |               |                      |            |                 |                    | Base Rate Fee    |
|  |            |                |               |                      |            |                 |                    | and              |
|  |            |                |               |                      |            | <br>            |                    | Syndicated       |
|  |            |                |               |                      |            |                 |                    | Exclusivity      |
|  |            |                | <del></del>   |                      |            |                 |                    | Surcharge        |
|  |            |                | <del></del>   |                      |            | -               |                    | for<br>Partially |
|  | ···        |                | <del></del>   |                      | ·····      |                 |                    | Distant          |
|  | ···        |                | ···           |                      |            |                 |                    | Stations         |
|  | ••••       |                |               |                      |            | -               |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
| Total DSEs                                     |            |                | 0.00          | Total DSEs           |            |                 | 0.00               |                  |
| Gross Receipts First Group \$ 0.00             |            |                | 0.00          | Gross Receipts Sec   | ond Group  | \$              | 0.00               |                  |
| Base Rate Fee First (                          | Group      | \$             | 0.00          | Base Rate Fee Sec    | ond Group  | \$              | 0.00               |                  |
| THIF   | RTY-NINTH  | SUBSCRIBER GRO | DUP           |                      | FORTIETH   | 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>       |                      |            |                 |                    |                  |
|  |            |                | <del></del>   |                      |            | <b>-</b>        |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  | <u> </u>   |                | ···           |                      |            | -               |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  |            |                |               |                      |            |                 |                    |                  |
|  |            |                | <u></u>       |                      |            |                 |                    |                  |
|  |            |                | <u></u>       |                      |            |                 |                    |                  |
|  |            |                | <u></u>       |                      |            |                 | <u></u>            |                  |
|  |            |                | <del></del>   |                      |            | <u> </u>        |                    |                  |
|  |            |                | ···           |                      |            | <del>-</del>    |                    |                  |
| Total DSEs                                     | 1          |                | 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<br>Enter here and in bloc |            |                | scriber group | as shown in the boxe | es above.  | \$              |                    |                  |

| Name             | YSTEM ID#<br>61969 | S                            |                 |                       |      |                                  |                 | LEGAL NAME OF OWNE  Crystal Communic |
|------------------|--------------------|------------------------------|-----------------|-----------------------|------|----------------------------------|-----------------|--------------------------------------|
| 9                |                    | BER GROUP<br>SUBSCRIBER GROU |                 |                       | JP   | COMPUTATION OF<br>SUBSCRIBER GRO |                 | FOR <sup>*</sup>                     |
| Computatio       | 0                  |                              |                 | COMMUNITY/ AREA       | 0    |                                  |                 | COMMUNITY/ AREA                      |
| of               | DSE                | CALL SIGN                    | DSE             | CALL SIGN             | DSE  | CALL SIGN                        | DSE             | CALL SIGN                            |
| Base Rate Fo     |                    |                              |                 |                       |      |                                  |                 |                                      |
| Syndicated       |                    | <b>-</b>                     |                 |                       |      |                                  |                 |                                      |
| Exclusivity      |                    |                              |                 |                       |      |                                  |                 |                                      |
| Surcharge<br>for |                    |                              |                 |                       |      |                                  |                 |                                      |
| Partially        |                    |                              |                 |                       |      |                                  |                 |                                      |
| Distant          |                    |                              |                 |                       |      |                                  |                 |                                      |
| Stations         |                    |                              |                 |                       |      |                                  |                 |                                      |
|                  |                    |                              |                 |                       |      |                                  |                 |                                      |
|                  |                    |                              |                 |                       |      |                                  |                 |                                      |
|                  |                    |                              |                 |                       |      |                                  |                 |                                      |
|                  |                    |                              |                 |                       |      |                                  |                 |                                      |
|                  | 0.00               |                              |                 | Total DSEs            | 0.00 |                                  |                 | Total DSEs                           |
|                  | 0.00               | \$                           | d Group         | Gross Receipts Secon  | 0.00 | \$                               | roup            | Gross Receipts First G               |
|                  | 0.00               | \$                           | d Group         | Base Rate Fee Secon   | 0.00 | \$                               | oup             | <b>3ase Rate Fee</b> First Gr        |
|                  | JP                 | SUBSCRIBER GROU              | '-FOURTH        |                       |      | SUBSCRIBER GRO                   | Y-THIRD         |                                      |
|                  | 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                           |
|                  |                    | ¢                            | Group           | Gross Receipts Fourth | 0.00 | \$                               | roup            | Gross Receipts Third G               |
|                  | 0.00               | \$                           | Oroup           |                       |      |                                  | , cop           | •                                    |

| 61969 Name                                   |                   |                      |         |                |          | LEGAL NAME OF OWNE  Crystal Communic |
|--|-------------------|----------------------|---------|----------------|----------|--------------------------------------|
| S FOR EACH SUBSCRIBER GROUP                  | H SUBSCR          | TE FEES FOR EACH     | BASE RA | COMPUTATION OF | OCK A: ( | Bl                                   |
| FORTY-SIXTH SUBSCRIBER GROUP  UNITY/ AREA  0 |                   | iii                  |         | SUBSCRIBER GRO | TY-FIFTH |                                      |
| UNITY/ AREA 0 Computation                    |                   | COMMUNITY/ AREA      | 0       |                |          | COMMUNITY/ AREA                      |
|  |                   | CALL SIGN            | DSE     | CALL SIGN      | DSE      | CALL SIGN                            |
| Base Rate Fe                                 |                   |                      |         |                |          |                                      |
| and  |                   |                      |         |                |          |                                      |
| Syndicated Exclusivity                       |                   |                      |         |                |          |                                      |
| Surcharge                                    |                   |                      |         |                |          |                                      |
| for  |                   |                      |         |                |          |                                      |
| Partially                                    |                   |                      |         |                |          |                                      |
| Distant                                      |                   |                      |         | <br>           |          |                                      |
| Stations                                     | <del></del>       |                      |         |                |          |                                      |
| ······································       |                   |                      |         |                |          |                                      |
|  |                   |                      |         | _              |          |                                      |
|  |                   |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
| SEs <u>0.00</u>                              |                   | Total DSEs           | 0.00    | -              |          | Total DSEs                           |
| Receipts Second Group \$ 0.00                | nd Group          | Gross Receipts Secon | 0.00    | \$             | roup     | Gross Receipts First G               |
| Rate Fee Second Group \$ 0.00                | nd Group          | Base Rate Fee Secon  | 0.00    | \$             | roup     | Base Rate Fee First G                |
| FORTY-EIGHTH SUBSCRIBER GROUP                |                   | iii —                | JP      | SUBSCRIBER GRO | SEVENTH  | FORTY-S                              |
| UNITY/ AREA                                  | COMMUNITY/ AREA 0 |                      |         |                |          | COMMUNITY/ AREA                      |
| SIGN DSE CALL SIGN DSE                       | DSE               | CALL SIGN            | DSE     | CALL SIGN      | DSE      | CALL SIGN                            |
| ······································       |                   |                      |         |                |          |                                      |
|  | ···               |                      |         |                |          |                                      |
|  | ···               |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
| ······································       |                   |                      |         |                |          |                                      |
|  |                   |                      |         | -              |          |                                      |
|  | ···               |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
|  |                   |                      |         |                |          |                                      |
|  | <del></del>       |                      |         |                |          |                                      |
| SEs 0.00                                     |                   | Total DSEs           | 0.00    |                |          | Total DSEs                           |
|  |                   | Gross Receipts Fourt | 0.00    | •              | <b></b>  | Cross Descipts Third (               |
| Receipts Fourth Group \$ 0.00                | h Group           |                      |         | \$             | roup     | Gross Receipts Third C               |

| LEGAL NAME OF OWN Crystal Commun             |           |                |               |                      |           | S               | YSTEM ID#<br>61969 | Name             |
|--|-----------|----------------|---------------|----------------------|-----------|-----------------|--------------------|------------------|
|  |           |                |               | TE FEES FOR EAC      |           |                 |                    |                  |
|  | RTY-NINTH | SUBSCRIBER GRO |               |                      |           | SUBSCRIBER GROU |                    | 9                |
| COMMUNITY/ AREA                              |           |                | 0             | COMMUNITY/ ARE       | Α         |                 | 0                  | Computation      |
| CALL SIGN                                    | DSE       | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                | of               |
|  |           |                |               |                      |           |                 |                    | Base Rate Fee    |
|  |           |                |               |                      |           |                 |                    | and              |
|  |           |                |               |                      |           |                 |                    | Syndicated       |
|  |           |                |               |                      | ····      |                 |                    | Exclusivity      |
|  | ····      |                | <u> </u>      |                      | ·····     | -               |                    | Surcharge<br>for |
|  |           |                |               |                      | •••••     | -               |                    | Partially        |
|  |           |                |               |                      | •••••     |                 |                    | Distant          |
|  |           |                |               |                      |           |                 |                    | Stations         |
|  |           |                |               |                      |           | <br>            |                    |                  |
|  |           |                |               |                      |           | -               |                    |                  |
|  |           |                | ···           |                      | <u></u>   | -               |                    |                  |
|  |           |                | ···           |                      | ·····     |                 | <u> </u>           |                  |
|  | ····      |                | ···           |                      | ••••      |                 |                    |                  |
| Total DSEs                                   |           |                | 0.00          | Total DSEs           | !         |                 | 0.00               |                  |
| Gross Receipts First Group \$ 0.00           |           |                | 0.00          | Gross Receipts Sec   | ond Group | \$              | 0.00               |                  |
|  |           |                |               |                      |           |                 |                    |                  |
| Base Rate Fee First (                        |           | \$             | 0.00          | Base Rate Fee Sec    |           | \$              | 0.00               |                  |
|  |           | SUBSCRIBER GRO |               | ii                   |           | SUBSCRIBER GROU | JP<br><b>0</b>     |                  |
| COMMUNITY/ AREA                              |           |                | 0             | COMMUNITY/ ARE       |           |                 |                    |                  |
| CALL SIGN                                    | DSE       | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                  |
|  |           |                |               |                      |           | -               |                    |                  |
|  |           |                |               |                      |           |                 |                    |                  |
|  |           | ļ              |               |                      | ·····     | -               |                    |                  |
|  | ••••      |                |               |                      | •••••     | -               |                    |                  |
|  |           |                |               |                      |           |                 |                    |                  |
|  |           |                |               |                      |           |                 |                    |                  |
|  |           |                |               |                      |           | -               |                    |                  |
|  | ····      |                |               |                      | ·····     | -               |                    |                  |
|  |           |                | ···           |                      | ·····     | -               |                    |                  |
|  |           |                |               |                      |           |                 |                    |                  |
|  |           |                |               |                      |           |                 |                    |                  |
|  |           |                |               |                      |           |                 |                    |                  |
| Total DSEs                                   |           |                | 0.00          | Total DSEs           |           |                 | 0.00               |                  |
|  | 0         |                |               | Total DSEs           |           |                 | -                  |                  |
| Gross Receipts Third                         | Group     | \$             | 0.00          | Gross Receipts Fou   | rtn Group | \$              | 0.00               |                  |
| Base Rate Fee Third                          | Group     | \$             | 0.00          | Base Rate Fee Fou    | rth Group | \$              | 0.00               |                  |
| Base Rate Fee: Add<br>Enter here and in bloo |           |                | scriber group | as shown in the boxe | s above.  | \$              |                    |                  |

| LEGAL NAME OF OWN Crystal Commun                 |           |                                 |               |                      |             | S  | YSTEM ID#<br>61969 | Name                |
|--|-----------|---------------------------------|---------------|----------------------|-------------|--|--------------------|---------------------|
|  |           |                                 |               |                      |             |  | 01303              |                     |
|  |           | COMPUTATION O<br>SUBSCRIBER GRO |               | ATE FEES FOR EAC     |             | RIBER GROUP  SUBSCRIBER GRO                      | UP                 |                     |
| COMMUNITY/ AREA                                  |           | SSSS (IDEN ONC                  | 0             | COMMUNITY/ ARE       |             | . CODOCIABLICONO                                 | 0                  | 9                   |
|  |           |                                 |               |                      |             |  |                    | Computation         |
| CALL SIGN  | DSE       | CALL SIGN                       | DSE           | CALL SIGN            | DSE         | CALL SIGN  | DSE                | of                  |
|  |           |                                 | <del> </del>  |                      |             |  |                    | Base Rate Fee       |
|  |           |                                 | <del></del>   | ·                    |             | <del>                                     </del> |                    | and<br>Syndicated   |
|  |           |                                 | ···           |                      |             | <u> </u>   |                    | Exclusivity         |
|  |           |                                 |               |                      |             |  |                    | Surcharge           |
|  |           |                                 |               |                      |             |  |                    | for                 |
|  |           |                                 | <u></u>       |                      |             | -  |                    | Partially           |
|  |           |                                 | <del></del>   |                      |             | -  |                    | Distant<br>Stations |
|  |           |                                 | ···           |                      |             | -  |                    | Otations            |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 | <u></u>       |                      |             |  |                    |                     |
|  |           |                                 | <u></u>       |                      |             | <u> </u>   |                    |                     |
| Total DSEs                                       |           | <u> </u>                        | 0.00          | Total DSEs           |             | <u>ļ</u>   | 0.00               |                     |
|  | Croup     | <b>.</b>                        | 0.00          |                      | and Craun   | •  | 0.00               |                     |
| Gross Receipts First (                           | 310up     | \$                              | 0.00          | Gross Receipts Sec   | ona Group   | \$   | 0.00               |                     |
| Base Rate Fee First (                            | Group     | \$                              | 0.00          | Base Rate Fee Sec    | ond Group   | \$   | 0.00               |                     |
| FI   | FTY-FIFTH | SUBSCRIBER GRO                  | )UP           |                      | FIFTY-SIXTH | SUBSCRIBER GRO                                   | UP                 |                     |
| COMMUNITY/ AREA                                  |           |                                 | 0             | COMMUNITY/ ARE       | Α           |  | 0                  |                     |
| CALL SIGN  | DSE       | CALL SIGN                       | DSE           | CALL SIGN            | DSE         | CALL SIGN  | DSE                |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 | <del></del>   |                      |             | -  |                    |                     |
|  |           | <u> </u>                        | ···           | 1                    |             | -  |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 | <u></u>       |                      |             | -  |                    |                     |
|  |           |                                 | <del></del>   |                      |             |  |                    |                     |
|  |           | H                               | <del></del>   |                      |             | <del>-</del>                                     |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
|  |           |                                 |               |                      |             |  |                    |                     |
| 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               |                     |
| <br>   |           |                                 |               |                      |             |  |                    |                     |
| Base Rate Fee: Add to<br>Enter here and in blood |           |                                 | scriber group | as shown in the boxe | s above.    | \$   |                    |                     |
|  | ,,        |                                 |               |                      |             |  |                    |                     |

| LEGAL NAME OF OW<br>Crystal Commu           |            |                |               |                      |            | S               | YSTEM ID#<br>61969 | Name                |
|---|------------|----------------|---------------|----------------------|------------|-----------------|--------------------|---------------------|
|   | BLOCK A:   | COMPUTATION O  | F BASE RA     | TE FEES FOR EAG      | CH SUBSCR  | IBER GROUP      |                    |                     |
| FIFT  | Y-SEVENTH  | SUBSCRIBER GRO | DUP           | F                    | FTY-EIGHTH | SUBSCRIBER GROU | JP                 | 0                   |
| COMMUNITY/ AREA                             | A          |                | 0             | COMMUNITY/ ARE       | Α          |                 | 0                  | 9                   |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                | Computation of      |
| O/ LEE GIGIT                                | DOL        | O/ LE CICIV    | DOL           | O'ALL GIGIT          | DOL        | O'NEE O'O'N     | DOL                | Base Rate Fee       |
|   |            |                |               |                      |            |                 |                    | and                 |
|   |            |                |               |                      |            |                 |                    | Syndicated          |
|   |            |                |               |                      |            |                 |                    | Exclusivity         |
|   |            |                |               |                      |            |                 |                    | Surcharge           |
|   |            |                |               |                      |            |                 |                    | for                 |
|   |            | -              | <del></del>   |                      |            |                 | ·····              | Partially           |
|   |            |                | <u></u>       |                      | ·····      | -               |                    | Distant<br>Stations |
|   |            |                | <del></del>   |                      |            |                 |                    | Stations            |
|   |            |                | ···           |                      |            | -               |                    |                     |
|   | •••••      |                | ···           |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
| Total DSEs                                  |            |                | 0.00          | Total DSEs           |            |                 | 0.00               |                     |
| Gross Receipts First Group \$ 0.00          |            |                | 0.00          | Gross Receipts Sec   | 0.00       |                 |                    |                     |
| •   | •          |                |               |                      | •          | \$              |                    |                     |
| Base Rate Fee First                         | Group      | \$             | 0.00          | Base Rate Fee Sec    | ond Group  | \$              | 0.00               |                     |
| F   | IFTY-NINTH | SUBSCRIBER GRO | DUP           |                      | SIXTIETH   | SUBSCRIBER GROU | JP                 |                     |
| COMMUNITY/ AREA                             | A          |                | 0             | COMMUNITY/ ARE       | Α          |                 | 0                  |                     |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            | -              | <u></u>       |                      |            |                 |                    |                     |
|   |            |                | <del></del>   |                      | ·····      | -               | ·····              |                     |
|   |            |                |               |                      |            | -               |                    |                     |
|   | •••••      |                | ···           |                      |            | -               |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                |               |                      |            |                 |                    |                     |
|   |            |                | <u></u>       |                      |            |                 |                    |                     |
|   |            |                | <u></u>       |                      |            |                 | ····               |                     |
|   |            |                | <del></del>   |                      |            |                 |                    |                     |
| Total DSEs                                  |            |                | 0.00          | Total DSEs           |            | Ш               | 0.00               |                     |
|   | d Crave    | <u> </u>       |               |                      | urth Crave | •               |                    |                     |
| Gross Receipts Third                        | и Стоир    | \$             | 0.00          | Gross Receipts Fou   | нин Өгөир  | Þ               | 0.00               |                     |
| Base Rate Fee Third                         | d Group    | \$             | 0.00          | Base Rate Fee Fou    | rth Group  | \$              | 0.00               |                     |
| Base Rate Fee: Add<br>Enter here and in blo |            |                | scriber group | as shown in the boxe | es above.  | \$              |                    |                     |

| LEGAL NAME OF OWN Crystal Commun             |            |   |               |                      |            | S               | YSTEM ID#<br>61969 | Name                 |
|--|------------|---|---------------|----------------------|------------|-----------------|--------------------|----------------------|
| E  | BLOCK A: ( | COMPUTATION C                                 | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | RIBER GROUP     |                    |                      |
|  | XTY-FIRST  | 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 CICIT                                   | DOL        | O/ALL GIGIT                                   | DOL           | ONLE GIGIT           | BOL        | OALL GIGIT      | DOL                | Base Rate Fee        |
|  |            |   |               |                      |            |                 |                    | and                  |
|  |            |   |               |                      |            |                 |                    | Syndicated           |
|  |            |   |               |                      |            |                 |                    | Exclusivity          |
|  |            |   |               |                      |            |                 |                    | Surcharge            |
|  |            |   |               |                      |            |                 |                    | for                  |
|  |            |   |               |                      |            |                 |                    | Partially<br>Distant |
|  |            |   |               |                      |            | <b>-</b>        |                    | Stations             |
|  |            |   |               |                      |            | -               |                    | Otations             |
|  | ••••       |   | ····          |                      |            | <u>-</u>        |                    |                      |
|  |            |   |               |                      |            | -               |                    |                      |
|  |            |   |               |                      |            |                 |                    |                      |
|  |            |   |               |                      |            |                 |                    |                      |
|  |            |   |               |                      |            |                 |                    |                      |
| Total DSEs                                   |            |   | 0.00          | Total DSEs           |            |                 | 0.00               |                      |
| Gross Receipts First Group \$ 0.00           |            |   | 0.00          | Gross Receipts Sec   | 0.00       |                 |                    |                      |
| Sioss receipts riist Group                   |            |   |               |                      | •          | \$              |                    |                      |
| Base Rate Fee First (                        | Group      | \$  | 0.00          | Base Rate Fee Sec    | ond Group  | \$              | 0.00               |                      |
| SIX  | KTY-THIRD  | SUBSCRIBER GRO                                | OUP           | SIX                  | (TY-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>            |                      |
|  |            |   | ···           |                      |            |                 |                    |                      |
|  | ····       |   | ····          |                      |            |                 |                    |                      |
| Total DSEs                                   |            | . <u>.                                   </u> | 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<br>Enter here and in bloo |            |   | scriber group | as shown in the boxe | es above.  | \$              |                    |                      |

|  |         |                                  |              |                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  61969 |                                       |       |                   |  |  |  |  |  |  |
|--|---------|----------------------------------|--------------|-----------------------|---|---------------------------------------|-------|-------------------|--|--|--|--|--|--|
|  |         |                                  |              |                       |   |                                       | 61969 |                   |  |  |  |  |  |  |
|  |         | COMPUTATION OF SUBSCRIBER GROUND |              | ATE FEES FOR EAC      |   | IBER GROUP SUBSCRIBER GROU            | JP    |                   |  |  |  |  |  |  |
| COMMUNITY/ AREA                                  |         | SSESSINE NOTO                    | 0            | COMMUNITY/ AREA       |   | CODOC NDER ONO                        | 0     | 9                 |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       | Computation       |  |  |  |  |  |  |
| CALL SIGN  | DSE     | CALL SIGN                        | DSE          | CALL SIGN             | DSE   | CALL SIGN                             | DSE   | of                |  |  |  |  |  |  |
|  |         |                                  | <u> </u>     | .                     |   |                                       |       | Base Rate Fee and |  |  |  |  |  |  |
|  |         |                                  | <u>-</u>     |                       | ····  |                                       |       | Syndicated        |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       | Exclusivity       |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       | Surcharge         |  |  |  |  |  |  |
|  |         | -                                | <u> </u>     |                       |   |                                       |       | for<br>Partially  |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       | Distant           |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       | Stations          |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         | <br>                             | <u> </u>     |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  | <u> </u>     |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  | ·            |                       | ····  | · · · · · · · · · · · · · · · · · · · |       |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
| Total DSEs                                       |         |                                  | 0.00         | Total DSEs            |   |                                       | 0.00  |                   |  |  |  |  |  |  |
| Gross Receipts First Group \$ 0.00               |         |                                  | 0.00         | Gross Receipts Seco   | and Group   | \$                                    | 0.00  |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
| Base Rate Fee First Gr                           | oup     | \$                               | 0.00         | Base Rate Fee Seco    | ond Group   | \$                                    | 0.00  |                   |  |  |  |  |  |  |
|  | SEVENTH | SUBSCRIBER GRO                   |              | ii e                  |   | SUBSCRIBER GROU                       |       |                   |  |  |  |  |  |  |
| COMMUNITY/ AREA                                  |         |                                  | 0            | COMMUNITY/ AREA       |   |                                       | 0     |                   |  |  |  |  |  |  |
| CALL SIGN  | DSE     | CALL SIGN                        | DSE          | CALL SIGN             | DSE   | CALL SIGN                             | DSE   |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  | <u> </u>     |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  | <u>-</u>     |                       | ····  | -                                     |       |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       | <mark></mark>   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  | <u>.</u>     |                       | ····  |                                       |       |                   |  |  |  |  |  |  |
|  |         | -                                |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  | <u> </u>     |                       |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  |              | -                     |   |                                       |       |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       | ••••  |                                       |       |                   |  |  |  |  |  |  |
| Total DSEs                                       |         |                                  | 0.00         | Total DSEs            |   |                                       | 0.00  |                   |  |  |  |  |  |  |
| Gross Receipts Third G                           | roup    | \$                               | 0.00         | Gross Receipts Four   | th Group  | \$                                    | 0.00  |                   |  |  |  |  |  |  |
|  |         |                                  |              |                       |   |                                       |       |                   |  |  |  |  |  |  |
| Base Rate Fee Third G                            | roup    | \$                               | 0.00         | Base Rate Fee Four    | th Group  | \$                                    | 0.00  |                   |  |  |  |  |  |  |
|  |         |                                  |              | ••                    |   |                                       |       |                   |  |  |  |  |  |  |
| Base Rate Fee: Add th<br>Enter here and in block |         |                                  | criber group | as shown in the boxes | s above.  | \$                                    |       |                   |  |  |  |  |  |  |

| LEGAL NAME OF OWN Crystal Commun             |           |                |               |                      |            | S               | YSTEM ID#<br>61969 | Name                |
|--|-----------|----------------|---------------|----------------------|------------|-----------------|--------------------|---------------------|
| E  | BLOCK A:  | COMPUTATION C  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | IBER GROUP      |                    |                     |
|  | KTY-NINTH | 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 CICIT                                   | 502       | O/ALL GIGIT    | DOL           | OF ILLE CICIT        | 502        | OF ILLE STORY   | 502                | Base Rate Fee       |
|  |           |                |               |                      |            |                 |                    | and                 |
|  |           |                |               |                      |            |                 |                    | Syndicated          |
|  |           |                |               |                      |            |                 |                    | Exclusivity         |
|  |           |                |               |                      |            |                 |                    | Surcharge           |
|  |           |                |               |                      |            | -               |                    | for                 |
|  |           |                |               |                      |            |                 |                    | Partially           |
|  |           |                |               |                      |            | <b>-</b>        |                    | Distant<br>Stations |
|  | ·····     |                | ····          |                      |            | -               |                    | Stations            |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            | -               |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
| Total DSEs                                   |           |                | 0.00          | Total DSEs           |            |                 | 0.00               |                     |
| Gross Receipts First                         | Group     | \$             | 0.00          | Gross Receipts Sec   | ond Group  | \$              | 0.00               |                     |
|  |           |                |               |                      |            |                 | <del></del>        |                     |
| Base Rate Fee First (                        | Group     | \$             | 0.00          | Base Rate Fee Sec    | ond Group  | \$              | 0.00               |                     |
| SEVE   | NTY-FIRST | SUBSCRIBER GRO | DUP           | SEVEN                | ITY-SECOND | SUBSCRIBER GROU | JP                 |                     |
| COMMUNITY/ AREA                              |           |                | 0             | COMMUNITY/ ARE       |            |                 |                    |                     |
| CALL SIGN                                    | DSE       | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            | -               |                    |                     |
|  | ••••      |                | ····          |                      | •••••      | -               | ••••               |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            |                 |                    |                     |
|  |           |                |               |                      |            | -               | <u></u>            |                     |
|  |           |                | ····          |                      |            | -               | <u></u>            |                     |
|  |           |                | ···           |                      |            |                 | <u> </u>           |                     |
|  |           | -              | ····          |                      |            | •               |                    |                     |
| Total DSEs                                   | L         |                | 0.00          | Total DSEs           |            | .,              | 0.00               |                     |
| Gross Receipts Third                         | Group     | \$             | 0.00          | Gross Receipts Fou   | rth Group  | \$              | 0.00               |                     |
| C.500 Receipts Tillu                         | Стоир     | *              | <u> </u>      | - Cross Receipts Fou | iai Gioup  | •               | 3.00               |                     |
| Base Rate Fee Third                          | Group     | \$             | 0.00          | Base Rate Fee Fou    | rth Group  | \$              | 0.00               |                     |
| Base Rate Fee: Add<br>Enter here and in bloo |           |                | scriber group | as shown in the boxe | es above.  | \$              |                    |                     |

| LEGAL NAME OF OWN                           |           |                |               |                      |             | S               | YSTEM ID#<br>61969 | Name                      |
|---|-----------|----------------|---------------|----------------------|-------------|-----------------|--------------------|---------------------------|
|   |           |                |               | TE FEES FOR EAC      |             |                 |                    |                           |
|   |           | SUBSCRIBER GRO |               | H                    |             | SUBSCRIBER GROU |                    | 9                         |
| COMMUNITY/ AREA                             |           |                | 0             | COMMUNITY/ ARE       | Α           |                 | 0                  | Computation               |
| CALL SIGN                                   | DSE       | CALL SIGN      | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE                | of                        |
|   |           |                |               |                      |             |                 |                    | Base Rate Fe              |
|   |           |                |               |                      |             |                 |                    | and                       |
|   |           |                |               |                      | ·····       |                 |                    | Syndicated<br>Exclusivity |
|   |           |                | ····          | 1                    | ······      |                 |                    | Surcharge                 |
|   |           |                |               |                      |             |                 |                    | for                       |
|   |           |                |               |                      |             |                 |                    | Partially                 |
|   |           | _              |               |                      |             |                 |                    | Distant<br>Stations       |
|   | ····      |                | ····          | ·                    |             |                 |                    | Stations                  |
|   |           |                |               |                      |             |                 |                    |                           |
|   |           |                |               |                      |             |                 |                    |                           |
|   |           |                | <u></u>       |                      |             |                 |                    |                           |
|   |           |                | <u></u>       |                      |             |                 |                    |                           |
| T-4-1 DOE-                                  |           |                | 0.00          | T-t-I DOE-           |             |                 | 0.00               |                           |
| Total DSEs                                  | _         |                | 0.00          | Total DSEs           |             |                 | -                  |                           |
| 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               |                           |
| SEVE  | NTY-FIFTH | SUBSCRIBER GRO | OUP           | SEV                  | 'ENTY-SIXTH | SUBSCRIBER GRO  | UP                 |                           |
| 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               |                           |
|   |           |                |               |                      |             |                 | <del></del>        |                           |
| Base Rate Fee Third                         | Group     | \$             | 0.00          | Base Rate Fee Fou    | rth Group   | \$              | 0.00               |                           |
| Base Rate Fee: Add<br>Enter here and in blo |           |                | scriber group | as shown in the boxe | es above.   | \$              |                    |                           |

| LEGAL NAME OF OWNE                             |                            |                               |  |                       |           | S                          | YSTEM ID#<br>61969 | Name                 |
|--|----------------------------|-------------------------------|--|-----------------------|-----------|----------------------------|--------------------|----------------------|
| -  |                            |                               |  |                       |           |                            | 01303              |                      |
|  |                            | COMPUTATION OF SUBSCRIBER GRO |  | TE FEES FOR EAC       |           | IBER GROUP SUBSCRIBER GROU | JP                 |                      |
| COMMUNITY/ AREA                                | ~_ v _! <b>*</b> ! ! ! ! ! | SSESSI NIDER ONO              | 0                                      | COMMUNITY/ AREA       |           | CODOC NOLIN ONO            | 0                  | 9                    |
|  |                            |                               |  |                       |           |                            |                    | Computation          |
| CALL SIGN                                      | DSE                        | CALL SIGN                     | DSE                                    | CALL SIGN             | DSE       | CALL SIGN                  | DSE                | of                   |
|  | <mark>-</mark>             |                               | <u> </u>                               |                       |           |                            |                    | Base Rate Fee and    |
|  | <u> </u>                   |                               | <u>-</u>                               |                       |           | -                          |                    | Syndicated           |
|  |                            |                               |  |                       |           |                            |                    | Exclusivity          |
|  |                            |                               |  |                       |           |                            |                    | Surcharge            |
|  |                            |                               | <u>.</u>                               |                       |           |                            |                    | for                  |
|  | <u>.</u>                   |                               | <u>.</u>                               |                       |           |                            |                    | Partially<br>Distant |
|  |                            |                               |  |                       |           |                            |                    | Stations             |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  | <u>.</u>                   |                               | <u>.</u>                               |                       |           |                            |                    |                      |
|  | <u> </u>                   | •                             | ······································ |                       |           | •                          |                    |                      |
| Total DSEs                                     | •                          | •                             | 0.00                                   | Total DSEs            | •         | •                          | 0.00               |                      |
| Gross Receipts First G                         | roup                       | \$                            | 0.00                                   | Gross Receipts Seco   | ond Group | \$                         | 0.00               |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
| Base Rate Fee First G                          | roup                       | \$                            | 0.00                                   | Base Rate Fee Seco    | ond Group | \$                         | 0.00               |                      |
| SEVEN <sup>-</sup>                             | ΓΥ-NINTH                   | SUBSCRIBER GRO                | UP                                     |                       | EIGHTIETH | SUBSCRIBER GROU            | JP                 |                      |
| COMMUNITY/ AREA                                |                            |                               | 0                                      | COMMUNITY/ AREA       | 4         |                            | 0                  |                      |
| CALL SIGN                                      | DSE                        | CALL SIGN                     | DSE                                    | CALL SIGN             | DSE       | CALL SIGN                  | DSE                |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               | <u> </u>                               |                       |           |                            | <u> </u>           |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               | <u> </u>                               |                       |           |                            |                    |                      |
|  | <u> </u>                   |                               | ·                                      |                       |           | -                          |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
|  | <b> </b>                   |                               | <b></b>                                |                       |           |                            |                    |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
| Total DSEs                                     |                            |                               | 0.00                                   | Total DSEs            |           |                            | 0.00               |                      |
| Gross Receipts Third G                         | Group                      | \$                            | 0.00                                   | Gross Receipts Four   | th Group  | \$                         | 0.00               |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
| Base Rate Fee Third G                          | Group                      | \$                            | 0.00                                   | Base Rate Fee Four    | th Group  | \$                         | 0.00               |                      |
|  |                            |                               |  |                       |           |                            |                    |                      |
| Base Rate Fee: Add the Enter here and in block |                            |                               | criber group                           | as shown in the boxes | s above.  | \$                         |                    |                      |

| LEGAL NAME OF OWN Crystal Commun               |          |                 |             |                       |              | s                 | YSTEM ID#<br>61969 | Name                      |
|--|----------|-----------------|-------------|-----------------------|--------------|-------------------|--------------------|---------------------------|
| -  |          |                 | DASE DA     | ATE FEES FOR EACI     | 1 CLIDCCE    | DIRED CROUD       | 01000              |                           |
|  |          | SUBSCRIBER GROU |             | 11                    |              | SUBSCRIBER GROU   | JP                 | •                         |
| COMMUNITY/ AREA                                |          |                 | 0           | COMMUNITY/ AREA       |              |                   | 0                  | 9                         |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE          | CALL SIGN         | DSE                | Computation of            |
| O/LE SIGIT                                     | 502      | ONEE SIGIT      | BOL         | O'ALL SIGIT           | DOL          | O'ALL GIGIT       | 502                | Base Rate Fee             |
|  |          |                 |             |                       |              |                   |                    | and                       |
|  | <u></u>  |                 |             |                       |              |                   |                    | Syndicated<br>Exclusivity |
|  |          |                 |             |                       | ···          | -                 |                    | Surcharge                 |
|  |          |                 |             |                       |              |                   |                    | for                       |
|  | <u></u>  |                 |             |                       |              |                   |                    | Partially<br>Distant      |
|  |          |                 |             |                       |              |                   |                    | Stations                  |
|  |          |                 |             |                       |              | -                 |                    |                           |
|  | <u></u>  |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 | ļ           |                       |              |                   |                    |                           |
| Total DSEs                                     |          |                 | 0.00        | Total DSEs            |              |                   | 0.00               |                           |
| Gross Receipts First 0                         | Group    | \$              | 0.00        | Gross Receipts Seco   | nd Group     | \$                | 0.00               |                           |
| Base Rate Fee First (                          | Group    | \$              | 0.00        | Base Rate Fee Seco    | nd Group     | \$                | 0.00               |                           |
| EIGH   | TY-THIRD | SUBSCRIBER GROU | JP          | EIGHT                 | Y-FOURTH     | I SUBSCRIBER GROU | JP                 |                           |
| COMMUNITY/ AREA                                |          |                 | 0           | COMMUNITY/ AREA       |              |                   | 0                  |                           |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE          | CALL SIGN         | DSE                |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  | <u></u>  |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
|  | <u></u>  |                 |             |                       | <del> </del> |                   |                    |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
| Total DSEs                                     |          |                 | 0.00        | Total DSEs            |              |                   | 0.00               |                           |
| Gross Receipts Third                           | Group    | \$              | 0.00        | Gross Receipts Fourt  | h Group      | \$                | 0.00               |                           |
| Base Rate Fee Third                            | Group    | \$              | 0.00        | Base Rate Fee Fourt   | h Group      | \$                | 0.00               |                           |
|  |          |                 |             |                       |              |                   |                    |                           |
| Base Rate Fee: Add t<br>Enter here and in bloc |          |                 | riber group | as shown in the boxes | above.       | \$                |                    |                           |

| LEGAL NAME OF OWI                           |            |                |               |                      |            | S               | YSTEM ID#<br>61969 | Name                 |
|---|------------|----------------|---------------|----------------------|------------|-----------------|--------------------|----------------------|
|   | BLOCK A: ( | COMPUTATION C  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | RIBER GROUP     |                    |                      |
|   |            | SUBSCRIBER GRO |               |                      |            | SUBSCRIBER GROU | JP                 | 9                    |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       | Α          |                 | 0                  | _                    |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                | Computation of       |
| CALL CICIA                                  | DOL        | O'ALL GIGIT    | 502           | OF ILLE STOTE        | 502        | ON ILL STOTA    | 502                | Base Rate Fee        |
|   |            |                | ••••          |                      |            |                 |                    | and                  |
|   |            |                |               |                      |            |                 |                    | Syndicated           |
|   |            |                |               |                      |            |                 |                    | Exclusivity          |
|   |            |                |               |                      |            |                 |                    | Surcharge            |
|   |            |                |               |                      |            |                 |                    | for                  |
|   | <u></u>    |                |               |                      |            |                 |                    | Partially<br>Distant |
|   |            |                |               |                      |            | <b>-</b>        |                    | Stations             |
|   |            |                |               |                      |            | -               |                    | Otations             |
|   |            |                |               |                      |            | <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               |                      |
| EIGHT                                       | /-SEVENTH  | SUBSCRIBER GRO | DUP           | EIG                  | HTY-EIGHTH | SUBSCRIBER GROU | JP                 |                      |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       |            |                 |                    |                      |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                |                      |
|   | <u> </u>   |                |               |                      |            |                 |                    |                      |
|   |            |                | ····          |                      |            | <u> </u>        | ····               |                      |
|   | <u> </u>   |                | ····          |                      | ·····      | -               |                    |                      |
|   | ·····      |                | ····          |                      |            | -               |                    |                      |
|   |            |                | ····          |                      |            | <u> </u>        | ····               |                      |
|   |            |                |               |                      |            |                 |                    |                      |
|   |            |                |               |                      |            |                 |                    |                      |
|   |            |                |               |                      |            |                 |                    |                      |
|   |            |                |               |                      |            | -               |                    |                      |
|   |            |                |               |                      |            |                 | <u></u>            |                      |
|   |            |                |               |                      |            |                 |                    |                      |
|   |            |                |               |                      |            | 1               |                    |                      |
|   | •••••      |                |               |                      |            |                 |                    |                      |
| Total DSEs                                  |            |                | 0.00          | Total DSEs           |            |                 | 0.00               |                      |
| Gross Receipts Third                        | l Group    | \$             | 0.00          | Gross Receipts Fou   | ırth Group | \$              | 0.00               |                      |
|   | ~ MA       | <u>·</u>       |               |                      | 2. 2. vup  | <u>´</u>        |                    |                      |
| Base Rate Fee Third                         | l Group    | \$             | 0.00          | Base Rate Fee Fou    | rth Group  | \$              | 0.00               |                      |
| Base Rate Fee: Add<br>Enter here and in blo |            |                | scriber group | as shown in the boxe | es above.  | \$              |                    |                      |

| LEGAL NAME OF OWN Crystal Commun               |             |                |               |                      |           | S               | YSTEM ID#<br>61969 | Name             |
|--|-------------|----------------|---------------|----------------------|-----------|-----------------|--------------------|------------------|
|  |             |                |               | TE FEES FOR EAC      |           |                 |                    |                  |
|  | ITY-NINTH   | SUBSCRIBER GRO |               |                      |           | SUBSCRIBER GROU |                    | 9                |
| COMMUNITY/ AREA                                |             |                | 0             | COMMUNITY/ ARE       | Α         |                 | 0                  | Computation      |
| CALL SIGN                                      | DSE         | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                | of               |
|  |             |                |               |                      |           |                 |                    | Base Rate Fee    |
|  |             |                |               |                      |           |                 |                    | and              |
|  |             |                |               |                      |           |                 |                    | Syndicated       |
|  |             |                |               |                      |           |                 |                    | Exclusivity      |
|  | <u></u>     | -              |               |                      |           |                 |                    | Surcharge        |
|  | <u></u>     |                | <u></u>       |                      | ·····     | -               |                    | for<br>Partially |
|  | ···         |                |               |                      |           |                 |                    | Distant          |
|  | <del></del> |                | ···           |                      |           |                 |                    | Stations         |
|  |             | -              |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
| Total DSEs                                     |             |                | 0.00          | Total DSEs           |           |                 | 0.00               |                  |
| Gross Receipts First 0                         | Group       | \$             | 0.00          | Gross Receipts Sec   | ond Group | \$              | 0.00               |                  |
| Base Rate Fee First 0                          | Group       | \$             | 0.00          | Base Rate Fee Sec    | ond Group | \$              | 0.00               |                  |
| NINE   | TY-FIRST    | SUBSCRIBER GRO | UP            | NINE                 | TY-SECOND | SUBSCRIBER GROU | JP                 |                  |
| COMMUNITY/ AREA                                |             |                | 0             | COMMUNITY/ ARE       |           |                 |                    |                  |
| CALL SIGN                                      | DSE         | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             | -              |               |                      |           |                 |                    |                  |
|  | <u></u>     |                |               |                      | ·····     |                 |                    |                  |
|  |             |                |               |                      |           | <del> </del>    |                    |                  |
|  |             |                |               |                      |           | -               |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  |             |                |               |                      |           |                 |                    |                  |
|  | <u></u>     |                |               |                      |           |                 | <u></u>            |                  |
|  | <u></u>     |                | <u></u>       |                      |           |                 |                    |                  |
| Total DSEs                                     |             |                | 0.00          | Total DSEs           |           |                 | 0.00               |                  |
|  | Group       | ¢              | 0.00          |                      | rth Group | ¢               | 0.00               |                  |
| Gross Receipts Third                           | Group       | \$             | 0.00          | Gross Receipts Fou   | rai Gioup | Ψ               | 0.00               |                  |
| Base Rate Fee Third                            | Group       | \$             | 0.00          | Base Rate Fee Fou    | rth Group | \$              | 0.00               |                  |
| Base Rate Fee: Add t<br>Enter here and in bloo |             |                | scriber group | as shown in the boxe | s above.  | \$              |                    |                  |

| LEGAL NAME OF OWNI                             |                 |                  |  |                      |  | S              | YSTEM ID#     | Name             |
|--|-----------------|------------------|--|----------------------|--|----------------|---------------|------------------|
| Crystal Collinum                               | cations,        |                  |  |                      |  |                | 61969         |                  |
|  |                 |                  |  | ATE FEES FOR EAC     |  |                | LID           |                  |
| NINE COMMUNITY/ AREA                           | ı Y-I HIKD      | SUBSCRIBER GRO   | <u>UP</u> <b>0</b>                     | COMMUNITY/ AREA      |  | SUBSCRIBER GRO | UP <b>0</b>   | 9                |
| COMMONT IT AREA                                |                 |                  |  | COMMONITY AREA       | ······································ |                |               | Computation      |
| CALL SIGN                                      | DSE             | CALL SIGN        | DSE                                    | CALL SIGN            | DSE                                    | CALL SIGN      | DSE           | of               |
|  |                 |                  |  |                      |  |                |               | Base Rate Fee    |
|  |                 |                  |  |                      |  |                |               | and              |
|  |                 |                  |  |                      |  |                |               | Syndicated       |
|  |                 |                  |  |                      |  | <u> </u>       |               | Exclusivity      |
|  |                 | -                |  |                      | ·····                                  | -              |               | Surcharge<br>for |
|  |                 | <b>-</b>         | ···                                    | ·                    | ·····                                  | -              |               | Partially        |
|  |                 |                  | ······································ |                      | •••••                                  | <b>-</b>       |               | Distant          |
|  |                 |                  |  |                      |  |                |               | Stations         |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 | <b>-</b>         |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  | 0.00                                   |                      |  | ļļ.            | 0.00          |                  |
| 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                          |                 | \$               | 0.00                                   | Base Rate Fee Sec    |  | \$             | 0.00          |                  |
|  | TY-FIFTH        | SUBSCRIBER GRO   |  | ii .                 |  | SUBSCRIBER GRO |               |                  |
| COMMUNITY/ AREA                                |                 |                  | 0                                      | COMMUNITY/ ARE       | Α                                      |                | 0             |                  |
| CALL SIGN                                      | DSE             | CALL SIGN        | DSE                                    | CALL SIGN            | DSE                                    | CALL SIGN      | DSE           |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  | -              |               |                  |
|  |                 |                  |  |                      |  | <del> </del>   |               |                  |
|  |                 |                  |  | 1                    |  | -              |               |                  |
|  |                 | -                |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  |                |               |                  |
|  |                 |                  |  |                      |  | -              |               |                  |
|  |                 |                  |  | -                    |  | -              | <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          |                  |
|  |                 |                  |  |                      |  |                | <del></del> - |                  |
| Base Rate Fee Third (                          | Group           | \$               | 0.00                                   | Base Rate Fee Four   | rth Group                              | \$             | 0.00          |                  |
|  |                 |                  |  | Ш                    |  |                |               |                  |
| Base Rate Fee: Add the Enter here and in block |                 |                  | criber group                           | as shown in the boxe | s above.                               | \$             |               |                  |
| Enter here and in block                        | K U, IIIIC 1, 3 | opade L (page 1, |  |                      |  | Ψ              |               |                  |

| LEGAL NAME OF OWNER  Crystal Communic          |          |                 |             |                       |                | Sì              | STEM ID#<br>61969 | Name             |
|--|----------|-----------------|-------------|-----------------------|----------------|-----------------|-------------------|------------------|
| BL   | OCK A: ( | COMPUTATION OF  | BASE RA     | TE FEES FOR EACH      | SUBSCR         | RIBER GROUP     |                   |                  |
| NINETY-S                                       | EVENTH   | SUBSCRIBER GROU |             | NINE                  | TY-EIGHTH      | SUBSCRIBER GROU | IP                | ٥                |
| COMMUNITY/ AREA                                |          |                 | 0           | COMMUNITY/ AREA       |                |                 | 0                 | 9<br>Computation |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE            | CALL SIGN       | DSE               | of               |
|  |          |                 |             |                       |                |                 |                   | Base Rate Fee    |
|  |          |                 |             |                       | <u> </u>       |                 |                   | and              |
|  |          |                 | <br>        |                       | <mark></mark>  |                 |                   | Syndicated       |
|  |          |                 |             |                       | <u> </u>       | -               |                   | Exclusivity      |
|  |          |                 |             |                       | <mark></mark>  |                 |                   | Surcharge<br>for |
|  |          |                 |             |                       | <del>.  </del> | -               |                   | Partially        |
|  |          | -               |             |                       |                |                 |                   | Distant          |
|  |          |                 |             |                       |                |                 |                   | Stations         |
|  |          |                 |             |                       |                |                 |                   |                  |
|  |          |                 |             |                       |                |                 |                   |                  |
|  |          | -               |             |                       |                |                 |                   |                  |
|  |          |                 |             |                       | <mark></mark>  |                 |                   |                  |
|  |          |                 |             |                       | <u></u>        | <u> </u>        | <u></u>           |                  |
| Total DSEs                                     | <u> </u> |                 | 0.00        | Total DSEs            |                | 11              | 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              |                  |
|  | Y-NINTH  | SUBSCRIBER GROL | JP          | 11                    | JNDREDTH       | SUBSCRIBER GROU | IP                |                  |
| COMMUNITY/ AREA                                |          |                 | 0           | COMMUNITY/ AREA       |                |                 | 0                 |                  |
| CALL SIGN                                      | DSE      | CALL SIGN       | DSE         | CALL SIGN             | DSE            | CALL SIGN       | DSE               |                  |
|  |          |                 |             |                       |                |                 |                   |                  |
|  |          |                 |             |                       |                |                 |                   |                  |
|  |          | -               |             |                       |                | -               | <u></u>           |                  |
|  |          |                 |             |                       | <mark></mark>  |                 |                   |                  |
|  |          |                 |             |                       | <del></del>    | -               |                   |                  |
|  |          | -               |             |                       | <u>-</u>       | -               |                   |                  |
|  |          |                 |             |                       |                |                 |                   |                  |
|  |          |                 |             |                       |                |                 |                   |                  |
|  |          | -               |             |                       | <u> </u>       |                 |                   |                  |
|  |          |                 |             |                       | <mark></mark>  | -               |                   |                  |
|  |          | -               |             |                       | <mark></mark>  | -               | <u></u>           |                  |
|  |          |                 |             |                       | <del>.  </del> |                 | <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 OWI                           |            |                |               |                      |           | S               | YSTEM ID#<br>61969 | Name                      |
|---|------------|----------------|---------------|----------------------|-----------|-----------------|--------------------|---------------------------|
|   | BLOCK A: ( | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR | IBER GROUP      |                    |                           |
| ONE HUND                                    | RED FIRST  | SUBSCRIBER GRO | UP            | ONE HUNDR            | ED SECOND | SUBSCRIBER GROU | JP                 | •                         |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       |           |                 | 0                  | 9<br>Computation          |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                | of                        |
|   |            |                |               |                      |           |                 |                    | Base Rate Fee             |
|   |            |                | <u></u>       |                      |           | -               |                    | and                       |
|   | ·····      |                | <u></u>       |                      |           | -               |                    | Syndicated<br>Exclusivity |
|   | ·····      |                | <del></del>   |                      |           | -               |                    | Surcharge                 |
|   |            |                | ···           |                      |           | -               |                    | for                       |
|   |            |                |               |                      |           |                 |                    | Partially                 |
|   |            |                |               |                      |           |                 |                    | Distant                   |
|   |            |                |               |                      |           |                 |                    | Stations                  |
|   |            |                |               |                      |           | -               |                    |                           |
|   |            |                |               |                      |           |                 |                    |                           |
|   |            |                |               |                      |           | -               |                    |                           |
|   | ·····      |                | <del></del>   |                      |           |                 |                    |                           |
|   |            |                | ···           |                      |           |                 |                    |                           |
| Total DSEs                                  |            |                | 0.00          | Total DSEs           | •         |                 | 0.00               |                           |
| Gross Receipts First                        | Group      | \$             | 0.00          | Gross Receipts Sec   | ond Group | \$              | 0.00               |                           |
| Base Rate Fee First                         | Group      | \$             | 0.00          | Base Rate Fee Sec    | ond Group | \$              | 0.00               |                           |
| ONE HUND                                    | RED THIRD  | SUBSCRIBER GRO | UP            | ONE HUNDR            | ED FOURTH | SUBSCRIBER GROU | JP                 |                           |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       |           |                 |                    |                           |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                           |
|   |            |                |               |                      |           |                 |                    |                           |
|   |            |                |               |                      |           | -               |                    |                           |
|   |            |                |               |                      |           | -               |                    |                           |
|   |            |                |               |                      |           | -               |                    |                           |
|   |            |                |               |                      |           |                 |                    |                           |
|   |            |                |               |                      |           | -               |                    |                           |
|   |            |                |               |                      |           |                 |                    |                           |
|   |            |                |               |                      |           |                 |                    |                           |
|   |            |                |               |                      |           |                 |                    |                           |
|   |            |                |               |                      |           | -               |                    |                           |
|   |            |                | <del></del>   |                      |           |                 | <u></u>            |                           |
|   |            |                | <del></del>   |                      |           |                 | <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<br>Enter here and in blo |            |                | scriber group | as shown in the boxe | es above. | \$              |                    |                           |

| LEGAL NAME OF OWN Crystal Commun          |            |                |               |                      |            | S               | YSTEM ID#<br>61969 | Name                     |
|---|------------|----------------|---------------|----------------------|------------|-----------------|--------------------|--------------------------|
|   | BLOCK A: ( | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | IBER GROUP      |                    |                          |
| ONE HUNDI                                 | RED FIFTH  | SUBSCRIBER GRO | )UP           | ONE HUN              | DRED SIXTH | SUBSCRIBER GROU | JP                 | •                        |
| COMMUNITY/ AREA                           |            |                | 0             | COMMUNITY/ ARE       |            |                 | 0                  | 9<br>Computation         |
| CALL SIGN                                 | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                | of                       |
|   |            |                |               |                      |            |                 |                    | Base Rate Fee            |
|   |            |                | <u></u>       |                      |            | -               |                    | and                      |
|   |            |                | <del></del>   |                      |            |                 |                    | Syndicated               |
|   | ····       |                | <del></del>   |                      | ·····      | <del> </del>    | ····               | Exclusivity<br>Surcharge |
|   | ••••       |                | ···           |                      |            | -               |                    | for                      |
|   |            |                |               |                      |            |                 |                    | Partially                |
|   |            |                |               |                      |            |                 |                    | Distant                  |
|   |            |                |               |                      |            |                 |                    | Stations                 |
|   | <u>.</u>   |                | <u></u>       |                      |            |                 |                    |                          |
|   |            |                | <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               |                          |
| ONE HUNDRED                               | SEVENTH    | SUBSCRIBER GRO | UP            | ONE HUND             | RED EIGHTH | SUBSCRIBER GROU | JP                 |                          |
| COMMUNITY/ AREA                           |            |                | 0             | COMMUNITY/ ARE       | 0          |                 |                    |                          |
| CALL SIGN                                 | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE        | CALL SIGN       | DSE                |                          |
|   |            | <br>           |               |                      |            |                 |                    |                          |
|   |            |                |               |                      |            |                 | <u></u>            |                          |
|   | ····       |                | <u></u>       |                      | ·····      | -               |                    |                          |
|   |            |                | <del></del>   |                      |            | -               |                    |                          |
|   | ••••       |                |               |                      | •••••      |                 | •••••              |                          |
|   |            |                |               |                      |            |                 |                    |                          |
|   |            | <br>           |               |                      |            | <br>            |                    |                          |
|   |            |                |               |                      |            | -               |                    |                          |
|   |            |                |               |                      |            | -               |                    |                          |
|   |            |                |               |                      |            | -               |                    |                          |
|   |            |                |               |                      |            |                 |                    |                          |
|   |            |                |               |                      |            |                 |                    |                          |
|   |            |                |               |                      |            |                 |                    |                          |
| 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 Crystal Commun          |   |                |               |                      |           | S               | YSTEM ID#<br>61969 | Name             |
|---|---|----------------|---------------|----------------------|-----------|-----------------|--------------------|------------------|
| E   | BLOCK A: (                              | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR | IBER GROUP      |                    |                  |
| ONE HUNDE                                 | RED NINTH                               | SUBSCRIBER GRO | UP            | ONE HUND             | RED TENTH | SUBSCRIBER GROU | JP                 | •                |
| COMMUNITY/ AREA                           | *************************************** |                | 0             | COMMUNITY/ ARE       |           |                 | 0                  | 9<br>Computation |
| CALL SIGN                                 | DSE                                     | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                | of               |
|   |   |                |               |                      |           |                 |                    | Base Rate Fee    |
|   | <u>.</u>                                |                |               |                      |           | -               |                    | and              |
|   | <u>.</u>                                |                |               |                      |           |                 |                    | Syndicated       |
|   |   |                |               |                      |           |                 |                    | Exclusivity      |
|   | ·····                                   |                | <u></u>       |                      |           | -               |                    | Surcharge<br>for |
|   | ·····                                   |                | <del></del>   |                      | ·····     | -               |                    | Partially        |
|   | ····                                    |                | <u></u>       |                      | ·····     |                 |                    | Distant          |
|   |   |                |               |                      |           |                 |                    | Stations         |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                | <u></u>       |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
| Total DSEs                                |   |                | 0.00          | Total DSEs           |           |                 | 0.00               |                  |
|   | 2                                       | •              |               |                      | and Oraun |                 |                    |                  |
| Gross Receipts First (                    | oroup.                                  | \$             | 0.00          | Gross Receipts Sec   | ona Group | \$              | 0.00               |                  |
| Base Rate Fee First (                     | Group                                   | \$             | 0.00          | Base Rate Fee Sec    | ond Group | \$              | 0.00               |                  |
|   | ELEVENTH                                | SUBSCRIBER GRO |               | 11                   |           | SUBSCRIBER GROU | JP                 |                  |
| COMMUNITY/ AREA                           |   |                | 0             | COMMUNITY/ ARE       | 0         |                 |                    |                  |
| CALL SIGN                                 | DSE                                     | CALL SIGN      | DSE           | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                | <del></del>   |                      |           |                 |                    |                  |
|   | ••••                                    |                | <del></del>   |                      |           |                 | ••••               |                  |
|   |   |                | ••••          |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 |                    |                  |
|   |   |                |               |                      |           |                 | <u></u>            |                  |
|   |   |                | <u></u>       |                      |           |                 | <u> </u>           |                  |
|   |   |                | <del></del>   |                      |           |                 | <u> </u>           |                  |
|   |   |                |               |                      |           | <u> </u>        |                    |                  |
| Total DSEs                                | <u> </u>                                |                | 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 Crystal Commun             |               |                |              |                      |           | S               | YSTEM ID#<br>61969 | Name                |
|--|---------------|----------------|--------------|----------------------|-----------|-----------------|--------------------|---------------------|
| E  | BLOCK A: (    | COMPUTATION O  | BASE RA      | TE FEES FOR EAC      | CH SUBSCR | IBER GROUP      |                    |                     |
| ONE HUNDRED TH                               | IRTEENTH      | SUBSCRIBER GRO | UP           | ONE HUNDRED FO       | DURTEENTH | SUBSCRIBER GROU | JP                 | 0                   |
| COMMUNITY/ AREA                              |               |                | 0            | COMMUNITY/ ARE       |           |                 | 0                  | 9<br>Computation    |
| CALL SIGN                                    | DSE           | CALL SIGN      | DSE          | CALL SIGN            | DSE       | CALL SIGN       | DSE                | of                  |
|  |               |                |              |                      |           |                 |                    | Base Rate Fee       |
|  |               |                |              |                      |           |                 |                    | and<br>Syndicated   |
|  |               |                | <del></del>  |                      |           |                 |                    | Exclusivity         |
|  |               |                |              |                      |           |                 |                    | Surcharge           |
|  |               |                |              |                      |           |                 |                    | for                 |
|  | <u></u>       |                | <u></u>      |                      |           |                 |                    | Partially           |
|  | <u>.</u>      |                | <u></u>      |                      |           |                 |                    | Distant<br>Stations |
|  | ·····         |                |              |                      | ·····     |                 |                    | Stations            |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  | <mark></mark> |                | <u> </u>     |                      |           |                 |                    |                     |
| Total DSEs                                   |               |                | 0.00         | Total DSEs           |           | Ц               | 0.00               |                     |
| Gross Receipts First                         | Group         | \$             | 0.00         | Gross Receipts Sec   | and Group | <b>\$</b>       | 0.00               |                     |
| Gloss Receipts Filst                         | Gloup         | 4              | 0.00         | Gross Neceipts Sec   | ona Group | •               | 0.00               |                     |
| Base Rate Fee First (                        |               | \$             | 0.00         | Base Rate Fee Sec    |           | \$              | 0.00               |                     |
|  |               | SUBSCRIBER GRO |              | li                   |           | SUBSCRIBER GROU |                    |                     |
| COMMUNITY/ AREA                              |               |                | 0            | COMMUNITY/ ARE       | Α         |                 | 0                  |                     |
| CALL SIGN                                    | DSE           | CALL SIGN      | DSE          | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                     |
|  | <mark></mark> |                | <u> </u>     |                      |           |                 |                    |                     |
|  |               | <br>           |              |                      |           |                 |                    |                     |
|  |               | -              | <del></del>  |                      |           |                 | •••••              |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  | ····          |                |              |                      | ·····     |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
|  |               |                |              |                      |           |                 |                    |                     |
| 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<br>Enter here and in bloo |               |                | criber group | as shown in the boxe | s above.  | \$              |                    |                     |

| LEGAL NAME OF OWN Crystal Communi              |             |                |  |                      |           | S               | YSTEM ID#<br>61969 | Name                     |
|--|-------------|----------------|--|----------------------|-----------|-----------------|--------------------|--------------------------|
|  |             |                |  | TE FEES FOR EAC      |           |                 |                    |                          |
| ONE HUNDRED SEVE<br>COMMUNITY/ AREA            | NTEENTH     | SUBSCRIBER GRO | UP<br><b>0</b>                         | COMMUNITY/ ARE       |           | SUBSCRIBER GROU | )P<br>0            | 9                        |
| CALL CICAL                                     | 1           |                | DOE                                    | CALL CICAL           |           |                 | Doc                | Computation              |
| CALL SIGN                                      | DSE         | CALL SIGN      | DSE                                    | CALL SIGN            | DSE       | CALL SIGN       | DSE                | of<br>Base Rate Fee      |
|  |             |                |  |                      |           |                 |                    | and                      |
|  | <u></u>     | <br>           | <u></u>                                |                      |           |                 |                    | Syndicated               |
|  | <del></del> |                | <u> </u>                               |                      | ·····     |                 |                    | Exclusivity<br>Surcharge |
|  |             |                |  |                      |           |                 |                    | for                      |
|  |             |                |  |                      |           |                 |                    | Partially                |
|  | <u> </u>    |                |  |                      | ·····     |                 |                    | Distant<br>Stations      |
|  | ···         | <del> </del>   | ······································ |                      |           | -               |                    | Otations                 |
|  |             |                |  |                      |           |                 |                    |                          |
|  | <u> </u>    |                |  |                      |           |                 |                    |                          |
|  | ···         |                | <u></u>                                |                      |           |                 |                    |                          |
|  |             |                |  |                      |           |                 |                    |                          |
| Total DSEs                                     |             |                | 0.00                                   | Total DSEs           |           |                 | 0.00               |                          |
| Gross Receipts First C                         | Group       | \$             | 0.00                                   | Gross Receipts Sec   | ond Group | \$              | 0.00               |                          |
| Base Rate Fee First G                          | Group       | \$             | 0.00                                   | Base Rate Fee Sec    | ond Group | \$              | 0.00               |                          |
| ONE HUNDRED NI                                 | NTEENTH     | SUBSCRIBER GRO | UP                                     | ONE HUNDRED          | TWENTIETH | SUBSCRIBER GROU | JP                 |                          |
| COMMUNITY/ AREA                                |             |                | 0                                      | COMMUNITY/ ARE.      | Α         |                 | 0                  |                          |
| CALL SIGN                                      | DSE         | CALL SIGN      | DSE                                    | CALL SIGN            | DSE       | CALL SIGN       | DSE                |                          |
|  | <u></u>     |                | <u> </u>                               |                      | ·····     |                 |                    |                          |
|  | <del></del> |                | <del>-</del>                           |                      |           |                 |                    |                          |
|  |             |                |  |                      |           |                 |                    |                          |
|  |             |                |  |                      |           |                 |                    |                          |
|  | ····        |                | <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 t<br>Enter here and in bloc |             |                | criber group                           | as shown in the boxe | s above.  | \$              |                    |                          |

| LEGAL NAME OF OW<br>Crystal Commun          |            |                 |               |                      |            | S                | YSTEM ID#<br>61969 | Name              |
|---|------------|-----------------|---------------|----------------------|------------|------------------|--------------------|-------------------|
|   | BLOCK A: ( | COMPUTATION C   | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR  | RIBER GROUP      |                    |                   |
| ONE HUNDRED TW                              | ENTY-FIRST | SUBSCRIBER GRO  | DUP           | ONE HUNDRED TWE      | NTY-SECOND | SUBSCRIBER GROUP | )                  | 0                 |
| COMMUNITY/ AREA                             |            |                 | 0             | COMMUNITY/ ARE       |            |                  | 0                  | 9<br>Computation  |
| CALL SIGN                                   | DSE        | CALL SIGN       | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE                | of                |
|   | <u> </u>   |                 |               |                      |            | -                | <u></u>            | Base Rate Fee     |
|   | ·····      |                 | ····          |                      | ·····      | -                | <u> </u>           | and<br>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               |                   |
| ONE HUNDRED TW                              | ENTY-THIRD | SUBSCRIBER GROU | IP            | ONE HUNDRED TWE      | NTY-FOURTH | SUBSCRIBER GROUP | )                  |                   |
| COMMUNITY/ AREA                             |            |                 | 0             | COMMUNITY/ ARE       | Α          |                  | 0                  |                   |
| CALL SIGN                                   | DSE        | CALL SIGN       | DSE           | CALL SIGN            | DSE        | CALL SIGN        | DSE                |                   |
|   |            |                 |               |                      |            |                  |                    |                   |
|   |            |                 |               |                      | ·····      |                  |                    |                   |
|   | ·····      |                 |               |                      |            | -                |                    |                   |
|   |            | -               | ····          |                      |            |                  |                    |                   |
|   |            |                 |               |                      |            |                  |                    |                   |
|   |            |                 |               |                      |            |                  |                    |                   |
|   | <u></u>    |                 |               |                      |            |                  |                    |                   |
|   |            |                 |               |                      |            |                  |                    |                   |
|   |            |                 | ···           |                      |            |                  |                    |                   |
|   |            |                 |               |                      |            | <u> </u>         |                    |                   |
|   |            |                 |               |                      |            |                  |                    |                   |
|   |            |                 |               |                      |            |                  |                    |                   |
| Total DSEs                                  |            |                 | 0.00          | Total DSEs           |            |                  | 0.00               |                   |
| Total DSEs                                  |            |                 | 0.00          | Total DSEs           |            |                  |                    |                   |
| Gross Receipts Third                        | I Group    | \$              | 0.00          | Gross Receipts Fou   | rth Group  | \$               | 0.00               |                   |
| Base Rate Fee Third                         | l Group    | \$              | 0.00          | Base Rate Fee Fou    | rth Group  | \$               | 0.00               |                   |
| Base Rate Fee: Add<br>Enter here and in blo |            |                 | scriber group | as shown in the boxe | es above.  | \$               |                    |                   |

| LEGAL NAME OF OWN Crystal Commun               |            |                 |               |                      |             | S                | YSTEM ID#<br>61969 | Name                 |
|--|------------|-----------------|---------------|----------------------|-------------|------------------|--------------------|----------------------|
| E  | BLOCK A: ( | COMPUTATION O   | F BASE RA     | ATE FEES FOR EAC     | CH SUBSCF   | RIBER GROUP      |                    |                      |
|  |            | SUBSCRIBER GROU | Р             | ONE HUNDRED T        | WENTY-SIXTH | SUBSCRIBER GROUP | )                  | 9                    |
| COMMUNITY/ AREA                                |            |                 | 0             | COMMUNITY/ ARE       |             |                  | 0                  | Computation          |
| CALL SIGN                                      | DSE        | CALL SIGN       | DSE           | CALL SIGN            | DSE         | CALL SIGN        | DSE                | of                   |
|  |            |                 | ···           |                      |             |                  | <u></u>            | Base Rate Fee        |
|  |            |                 |               |                      |             |                  |                    | Syndicated           |
| ••••••   |            |                 |               |                      |             |                  |                    | Exclusivity          |
|  |            |                 |               |                      |             |                  |                    | Surcharge            |
|  |            |                 |               |                      |             |                  |                    | for                  |
|  |            |                 | ···           |                      | ·····       |                  |                    | Partially<br>Distant |
|  |            |                 |               |                      |             |                  |                    | Stations             |
|  |            |                 |               |                      |             |                  |                    |                      |
|  |            |                 |               |                      |             |                  |                    |                      |
|  |            |                 |               |                      |             |                  |                    |                      |
|  |            |                 | ···           |                      | ·····       | .                |                    |                      |
|  |            |                 |               |                      |             |                  |                    |                      |
| Total DSEs                                     | _          | <del>! !</del>  | 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 | )                  |                      |
| COMMUNITY/ AREA                                |            |                 | 0             | COMMUNITY/ ARE       | Α           |                  | 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               |                      |
|  |            |                 |               |                      |             |                  | <del></del>        |                      |
| 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 |            |                 | scriber group | as shown in the boxe | es above.   | \$               |                    |                      |

| LEGAL NAME OF OWN Crystal Commun |             |                  |                |                      |              | S                | YSTEM ID#<br>61969 | Name                      |
|----------------------------------|-------------|------------------|----------------|----------------------|--------------|------------------|--------------------|---------------------------|
| E                                | BLOCK A: (  | COMPUTATION O    | F BASE RA      | TE FEES FOR EAC      | CH SUBSCR    | IBER GROUP       |                    |                           |
| ONE HUNDRED TWE                  | NTY-NINTH   | SUBSCRIBER GROUP | )              | ONE HUNDRE           | ED THIRTIETH | SUBSCRIBER GROUP |                    | 0                         |
| COMMUNITY/ AREA                  |             |                  | 0              | COMMUNITY/ ARE       |              |                  | 0                  | 9<br>Computation          |
| CALL SIGN                        | DSE         | CALL SIGN        | DSE            | CALL SIGN            | DSE          | CALL SIGN        | DSE                | of                        |
|                                  |             |                  |                |                      |              | -                | ····               | Base Rate Fee             |
|                                  | <u></u>     |                  | <u> </u>       |                      | ·····        | -                | <u></u>            | and                       |
|                                  | <del></del> |                  | <del>.  </del> |                      | ·····        | -                | ····               | Syndicated<br>Exclusivity |
|                                  |             | H                | <del></del>    |                      |              | +                |                    | Surcharge                 |
|                                  |             |                  |                |                      |              |                  |                    | for                       |
|                                  |             |                  |                |                      |              |                  |                    | Partially                 |
|                                  |             |                  | <u></u>        |                      |              | -                |                    | Distant                   |
|                                  | ····        |                  | <del>.  </del> |                      | ·····        | -                | ····               | 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               |                           |
|                                  | IRTY-FIRST  | SUBSCRIBER GROUP | <b>D</b>       | ONE HUNDRED THI      | RTY-SECOND   | SUBSCRIBER GROUP | 1                  |                           |
| COMMUNITY/ AREA                  |             |                  | 0              | COMMUNITY/ ARE       | Α            |                  | 0                  |                           |
| CALL SIGN                        | DSE         | CALL SIGN        | DSE            | CALL SIGN            | DSE          | CALL SIGN        | DSE                |                           |
|                                  |             |                  | <u></u>        |                      |              | -                |                    |                           |
|                                  |             | <br>             |                |                      |              |                  |                    |                           |
|                                  | ····        |                  | <del></del>    |                      |              | -                |                    |                           |
|                                  |             |                  |                |                      |              |                  |                    |                           |
|                                  |             |                  |                |                      |              |                  |                    |                           |
|                                  |             |                  |                |                      |              | -                |                    |                           |
|                                  | ····        |                  | <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 Four   | rth Group    | \$               | 0.00               |                           |
| Base Rate Fee: Add a             |             |                  | criber group   | as shown in the boxe | s above.     | \$               |                    |                           |

| LEGAL NAME OF OW<br>Crystal Commu           |             |                 |               |                      |             | S                  | YSTEM ID#<br>61969 | Name              |
|---|-------------|-----------------|---------------|----------------------|-------------|--------------------|--------------------|-------------------|
| _   | BLOCK A: (  | COMPUTATION C   | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR   | RIBER GROUP        |                    |                   |
| ONE HUNDRED TI                              | HIRTY-THIRD | SUBSCRIBER GROU | IP            | ONE HUNDRED TH       | IRTY-FOURTH | I SUBSCRIBER GROUP | )                  | ^                 |
| COMMUNITY/ AREA                             |             |                 | 0             | COMMUNITY/ ARE       |             |                    | 0                  | 9<br>Computation  |
| CALL SIGN                                   | DSE         | CALL SIGN       | DSE           | CALL SIGN            | DSE         | CALL SIGN          | DSE                | of                |
|   |             |                 |               |                      |             | -                  | <u></u>            | Base Rate Fee     |
|   | ·····       |                 | ····          |                      |             | -                  | <u> </u>           | and<br>Syndicated |
|   | ·····       |                 | ····          |                      |             | -                  |                    | Exclusivity       |
|   |             |                 |               |                      |             |                    |                    | Surcharge         |
|   |             |                 |               |                      |             |                    |                    | for               |
|   |             |                 |               |                      |             |                    |                    | Partially         |
|   |             |                 |               |                      |             | -                  |                    | Distant           |
|   |             |                 | ····          |                      |             | <b>-</b>           |                    | Stations          |
|   |             |                 |               |                      |             | H                  |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
| Total DSEs                                  |             |                 | 0.00          | Total DSEs           |             |                    | 0.00               |                   |
| Gross Receipts First                        | Group       | \$              | 0.00          | Gross Receipts Sec   | ond Group   | \$                 | 0.00               |                   |
| Base Rate Fee First                         | Group       | \$              | 0.00          | Base Rate Fee Sec    | ond Group   | \$                 | 0.00               |                   |
|   |             | SUBSCRIBER GROU |               | ii –                 |             | SUBSCRIBER GROUP   | )                  |                   |
| COMMUNITY/ AREA                             | A           |                 | 0             | COMMUNITY/ ARE       | Α           |                    | 0                  |                   |
| CALL SIGN                                   | DSE         | CALL SIGN       | DSE           | CALL SIGN            | DSE         | CALL SIGN          | DSE                |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   | ······      |                 |               |                      |             |                    | ····               |                   |
|   |             | <u> </u>        | ····          |                      |             | -                  |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             | H                  |                    |                   |
|   |             |                 |               |                      |             | +                  |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
|   |             |                 |               |                      |             |                    |                    |                   |
| Total DSEs                                  |             |                 | 0.00          | Total DSEs           |             |                    | 0.00               |                   |
| Gross Receipts Third                        | d Group     | \$              | 0.00          | Gross Receipts Fou   | rth Group   | \$                 | 0.00               |                   |
| Base Rate Fee Third                         | d Group     | \$              | 0.00          | Base Rate Fee Fou    | rth Group   | \$                 | 0.00               |                   |
| Base Rate Fee: Add<br>Enter here and in blo |             |                 | scriber group | as shown in the boxe | es above.   | \$                 |                    |                   |

| LEGAL NAME OF OWN Crystal Communi              |           |                 |  |                      |              | S                | YSTEM ID#<br>61969 | Name                      |
|--|-----------|-----------------|--|----------------------|--------------|------------------|--------------------|---------------------------|
| В  | LOCK A: ( | COMPUTATION O   | F BASE RA                              | TE FEES FOR EAC      | CH SUBSCR    | IBER GROUP       |                    |                           |
| ONE HUNDRED THIRT                              | /-SEVENTH | SUBSCRIBER GROU | Þ                                      | ONE HUNDRED TH       | IIRTY-EIGHTH | SUBSCRIBER GROUP | 1                  | 0                         |
| COMMUNITY/ AREA                                |           |                 | 0                                      | COMMUNITY/ ARE       |              |                  | 0                  | 9<br>Computation          |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                                    | CALL SIGN            | DSE          | CALL SIGN        | DSE                | of                        |
|  |           |                 |  |                      |              |                  |                    | Base Rate Fee             |
|  |           |                 |  |                      |              | <br>             |                    | and                       |
|  |           | -               | ···                                    |                      |              | -                |                    | Syndicated<br>Exclusivity |
|  |           | L               |  |                      |              | -                |                    | Surcharge                 |
|  |           |                 |  |                      |              |                  |                    | for                       |
|  |           |                 |  |                      |              |                  |                    | Partially                 |
|  |           |                 |  |                      |              |                  |                    | Distant                   |
|  |           |                 |  |                      |              | <br>             |                    | Stations                  |
|  |           |                 | ···                                    |                      |              |                  |                    |                           |
|  |           | <b>-</b>        |  |                      |              | -                |                    |                           |
|  |           |                 |  |                      |              |                  |                    |                           |
|  |           |                 |  |                      |              |                  |                    |                           |
|  |           |                 |  |                      |              |                  |                    |                           |
| Total DSEs                                     |           |                 | 0.00                                   | Total DSEs           |              |                  | 0.00               |                           |
| Gross Receipts First 0                         | Group     | \$              | 0.00                                   | Gross Receipts Sec   | ond Group    | \$               | 0.00               |                           |
| Base Rate Fee First G                          | Group     | \$              | 0.00                                   | Base Rate Fee Sec    | ond Group    | \$               | 0.00               |                           |
| ONE HUNDRED THI                                | RTY-NINTH | SUBSCRIBER GROU | Þ                                      | ONE HUNDRE           | D FORTIETH   | SUBSCRIBER GROU  | JP                 |                           |
| COMMUNITY/ AREA                                |           |                 | 0                                      | COMMUNITY/ ARE       | Α            |                  | 0                  |                           |
| CALL SIGN                                      | DSE       | CALL SIGN       | DSE                                    | CALL SIGN            | DSE          | CALL SIGN        | DSE                |                           |
|  |           | _               |  |                      |              | -                |                    |                           |
|  |           | -               |  |                      |              |                  |                    |                           |
|  |           |                 | <u> </u>                               |                      |              | -                |                    |                           |
|  |           | <b>-</b>        | ······································ |                      |              | -                |                    |                           |
|  |           |                 |  |                      |              | -                |                    |                           |
|  |           |                 |  |                      |              |                  |                    |                           |
|  |           |                 |  |                      |              |                  |                    |                           |
|  |           | _               |  |                      |              | -                |                    |                           |
|  | ···       |                 | <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 t<br>Enter here and in bloc |           |                 | criber group                           | as shown in the boxe | s above.     | \$               |                    |                           |

| LEGAL NAME OF OWN                           |            |                 |               |                      |            | S                  | YSTEM ID#<br>61969 | Name                     |
|---|------------|-----------------|---------------|----------------------|------------|--------------------|--------------------|--------------------------|
|   | BLOCK A: ( | COMPUTATION O   | F BASE RA     | TE FEES FOR EAG      | CH SUBSCR  | RIBER GROUP        |                    |                          |
| ONE HUNDRED F                               | ORTY-FIRST | SUBSCRIBER GROU | Р             | ONE HUNDRED FO       | RTY-SECOND | SUBSCRIBER GROUP   | )                  | ^                        |
| COMMUNITY/ AREA                             |            |                 | 0             | COMMUNITY/ ARE       |            |                    | 0                  | 9<br>Computation         |
| CALL SIGN                                   | DSE        | CALL SIGN       | DSE           | CALL SIGN            | DSE        | CALL SIGN          | DSE                | of                       |
|   |            |                 |               |                      |            |                    |                    | Base Rate Fee            |
|   |            |                 | <u></u>       |                      |            | -                  |                    | and                      |
|   |            | -               | <u></u>       |                      | ······     |                    |                    | Syndicated               |
|   |            | <del></del>     | <del></del>   |                      |            | H                  |                    | Exclusivity<br>Surcharge |
|   | •••••      | -               | <del></del>   |                      | ·····      | <del>-</del>       |                    | for                      |
|   | •••••      |                 | <u></u>       |                      | ····       | -                  |                    | Partially                |
|   |            |                 |               |                      |            |                    |                    | Distant                  |
|   |            |                 |               |                      |            |                    |                    | Stations                 |
|   |            |                 |               |                      |            |                    |                    |                          |
|   |            |                 |               |                      |            |                    |                    |                          |
|   |            |                 | <u></u>       |                      |            |                    |                    |                          |
|   |            |                 | <u></u>       |                      |            |                    |                    |                          |
|   |            |                 | <del></del>   |                      |            |                    |                    |                          |
| Total DSEs                                  |            |                 | 0.00          | Total DSEs           |            | H.                 | 0.00               |                          |
| Gross Receipts First                        | Group      | \$              | 0.00          | Gross Receipts Sec   | ond Group  | \$                 | 0.00               |                          |
|   |            |                 |               |                      |            |                    |                    |                          |
| Base Rate Fee First                         | Group      | \$              | 0.00          | Base Rate Fee Sec    | ond Group  | \$                 | 0.00               |                          |
| ONE HUNDRED FO                              | DRTY-THIRD | SUBSCRIBER GROU | Р             | ONE HUNDRED FO       | RTY-FOURTH | I SUBSCRIBER GROUP | )                  |                          |
| 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>       |                      | ····       | -                  |                    |                          |
|   |            |                 |               |                      |            |                    |                    |                          |
|   |            | <b>-</b>        |               |                      |            |                    |                    |                          |
|   |            |                 |               |                      |            |                    |                    |                          |
|   |            |                 | <u></u>       |                      |            |                    |                    |                          |
|   |            |                 | <u></u>       |                      |            |                    |                    |                          |
|   |            |                 | <del></del>   |                      |            |                    |                    |                          |
|   | ••••       |                 | <del></del>   |                      |            | 1                  |                    |                          |
| Total DSEs                                  |            |                 | 0.00          | Total DSEs           |            |                    | 0.00               |                          |
| Gross Receipts Third                        | Group      | \$              | 0.00          | Gross Receipts Fou   | rth Group  | \$                 | 0.00               |                          |
| Base Rate Fee Third                         | Group      | \$              | 0.00          | Base Rate Fee Fou    | rth Group  | \$                 | 0.00               |                          |
| Base Rate Fee: Add<br>Enter here and in blo |            |                 | scriber group | as shown in the boxe | es above.  | s                  |                    |                          |

| LEGAL NAME OF OWN Crystal Commun             |             |                 |              |                      |             | S                  | YSTEM ID#<br>61969 | Name                     |
|--|-------------|-----------------|--------------|----------------------|-------------|--------------------|--------------------|--------------------------|
| [  | BLOCK A: (  | COMPUTATION O   | F BASE RA    | TE FEES FOR EAC      | CH SUBSCR   | RIBER GROUP        |                    |                          |
| ONE HUNDRED FO                               | ORTY-FIFTH  | SUBSCRIBER GROU | Р            | ONE HUNDRED          | FORTY-SIXTH | I SUBSCRIBER GROUP |                    | 0                        |
| COMMUNITY/ AREA                              |             |                 | 0            | COMMUNITY/ ARE       |             |                    | 0                  | 9<br>Computation         |
| CALL SIGN                                    | DSE         | CALL SIGN       | DSE          | CALL SIGN            | DSE         | CALL SIGN          | DSE                | of                       |
|  |             |                 |              |                      |             |                    |                    | Base Rate Fee            |
|  |             |                 |              |                      |             | -                  |                    | and                      |
|  | ····        |                 | ···          |                      |             |                    |                    | Syndicated               |
|  | <del></del> |                 | ····         |                      | ·····       | <del> </del>       | ····               | Exclusivity<br>Surcharge |
|  | ••••        |                 | ···          |                      |             |                    |                    | for                      |
|  |             |                 |              |                      |             |                    |                    | Partially                |
|  |             |                 |              |                      |             |                    |                    | Distant                  |
|  |             |                 |              |                      |             |                    |                    | Stations                 |
|  |             |                 |              |                      |             |                    |                    |                          |
|  |             |                 |              |                      |             | -                  |                    |                          |
|  |             |                 |              |                      |             | -                  |                    |                          |
|  | ····        |                 | <u></u>      |                      |             |                    |                    |                          |
|  | ••••        |                 |              |                      |             |                    |                    |                          |
| Total DSEs                                   |             |                 | 0.00         | Total DSEs           | 1           |                    | 0.00               |                          |
| Gross Receipts First                         | Group       | \$              | 0.00         | Gross Receipts Sec   | ond Group   | \$                 | 0.00               |                          |
| Base Rate Fee First                          | Group       | \$              | 0.00         | Base Rate Fee Sec    | ond Group   | \$                 | 0.00               |                          |
| ONE HUNDRED FORT                             | Y-SEVENTH   | SUBSCRIBER GROU | Р            | ONE HUNDRED FO       | ORTY-EIGHTH | I SUBSCRIBER GROUP | )                  |                          |
| COMMUNITY/ AREA                              |             |                 | 0            | COMMUNITY/ ARE       | Α           |                    | 0                  |                          |
| CALL SIGN                                    | DSE         | CALL SIGN       | DSE          | CALL SIGN            | DSE         | CALL SIGN          | DSE                |                          |
|  |             |                 |              |                      |             |                    |                    |                          |
|  | <u></u>     |                 |              |                      |             | -                  |                    |                          |
|  | ····        |                 |              |                      |             | -                  |                    |                          |
|  | ····        |                 |              |                      |             | -                  |                    |                          |
|  | ·····       |                 |              |                      |             |                    |                    |                          |
|  |             |                 |              |                      |             |                    |                    |                          |
|  |             |                 |              |                      |             |                    |                    |                          |
|  |             |                 |              |                      |             |                    |                    |                          |
|  | <u>.</u>    |                 | <u></u>      |                      |             |                    |                    |                          |
|  | <u></u>     |                 | <u></u>      |                      |             |                    | <u></u>            |                          |
|  |             |                 | <u></u>      |                      |             | <u> </u>           |                    |                          |
|  |             |                 |              |                      |             | 1                  |                    |                          |
|  | ••••        |                 |              |                      |             |                    |                    |                          |
| Total DSEs                                   |             |                 | 0.00         | Total DSEs           |             |                    | 0.00               |                          |
| Gross Receipts Third                         | Group       | \$              | 0.00         | Gross Receipts Fou   | rth Group   | \$                 | 0.00               |                          |
| Base Rate Fee Third                          | Group       | \$              | 0.00         | Base Rate Fee Fou    | rth Group   | \$                 | 0.00               |                          |
| Base Rate Fee: Add<br>Enter here and in bloo |             |                 | criber group | as shown in the boxe | es above.   | \$                 |                    |                          |

| LEGAL NAME OF OWNI                             |          |                |  |                      |           | S              | YSTEM ID#<br>61969 | Name                 |
|--|----------|----------------|--|----------------------|-----------|----------------|--------------------|----------------------|
|  |          |                |  | TE EEEC EOD EAC      | NI CURCOR | UDED COOLD     | 01000              |                      |
| ONE HUNDRED FOR                                |          |                |  | ATE FEES FOR EAC     |           | SUBSCRIBER GRO | UP                 | _                    |
| COMMUNITY/ AREA                                |          |                | 0                                      | COMMUNITY/ ARE       | Α         |                | 0                  | 9                    |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE                                    | CALL SIGN            | DSE       | CALL SIGN      | DSE                | Computation of       |
| CALL SIGN                                      | DOL      | CALL SIGN      | DOL                                    | CALL SIGN            | DOL       | CALL SIGIN     | DGL                | Base Rate Fee        |
|  |          |                |  |                      |           |                |                    | and                  |
|  |          |                |  |                      |           |                |                    | Syndicated           |
|  |          |                |  |                      |           |                |                    | Exclusivity          |
|  |          |                |  |                      |           |                |                    | Surcharge            |
|  |          |                |  |                      | ·····     | -              |                    | for                  |
|  | ···      | <b>-</b>       | ······································ |                      | ····      | <b></b>        |                    | Partially<br>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 FIF                                | TY-FIRST | SUBSCRIBER GRO | UP                                     | ONE HUNDRED FIF      | TY-SECOND | SUBSCRIBER GRO | UP                 |                      |
| COMMUNITY/ AREA                                |          |                | 0                                      | COMMUNITY/ ARE       | Α         |                | 0                  |                      |
| CALL SIGN                                      | DSE      | CALL SIGN      | DSE                                    | CALL SIGN            | DSE       | CALL SIGN      | DSE                |                      |
|  |          |                |  |                      |           | -              |                    |                      |
|  |          |                |  |                      | <u>-</u>  |                |                    |                      |
|  |          |                |  |                      | ·····     | -              | <u> </u>           |                      |
|  |          | -              |  |                      |           | -              |                    |                      |
|  |          |                |  |                      |           | -              |                    |                      |
|  |          |                |  |                      |           |                |                    |                      |
|  |          |                |  |                      |           |                |                    |                      |
|  |          |                |  |                      |           |                |                    |                      |
|  |          |                | <mark>.</mark>                         |                      | <u>.</u>  | -              |                    |                      |
|  |          |                | <u> </u>                               |                      | ·····     | -              |                    |                      |
|  | ···      |                | ······································ |                      | ····      | -              |                    |                      |
|  |          |                |  |                      |           | 1              |                    |                      |
|  |          |                |  |                      |           |                |                    |                      |
| Total DSEs                                     |          |                | 0.00                                   | Total DSEs           |           |                | 0.00               |                      |
| Gross Receipts Third                           | Group    | \$             | 0.00                                   | Gross Receipts Fou   | rth Group | \$             | 0.00               |                      |
|  |          |                |  |                      |           |                |                    |                      |
| Base Rate Fee Third (                          | Group    | \$             | 0.00                                   | Base Rate Fee Fou    | rth Group | \$             | 0.00               |                      |
|  |          |                |  | Ш                    |           |                |                    |                      |
| Base Rate Fee: Add the Enter here and in block |          |                | criber group                           | as shown in the boxe | s above.  | \$             |                    |                      |
|  |          |                |  |                      |           |                |                    |                      |

| LEGAL NAME OF OWN                           |            |                |               |                      |             | S               | YSTEM ID#<br>61969 | Name                      |
|---|------------|----------------|---------------|----------------------|-------------|-----------------|--------------------|---------------------------|
|   | BLOCK A: ( | COMPUTATION O  | F BASE RA     | TE FEES FOR EAC      | CH SUBSCR   | IBER GROUP      |                    |                           |
| ONE HUNDRED FI                              | FTY-THIRD  | SUBSCRIBER GRO |               | ONE HUNDRED FIF      | TY-FOURTH   | SUBSCRIBER GROU | JP                 | ٥                         |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       | Α           |                 | 0                  | 9<br>Computation          |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE                | of                        |
|   |            |                |               |                      |             |                 |                    | Base Rate Fee             |
|   |            |                | <u></u>       |                      |             | -               | ····               | and                       |
|   |            |                | <del></del>   |                      |             | -               |                    | Syndicated<br>Exclusivity |
|   |            |                | <del></del>   |                      | •••••       | -               | ••••               | Surcharge                 |
|   |            |                |               |                      |             |                 |                    | for                       |
|   |            |                |               |                      |             |                 |                    | Partially                 |
|   |            |                | <u></u>       |                      |             | -               |                    | Distant                   |
|   |            |                | <u></u>       |                      |             | -               |                    | Stations                  |
|   |            |                | <del></del>   |                      | ·····       |                 |                    |                           |
|   |            |                | <u></u>       |                      |             | -               |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
| Total DSEs                                  |            |                | 0.00          | Total DSEs           |             |                 | 0.00               |                           |
| Gross Receipts First                        | Group      | \$             | 0.00          | Gross Receipts Sec   | ond Group   | \$              | 0.00               |                           |
| Base Rate Fee First                         | Group      | \$             | 0.00          | Base Rate Fee Sec    | ond Group   | \$              | 0.00               |                           |
|   |            | SUBSCRIBER GRO | DUP           | ONE HUNDRED          | FIFTY-SIXTH | SUBSCRIBER GROU | JP                 |                           |
| COMMUNITY/ AREA                             |            |                | 0             | COMMUNITY/ ARE       | Α           |                 | 0                  |                           |
| CALL SIGN                                   | DSE        | CALL SIGN      | DSE           | CALL SIGN            | DSE         | CALL SIGN       | DSE                |                           |
|   |            |                | <u></u>       |                      |             | -               |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   | •••••      |                | <del></del>   |                      |             | -               |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                | <u></u>       |                      |             | -               |                    |                           |
|   |            |                | <del></del>   |                      | ·····       | -               | <u> </u>           |                           |
|   | ····       |                | <del></del>   |                      |             | -               |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
|   |            |                |               |                      |             |                 |                    |                           |
| 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<br>Enter here and in blo |            |                | scriber group | as shown in the boxe | es above.   | \$              |                    |                           |

| LEGAL NAME OF OW Crystal Commu                     |         |                 |               |                      |           | S                  | YSTEM ID#<br>61969 | Name                 |
|--|---------|-----------------|---------------|----------------------|-----------|--------------------|--------------------|----------------------|
|  |         |                 |               | ATE FEES FOR EAC     | CH SUBSCE | RIBER GROUP        |                    |                      |
|  |         | SUBSCRIBER GROU |               | ††                   |           | H SUBSCRIBER GROUF |                    | 9                    |
| COMMUNITY/ AREA                                    | A       |                 | 0             | COMMUNITY/ ARE       | Α         |                    | 0                  | Computatio           |
| CALL SIGN  | DSE     | CALL SIGN       | DSE           | CALL SIGN            | DSE       | CALL SIGN          | DSE                | of                   |
|  |         | <b> </b>        | ····          |                      |           |                    |                    | Base Rate F          |
|  |         | H               |               |                      |           |                    |                    | and<br>Syndicated    |
|  |         | <del> </del>    |               |                      |           |                    |                    | Exclusivity          |
|  |         |                 |               |                      |           |                    |                    | Surcharge            |
|  |         |                 |               |                      |           |                    |                    | for                  |
|  | ·····   | H               |               |                      | ·····     |                    |                    | Partially<br>Distant |
|  | ••••    | H               | ••••          |                      |           |                    |                    | Stations             |
|  |         |                 |               |                      |           |                    |                    |                      |
|  |         | <br>            |               |                      |           |                    |                    |                      |
|  |         | <br>            |               |                      |           |                    |                    |                      |
|  |         |                 |               |                      |           |                    |                    |                      |
|  | ••••    |                 | ····          |                      |           |                    |                    |                      |
| 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                                |         | \$              | 0.00          | Base Rate Fee Sec    |           | \$                 | 0.00               |                      |
|  |         | SUBSCRIBER GROU |               | ii e                 |           | H SUBSCRIBER GROUF |                    |                      |
| COMMUNITY/ AREA                                    |         |                 | 0             | COMMUNITY/ ARE       | Α         |                    | 0                  |                      |
| CALL SIGN  | DSE     | CALL SIGN       | DSE           | CALL SIGN            | DSE       | CALL SIGN          | DSE                |                      |
|  |         |                 |               |                      |           |                    |                    |                      |
|  | ·····   | H               | <del></del>   | -                    | ·····     |                    |                    |                      |
|  |         | ·               |               |                      |           |                    |                    |                      |
|  |         |                 |               |                      |           |                    |                    |                      |
|  |         |                 |               |                      |           |                    |                    |                      |
|  |         | H               | ••••          | -                    |           |                    |                    |                      |
|  |         | <u>-</u>        |               |                      |           |                    |                    |                      |
|  |         |                 |               |                      |           |                    |                    |                      |
|  |         | <b></b>         |               |                      |           |                    |                    |                      |
|  |         | H               |               |                      |           |                    |                    |                      |
|  |         |                 |               |                      |           |                    | ····               |                      |
|  |         |                 |               |                      |           |                    |                    |                      |
| Total DSEs   |         |                 | 0.00          | Total DSEs           |           |                    | 0.00               |                      |
| Gross Receipts Third                               | d Group | \$              | 0.00          | Gross Receipts Fou   | rth Group | \$                 | 0.00               |                      |
| Base Rate Fee Third                                | d Group | \$              | 0.00          | Base Rate Fee Fou    | rth Group | \$                 | 0.00               |                      |
|  |         | Ψ               | 0.00          |                      | Gloup     | <u></u>            | 3.00               |                      |
| <b>Base Rate Fee:</b> Add<br>Enter here and in blo |         |                 | scriber group | as shown in the boxe | es above. | \$                 |                    |                      |

| LEGAL NAME OF OWNE                             |          |                   |  |                      |                  | S                 | 61969     | Name         |
|--|----------|-------------------|--|----------------------|------------------|-------------------|-----------|--------------|
| В  |          |                   |  | TE FEES FOR EAC      |                  |                   |           |              |
|  |          | SUBSCRIBER GRO    |  |                      | SECONE           | SUBSCRIBER GRO    | UP        | 9            |
| COMMUNITY/ AREA                                | Ellenda  | ale New Richland  | <u></u>                                | COMMUNITY/ ARE       | A <b>Faribua</b> | ılt               |           | Computation  |
| CALL SIGN                                      | DSE      | CALL SIGN         | DSE                                    | CALL SIGN            | DSE              | CALL SIGN         | DSE       | of           |
|  |          |                   |  |                      |                  |                   |           | Base Rate Fo |
|  |          |                   | ···                                    |                      |                  |                   |           | and          |
|  |          |                   | <u> </u>                               |                      |                  |                   |           | Syndicated   |
|  |          |                   | ···                                    |                      |                  |                   |           | Exclusivity  |
|  | •••      |                   |  |                      |                  |                   |           | Surcharge    |
|  |          |                   | <u> </u>                               |                      |                  |                   |           | for          |
|  |          |                   | <u> </u>                               |                      |                  |                   |           | Partially    |
|  |          |                   | <u> </u>                               |                      |                  |                   |           | Distant      |
|  |          | -                 |  |                      | •••••            |                   |           | Stations     |
|  |          |                   | ••••••••••                             |                      |                  |                   |           |              |
|  |          |                   |  |                      |                  |                   |           |              |
|  | ·        |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | <b>-</b> | H                 | <u>-</u>                               |                      | ••••             |                   |           |              |
|  | <b></b>  |                   | <u>-</u>                               |                      | ••••             |                   |           |              |
|  | <u> </u> |                   | <u> </u>                               |                      | ••••             |                   |           |              |
| Total DSEs                                     | _        | <del>!!</del><br> | 0.00                                   | Total DSEs           |                  | <del>!!</del><br> | 0.00      |              |
| Gross Receipts First G                         | roup     | \$ 13             | ,528.97                                | Gross Receipts Sec   | ond Group        | \$                | 61,151.79 |              |
|  |          |                   |  |                      |                  |                   |           |              |
| Base Rate Fee First G                          | -        | \$                | 0.00                                   | Base Rate Fee Sec    |                  | \$                | 0.00      |              |
|  | THIRD    | SUBSCRIBER GRO    | UP                                     |                      | FOURTH           | I SUBSCRIBER GRO  | UP        |              |
| COMMUNITY/ AREA                                | Janesy   | /ille             |  | COMMUNITY/ ARE       | A Mankat         | o Market          |           |              |
| CALL SIGN                                      | DSE      | CALL SIGN         | DSE                                    | CALL SIGN            | DSE              | CALL SIGN         | DSE       |              |
|  |          |                   |  |                      |                  |                   |           |              |
|  | ···      | -                 | ······································ |                      | •••••            |                   |           |              |
|  | <u></u>  | <b> </b>          | ·                                      |                      |                  |                   |           |              |
|  | ···      |                   | <u>-</u>                               |                      | ••••             |                   |           |              |
|  |          | -                 |  |                      | •••••            |                   |           |              |
| •••••  |          | <u> </u>          |  |                      |                  |                   |           |              |
|  | <u> </u> |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | ·        |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | <u> </u> |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | <u> </u> |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | <u> </u> |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | <u> </u> |                   | <u> </u>                               |                      |                  |                   |           |              |
|  | ·        | H                 | <u>-</u>                               |                      |                  |                   |           |              |
|  | <b></b>  |                   | <u>-</u>                               |                      | ••••             |                   |           |              |
|  | <u> </u> |                   |  |                      | •••••            |                   |           |              |
| Total DSEs                                     | 1        |                   | 0.00                                   | Total DSEs           |                  | -11               | 0.00      |              |
| Gross Receipts Third (                         | Group    | \$ 170            | ,156.85                                | Gross Receipts Fou   | rth Group        | \$ 3              | 87,013.62 |              |
|  |          |                   |  |                      |                  |                   |           |              |
| Base Rate Fee Third (                          | Group    | \$                | 0.00                                   | Base Rate Fee Fou    | rth Group        | \$                | 0.00      |              |
|  |          |                   |  | II                   |                  | <u> </u>          |           |              |
| Base Rate Fee: Add the Enter here and in block |          |                   | criber group                           | as shown in the boxe | s above.         | \$                | 0.00      |              |

| Name                 | YSTEM ID#<br>61969 |                 |         |  |   |                 | cations, i | Crystal Communic                                   |
|----------------------|--------------------|-----------------|---------|--|---|-----------------|------------|--|
|                      |                    |                 |         | TE FEES FOR EACH                       |   |                 |            | BL   |
| 9                    |                    | SUBSCRIBER GROU | SIXTH   |  | JP  | SUBSCRIBER GROU |            |  |
| Computation          | 0                  |                 |         | COMMUNITY/ AREA                        |   | Lake Crystal    | Amboy      | COMMUNITY/ AREA                                    |
| of                   | DSE                | CALL SIGN       | DSE     | CALL SIGN                              | DSE   | CALL SIGN       | DSE        | CALL SIGN  |
| Base Rate F          |                    |                 |         |  |   |                 |            |  |
| and                  |                    |                 |         |  |   |                 |            |  |
| Syndicate            |                    |                 |         |  |   |                 |            |  |
| Exclusivit           |                    |                 |         |  |   |                 |            |  |
| Surcharge            |                    |                 |         |  |   |                 |            |  |
| for                  |                    |                 |         |  |   |                 |            |  |
| Partially<br>Distant |                    |                 |         |  |   |                 |            |  |
| Stations             |                    |                 |         |  |   |                 |            |  |
| Otations             |                    |                 |         |  |   |                 |            |  |
|                      |                    |                 |         |  |   |                 |            |  |
|                      |                    |                 |         |  |   | -               |            | ······   |
|                      |                    |                 |         |  |   |                 |            |  |
|                      |                    |                 |         |  |   |                 |            |  |
|                      |                    |                 |         |  |   |                 |            |  |
|                      | 0.00               |                 |         | Total DSEs                             | 0.00  |                 |            | Total DSEs   |
|                      | 0.00               | \$              | d Group | Gross Receipts Secon                   | ,531.19   | \$ 36,          | roup       | Gross Receipts First G                             |
|                      |                    |                 |         |  |   |                 |            |  |
|                      | 0.00               | \$              | d Group | Base Rate Fee Secon                    | 0.00  | \$              | oup        | <b>Base Rate Fee</b> First G                       |
|                      | <u>'</u>           |                 |         | Base Rate Fee Secon                    | <b>'</b>  |                 |            |  |
|                      | <u>'</u>           | SUBSCRIBER GROU |         | Base Rate Fee Secon                    | <b>'</b>  | SUBSCRIBER GROU |            | 5  |
|                      | JP                 |                 |         |  | JP  |                 |            | Base Rate Fee First Gr S COMMUNITY/ AREA CALL SIGN |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | SCOMMUNITY/ AREA                                   |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | COMMUNITY/ AREA                                    |
|                      | JP <b>0</b>        | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP <b>0</b>                                     | SUBSCRIBER GROU | SEVENTH    | SCOMMUNITY/ AREA                                   |
|                      | DSE                | SUBSCRIBER GROU | EIGHTH  | COMMUNITY/ AREA                        | JP 0  | SUBSCRIBER GROU | SEVENTH    | CALL SIGN  |
|                      | DSE O.00           | CALL SIGN       | DSE     | COMMUNITY/ AREA  CALL SIGN  Total DSEs | JP  O  DSE  O O O O O O O O O O O O O O O O O O | CALL SIGN       | DSE        | CALL SIGN  CALL SIGN  Total DSEs                   |
|                      | DSE                | SUBSCRIBER GROU | DSE     | COMMUNITY/ AREA                        | JP 0  | SUBSCRIBER GROU | DSE        | CALL SIGN  |

| LEGAL NAME OF OWNE           |                     |                      |               |                      |           |                | 61969 | Name                     |
|------------------------------|---------------------|----------------------|---------------|----------------------|-----------|----------------|-------|--------------------------|
| В                            |                     |                      |               | TE FEES FOR EAC      |           |                |       |                          |
|                              | NINTH               | 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                       |
|                              |                     |                      |               |                      |           |                |       | Base Rate F              |
|                              |                     |                      |               |                      |           |                |       | and                      |
|                              | <u></u>             |                      |               |                      |           |                |       | Syndicated               |
|                              | <mark></mark>       |                      |               |                      |           |                |       | Exclusivity<br>Surcharge |
|                              | ···                 |                      | ····          |                      | ·····     |                |       | for                      |
|                              | •                   | -                    |               |                      |           |                |       | Partially                |
|                              |                     |                      |               |                      |           |                |       | Distant                  |
|                              | <u></u>             | <u> </u>             |               |                      |           |                |       | Stations                 |
|                              |                     | -                    |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              | <del></del>         |                      |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
| Total DSEs                   |                     |                      | 0.00          | Total DSEs           |           |                | 0.00  |                          |
| Gross Receipts First G       | roup                | \$                   | 0.00          | Gross Receipts Sec   | ond Group | \$             | 0.00  |                          |
| <b>Base Rate Fee</b> First G | roup                | \$                   | 0.00          | Base Rate Fee Sec    | ond Group | \$             | 0.00  |                          |
| E                            | LEVENTH             | SUBSCRIBER GRO       | DUP           |                      | TWELVTH   | SUBSCRIBER GRO | UP    |                          |
| COMMUNITY/ AREA              |                     |                      | 0             | COMMUNITY/ ARE       | Α         |                | 0     |                          |
| CALL SIGN                    | DSE                 | CALL SIGN            | DSE           | CALL SIGN            | DSE       | CALL SIGN      | DSE   |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              | <u></u>             |                      |               |                      |           | -              |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              | <del>.  </del>      |                      | ····          |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              | <mark></mark>       |                      |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              |                     |                      | ···           |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
|                              |                     |                      |               |                      |           |                |       |                          |
| Total DSEs                   |                     |                      | 0.00          | Total DSEs           |           |                | 0.00  |                          |
| Gross Receipts Third (       | Group               | \$                   | 0.00          | Gross Receipts Fou   | rth Group | \$             | 0.00  |                          |
|                              | _                   |                      | 2.55          |                      |           |                |       |                          |
| Base Rate Fee Third (        | iroup               | \$                   | 0.00          | Base Rate Fee Fou    | rtn Group | \$             | 0.00  |                          |
| Paga Pata Fag: Add ti        | ne <b>hase ra</b> i | te fees for each sub | scriber aroup | as shown in the boxe | s above.  |                |       |                          |

| LEGAL NAME OF OWNER  Crystal Communica |       |                |      |                     |  | S              | 61969 | Name                     |
|--|-------|----------------|------|---------------------|--|----------------|-------|--------------------------|
|  |       |                |      | TE FEES FOR EAC     |  |                |       |                          |
|  | EENTH | SUBSCRIBER GRO |      | 11                  |  | SUBSCRIBER GRO |       | 9                        |
| COMMUNITY/ AREA                        |       |                | 0    | COMMUNITY/ AREA     | ······································ |                | 0     | Computation              |
| CALL SIGN                              | DSE   | CALL SIGN      | DSE  | CALL SIGN           | DSE                                    | CALL SIGN      | DSE   | of                       |
|  |       |                |      |                     |  |                |       | Base Rate F              |
|  |       |                |      |                     |  |                |       | and                      |
|  |       |                |      |                     | <u></u>                                |                |       | Syndicated               |
|  |       |                |      |                     |  | -              |       | Exclusivity<br>Surcharge |
|  |       |                |      |                     | ••••                                   |                |       | for                      |
|  |       |                |      |                     |  |                |       | Partially                |
|  |       |                |      |                     |  |                |       | Distant                  |
|  |       |                |      |                     |  |                |       | Stations                 |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
| Total DSEs                             |       |                | 0.00 | Total DSEs          |  |                | 0.00  |                          |
| Gross Receipts First Gro               | up    | \$             | 0.00 | Gross Receipts Seco | ond Group                              | \$             | 0.00  |                          |
| Base Rate Fee First Gro                | up    | \$             | 0.00 | Base Rate Fee Seco  | ond Group                              | \$             | 0.00  |                          |
| FIFT                                   | EENTH | SUBSCRIBER GRO | UP   |                     | SIXTEENTH                              | SUBSCRIBER GRO | UP    |                          |
| COMMUNITY/ AREA                        |       |                | 0    | COMMUNITY/ AREA     | ١                                      |                | 0     |                          |
| CALL SIGN                              | DSE   | CALL SIGN      | DSE  | CALL SIGN           | DSE                                    | CALL SIGN      | DSE   |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                | -    |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     | ····                                   |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
|  |       |                |      |                     |  |                |       |                          |
| Total DSEs                             | L     |                | 0.00 | Total DSEs          |  |                | 0.00  |                          |
| Gross Receipts Third Gr                | oup   | \$             | 0.00 | Gross Receipts Four | th Group                               | \$             | 0.00  |                          |
|  |       |                |      |                     |  |                |       |                          |
| Base Rate Fee Third Gro                | oup   | \$             | 0.00 | Base Rate Fee Four  | th Group                               | \$             | 0.00  |                          |
|  |       |                |      | Ш                   |  |                |       |                          |

| LEGAL NAME OF OWN<br>Crystal Communi |   |                       |               |                      |             | <u></u>        | 61969       | Name                     |
|--------------------------------------|---|-----------------------|---------------|----------------------|-------------|----------------|-------------|--------------------------|
|                                      |   |                       |               | TE FEES FOR EAC      |             |                |             |                          |
|                                      | NTEENTH                                 | SUBSCRIBER GRO        |               | 11                   |             | SUBSCRIBER GRO |             | 9                        |
| COMMUNITY/ AREA                      |   |                       | 0             | COMMUNITY/ ARE       | Α           |                | 0           | Computation              |
| CALL SIGN                            | DSE                                     | CALL SIGN             | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE         | of                       |
|                                      |   |                       |               |                      |             |                |             | Base Rate F              |
|                                      |   | -                     |               |                      | <u></u>     |                |             | and                      |
|                                      |   | <br>                  |               |                      |             |                |             | Syndicated               |
|                                      |   |                       |               |                      |             |                |             | Exclusivity<br>Surcharge |
|                                      | ••••••••••••••••••••••••••••••••••••••• | -                     | ····          |                      |             | •              |             | for                      |
|                                      |   |                       |               |                      |             |                |             | Partially                |
|                                      |   |                       |               |                      |             |                |             | Distant                  |
|                                      |   |                       |               |                      |             |                |             | Stations                 |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      | ·····       |                |             |                          |
|                                      |   | <b>-</b>              |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
| Total DSEs                           |   |                       | 0.00          | Total DSEs           |             |                | 0.00        |                          |
| Gross Receipts First G               | Group                                   | \$                    | 0.00          | Gross Receipts Sec   | ond Group   | \$             | 0.00        |                          |
| <b>Base Rate Fee</b> First G         | Group                                   | \$                    | 0.00          | Base Rate Fee Sec    | ond Group   | \$             | 0.00        |                          |
| NI                                   | NTEENTH                                 | SUBSCRIBER GRO        | DUP           |                      | TWENTIETH   | SUBSCRIBER GRO | UP          |                          |
| COMMUNITY/ AREA                      |   |                       | 0             | COMMUNITY/ ARE       | Α           |                | 0           |                          |
| CALL SIGN                            | DSE                                     | CALL SIGN             | DSE           | CALL SIGN            | DSE         | CALL SIGN      | DSE         |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       | ····          |                      | <del></del> |                |             |                          |
|                                      |   | _                     | ····          |                      |             |                |             |                          |
|                                      |   | -                     | ····          |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
|                                      |   |                       |               |                      |             |                |             |                          |
| Total DSEs                           | ı                                       |                       | 0.00          | Total DSEs           |             |                | 0.00        |                          |
| Gross Receipts Third                 | Group                                   | \$                    | 0.00          | Gross Receipts Fou   | rth Group   | \$             | 0.00        |                          |
|                                      |   |                       |               |                      |             |                | <del></del> |                          |
| Base Rate Fee Third                  | Group                                   | \$                    | 0.00          | Base Rate Fee Fou    | rth Group   | \$             | 0.00        |                          |
| Base Rate Fee: Add t                 | he <b>base</b> rat                      | te fees for each subs | scriber aroun | as shown in the boxe | s above.    |                |             |                          |

| Name                 | YSTEM ID#<br>61969 | S               |         |                                  | •       |                |               | LEGAL NAME OF OWNE Crystal Communic  |
|----------------------|--------------------|-----------------|---------|----------------------------------|---------|----------------|---------------|--------------------------------------|
|                      |                    | IBER GROUP      | SUBSCR  | TE FEES FOR EACH                 | BASE RA | COMPUTATION OF | LOCK A: (     | BL                                   |
| 0                    | JP                 | SUBSCRIBER GROU | -SECOND | TWENTY                           | JP      | SUBSCRIBER GRO | TY-FIRST      | TWEN                                 |
| 9<br>Computation     | 0                  |                 |         | COMMUNITY/ AREA                  | 0       |                |               | COMMUNITY/ AREA                      |
| of                   | DSE                | CALL SIGN       | DSE     | CALL SIGN                        | DSE     | CALL SIGN      | DSE           | CALL SIGN                            |
| Base Rate Fe         |                    |                 |         |                                  |         |                |               |                                      |
| and                  |                    | <br>            |         |                                  |         |                |               |                                      |
| Syndicated           |                    |                 |         |                                  |         |                |               |                                      |
| Exclusivity          |                    |                 |         |                                  |         |                |               |                                      |
| Surcharge            |                    |                 |         |                                  |         |                |               |                                      |
| for                  | <u> </u>           | -               | ļ       |                                  |         |                | <mark></mark> |                                      |
| Partially<br>Distant |                    |                 |         |                                  |         |                |               |                                      |
| Stations             | <u> </u>           | -               |         |                                  |         |                | <u>-</u>      |                                      |
| Glations             |                    |                 |         |                                  |         |                | <u></u>       |                                      |
|                      | <u></u>            |                 |         |                                  |         |                | <u> </u>      |                                      |
|                      |                    | -               |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                | <u> </u>      |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    | <b>1</b>        |         |                                  |         |                |               |                                      |
|                      | 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          | <b>Base Rate Fee</b> First Gr        |
|                      | JP                 | SUBSCRIBER GROU | -FOURTH | TWENT                            | JP      | SUBSCRIBER GRO | TY-THIRD      | TWENT                                |
|                      | 0                  |                 |         | COMMUNITY/ AREA                  | 0       |                |               | COMMUNITY/ AREA                      |
|                      | DSE                | CALL SIGN       | DSE     | CALL SIGN                        | DSE     | CALL SIGN      | DSE           | CALL SIGN                            |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    | <br>            |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  | <b></b> |                |               |                                      |
|                      |                    | -               |         |                                  |         |                | <u> </u>      |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 | ı       |                                  |         |                | <u></u>       |                                      |
|                      | <u></u>            |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                | <del>"</del>  |                                      |
|                      |                    |                 |         |                                  |         | -              |               |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      |                    |                 |         |                                  |         |                |               |                                      |
|                      | 0.00               |                 |         | Total DSEs                       | 0.00    |                |               | Total DSEs                           |
|                      | 0.00               | \$              | Group   | Total DSEs Gross Receipts Fourth | 0.00    | \$             | Group         | Total DSEs<br>Gross Receipts Third G |

| Name                     | 61969   | SY              |           |                                  |      |                |          | LEGAL NAME OF OWNE Crystal Communic  |
|--------------------------|---------|-----------------|-----------|----------------------------------|------|----------------|----------|--------------------------------------|
|                          |         |                 |           | TE FEES FOR EACH                 |      |                |          |                                      |
| 9                        |         | SUBSCRIBER GROU | ITY-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<br>Surcharge |         |                 |           |                                  |      | Π              | <b></b>  |                                      |
| for                      |         |                 |           |                                  |      |                |          |                                      |
| Partially                |         |                 |           |                                  |      |                |          |                                      |
| Distant                  |         | _               |           |                                  |      |                |          |                                      |
| Stations                 |         | _               |           |                                  |      | H              |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                | ·        |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          | 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               |
|                          | P       | SUBSCRIBER GROU | Y-EIGHTH  | TWENT                            | JP   | SUBSCRIBER GRO | SEVENTH  | TWENTY-S                             |
|                          | 0       |                 |           | COMMUNITY/ AREA                  | 0    |                |          | COMMUNITY/ AREA                      |
|                          | DSE     | CALL SIGN       | DSE       | CALL SIGN                        | DSE  | CALL SIGN      | DSE      | CALL SIGN                            |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      | H              | <u> </u> |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         | <b>-</b>        |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                | <u>.</u> |                                      |
|                          |         |                 |           |                                  |      |                | <u> </u> |                                      |
|                          | -       |                 | ı         |                                  |      |                | <b> </b> |                                      |
|                          | <u></u> | _               |           |                                  |      |                | 1        |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          |         |                 |           |                                  |      |                |          |                                      |
|                          | 0.00    |                 |           | Total DSEs                       | 0.00 |                |          | Total DSEs                           |
|                          |         | s               | Group     |                                  | _    | - S            | Group    |                                      |
|                          | 0.00    | \$              | Group     | Total DSEs Gross Receipts Fourth | 0.00 | \$             | Group    | Total DSEs<br>Gross Receipts Third G |

| Name                      | YSTEM ID#<br>61969 | S               |          |                                  | •     |                 |              | LEGAL NAME OF OWNE  Crystal Communic |
|---------------------------|--------------------|-----------------|----------|----------------------------------|-------|-----------------|--------------|--------------------------------------|
|                           |                    |                 |          | TE FEES FOR EACH                 |       |                 |              |                                      |
| 9                         |                    | SUBSCRIBER GROU | HIRTIETH |                                  |       | SUBSCRIBER GROU | Y-NINTH      |                                      |
| 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<br>Exclusivity |                    |                 |          |                                  |       |                 |              |                                      |
| Surcharge                 |                    |                 |          |                                  |       |                 | ·            |                                      |
| for                       |                    |                 |          |                                  |       | -               |              |                                      |
| Partially                 |                    |                 |          |                                  |       |                 |              |                                      |
| Distant                   |                    |                 |          |                                  | ļ     |                 | <u> </u>     |                                      |
| Stations                  |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           | <del></del>        |                 |          |                                  |       |                 | ·····        |                                      |
|                           |                    |                 |          |                                  |       |                 | <del> </del> |                                      |
|                           |                    | <u> </u>        |          |                                  | ····· |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           | 0.00               | -               |          | Total DSEs                       | 0.00  |                 |              | Total DSEs                           |
|                           | 0.00               | \$              | d Group  | Gross Receipts Secon             | 0.00  | \$              | roup         | Gross Receipts First Gr              |
|                           | 0.00               | \$              | d Group  | Base Rate Fee Secon              | 0.00  | \$              | roup         | Base Rate Fee First Gr               |
|                           | JP                 | SUBSCRIBER GROU | -SECOND  | THIRTY                           | JP    | SUBSCRIBER GROU | TY-FIRST     | THIR                                 |
|                           | 0                  |                 |          | COMMUNITY/ AREA                  | 0     |                 |              | COMMUNITY/ AREA                      |
|                           | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE   | CALL SIGN       | DSE          | CALL SIGN                            |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 | ļ            |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 | <b></b>      |                                      |
|                           | ····               | -               |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 | <b></b>      |                                      |
|                           |                    |                 |          |                                  |       |                 | <b> </b>     |                                      |
|                           | <u></u>            |                 |          |                                  |       |                 | <del> </del> |                                      |
|                           |                    |                 |          |                                  |       |                 | <del> </del> |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           |                    |                 |          |                                  |       |                 |              |                                      |
|                           | 0.00               | 11              |          | Total DSEs                       | 0.00  |                 |              | Total DSEs                           |
|                           | 0.00               | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00  | \$              | Group        | Total DSEs<br>Gross Receipts Third G |

| Name             | 4STEM ID#<br>61969 | S               |           |                       | <b>.</b> |                 |              | LEGAL NAME OF OWNE<br>Crystal Communic |
|------------------|--------------------|-----------------|-----------|-----------------------|----------|-----------------|--------------|--|
|                  |                    | IBER GROUP      | SUBSCRI   | TE FEES FOR EACH      | BASE RA  | COMPUTATION OF  | OCK A: C     | BL                                     |
| 9                |                    | SUBSCRIBER GROU | -FOURTH   |                       |          | SUBSCRIBER GRO  | ry-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       | <u>.</u>           |                 |           |                       |          |                 |              |  |
| Exclusivity      |                    |                 |           |                       |          |                 | <b></b>      |  |
| Surcharge<br>for |                    |                 |           |                       |          |                 | <b></b>      |  |
| Partially        |                    |                 |           |                       |          |                 | ·            |  |
| Distant          |                    |                 |           |                       |          |                 |              |  |
| Stations         |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 | <u> </u>     |  |
|                  |                    |                 |           |                       | ļ        |                 |              |  |
|                  |                    |                 |           |                       |          |                 | <b></b>      |  |
|                  | <u>.</u>           |                 |           |                       |          |                 |              |  |
|                  |                    |                 | <u> </u>  |                       | <u> </u> |                 |              |  |
|                  | 0.00               |                 |           | Total DSEs            | 0.00     |                 |              | Total DSEs                             |
|                  | 0.00               | \$              | d Group   | Gross Receipts Secon  | 0.00     | \$              | roup         | Gross Receipts First Gr                |
|                  | 0.00               | \$              | d Group   | Base Rate Fee Secon   | 0.00     | \$              | roup         | <b>Base Rate Fee</b> First Gr          |
|                  | IP                 | SUBSCRIBER GROU | RTY-SIXTH | THIF                  | JP       | SUBSCRIBER GROU | TY-FIFTH     | THIR                                   |
|                  | 0                  |                 |           | COMMUNITY/ AREA       | 0        |                 |              | COMMUNITY/ AREA                        |
|                  | DSE                | CALL SIGN       | DSE       | CALL SIGN             | DSE      | CALL SIGN       | DSE          | CALL SIGN                              |
|                  |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          | -               | <u> </u>     |  |
| =                |                    |                 |           |                       |          |                 | <b></b>      |  |
| -                |                    |                 |           |                       |          |                 | <del> </del> |  |
| •                |                    |                 |           |                       |          |                 | <del> </del> |  |
| •                | <u> </u>           |                 |           |                       |          |                 | <del> </del> |  |
| •                |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 |              |  |
|                  |                    |                 |           |                       |          |                 | <u> </u>     |  |
|                  |                    |                 |           |                       |          |                 | <b></b>      |  |
|                  |                    |                 |           | Total DSEs            | 0.00     |                 |              | Total DSEs                             |
| _                | 0.00               |                 |           | COORD DISES           | U.UU     |                 |              | Total DSEs                             |
|                  | 0.00               |                 |           |                       |          |                 |              |  |
|                  | 0.00               | \$              | Group     | Gross Receipts Fourth | 0.00     | \$              | Group        | Gross Receipts Third G                 |

| Name             | YSTEM ID#<br>61969 |                 |          |                                  |      | LE SYSTEM:<br>Inc. |          | Crystal Communic                  |
|------------------|--------------------|-----------------|----------|----------------------------------|------|--------------------|----------|-----------------------------------|
|                  |                    |                 |          | TE FEES FOR EACH                 |      |                    |          |                                   |
| 9                | JP                 | SUBSCRIBER GROU | Y-EIGHTH | THIR                             | UP   | SUBSCRIBER GRO     | SEVENTH  | THIRTY-                           |
| 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       | <u></u>            |                 |          |                                  |      |                    |          |                                   |
| Exclusivity      | <u> </u>           |                 |          |                                  | -    |                    |          |                                   |
| Surcharge<br>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     | <b>Base Rate Fee</b> First G      |
|                  | JP                 | SUBSCRIBER GROU | FORTIETH |                                  | UP   | SUBSCRIBER GRO     | TY-NINTH | THIR                              |
|                  | 0                  |                 |          | COMMUNITY/ AREA                  | 0    |                    |          | COMMUNITY/ AREA                   |
|                  | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE  | CALL SIGN          | DSE      | CALL SIGN                         |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          |                                  |      |                    |          |                                   |
|                  |                    |                 |          | Take DOS-                        |      |                    |          |                                   |
|                  | 0.00               |                 |          | Total DSEs                       | 0.00 |                    |          | Total DSEs                        |
|                  | 0.00               | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00 | \$                 | Group    | Total DSEs Gross Receipts Third G |

| Name             | YSTEM ID#<br>61969 |                 |          |                                  |          |                | cations, | Crystal Communic                     |
|------------------|--------------------|-----------------|----------|----------------------------------|----------|----------------|----------|--------------------------------------|
|                  |                    |                 |          | 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              |                    |                 |          |                                  |          |                |          |                                      |
| Syndicated       |                    |                 |          |                                  |          |                |          |                                      |
| Exclusivity      |                    | -               |          |                                  |          |                |          |                                      |
| Surcharge<br>for |                    | -               |          |                                  | <u>.</u> |                |          |                                      |
| Partially        |                    | -               |          |                                  |          |                |          |                                      |
| Distant          |                    |                 |          |                                  |          |                |          |                                      |
| Stations         |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  | <u> </u>           |                 | ļ        |                                  | <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 | /-FOURTH | FORT                             | UP       | SUBSCRIBER GRO | TY-THIRD | FOR <sup>-</sup>                     |
|                  | 0                  |                 |          | COMMUNITY/ AREA                  | 0        |                |          | COMMUNITY/ AREA                      |
|                  | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE      | CALL SIGN                            |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    | H               |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  |                    |                 |          |                                  |          |                |          |                                      |
|                  | 0.00               |                 |          | Total DSEs                       | 0.00     |                |          | Total DSEs                           |
|                  | 0.00               |                 |          | Total DSEs                       | 0.00     |                |          | Total DSEs                           |
|                  | 0.00               | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$             | Group    | Total DSEs<br>Gross Receipts Third G |

|                  | YSTEM ID#<br>61969 |                   |           |                      |          |                 | R OF CABL      | Crystal Communic             |
|------------------|--------------------|-------------------|-----------|----------------------|----------|-----------------|----------------|------------------------------|
|                  |                    |                   |           | TE FEES FOR EACH     |          |                 |                |                              |
| 9                | JP                 | SUBSCRIBER GROU   | RTY-SIXTH | FOI                  | UP       | SUBSCRIBER GROU | TY-FIFTH       | FOR                          |
| 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      |                    |                   |           |                      | <u>-</u> |                 |                |                              |
| Surcharge<br>for |                    |                   |           |                      | <b>.</b> |                 |                |                              |
| Partially        |                    | -                 |           |                      | <u>-</u> |                 |                |                              |
| Distant          |                    |                   |           |                      |          |                 |                |                              |
| Stations         |                    |                   |           |                      |          |                 |                |                              |
|                  |                    |                   |           |                      |          |                 |                |                              |
|                  |                    |                   |           |                      | <u> </u> |                 | _              |                              |
|                  |                    |                   |           |                      | <u> </u> |                 |                |                              |
|                  |                    |                   |           |                      | <b></b>  |                 |                |                              |
|                  |                    | -                 |           |                      | <b></b>  |                 | <mark>-</mark> |                              |
|                  |                    | <u> </u>          |           |                      |          |                 |                |                              |
|                  | 0.00               |                   |           | Total DSEs           | 0.00     |                 |                | Total DSEs                   |
|                  | 0.00               | \$                | d Group   | Gross Receipts Secor | 0.00     | \$              | roup           | Gross Receipts First G       |
|                  | 0.00               | \$                | d Group   | Base Rate Fee Secon  | 0.00     | \$              | roup           | <b>Base Rate Fee</b> First G |
|                  |                    | SUBSCRIBER GROU   |           |                      | ID       |                 |                | EODTV (                      |
|                  | JP                 |                   | Y-EIGHTH  | I FOR                | UF       | SUBSCRIBER GROU | SEVENTH        | FURIT-                       |
|                  | JP <b>0</b>        | - OODOGNIBEN GNOC | Y-EIGHTH  | COMMUNITY/ AREA      | 0        | SUBSCRIBER GROU | SEVENTH        |                              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  |                    | CALL SIGN         | Y-EIGHTH  |                      |          | CALL SIGN       | DSE            |                              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | 0                  |                   |           | COMMUNITY/ AREA      | 0        |                 |                | COMMUNITY/ AREA              |
|                  | DSE                |                   |           | COMMUNITY/ AREA      | DSE      |                 |                | CALL SIGN                    |
|                  | 0                  |                   | DSE       | CALL SIGN            | 0        |                 | DSE            | COMMUNITY/ AREA              |

| CALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 0.00 0.00 0.00 0.00 0.00 0.00 0  |                                | TE FEES FOR EACH                        |          |                 |          |                              |
|--|--------------------------------|---|----------|-----------------|----------|------------------------------|
| Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  DOND SUBSCRIBER GROUP  O  Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations | FTIETH                         |   |          |                 |          |                              |
| Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  0.00 \$ 0.00 \$ 0.00  DOND SUBSCRIBER GROUP  0   |                                | 001414111111111111111111111111111111111 |          | SUBSCRIBER GROU | Y-NINTH  |                              |
| CALL SIGN  Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  DND SUBSCRIBER GROUP  O  O  O  O  O  O  O  O  O  O  O  O  O  |                                | COMMUNITY/ AREA                         | 0        |                 |          | COMMUNITY/ AREA              |
| and Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  DOND SUBSCRIBER GROUP  0  | DSE                            | CALL SIGN                               | DSE      | CALL SIGN       | DSE      | CALL SIGN                    |
| Syndicated Exclusivity Surcharge for Partially Distant Stations  O.00  \$ 0.00  \$ 0.00  OND SUBSCRIBER GROUP  0   |                                |   |          |                 |          |                              |
| Exclusivity Surcharge for Partially Distant Stations  0.00  p \$ 0.00  \$ 0.00  DND SUBSCRIBER GROUP   |                                |   |          |                 |          |                              |
| Surcharge   for   Partially   Distant   Stations   |                                |   |          | <b>-</b>        |          |                              |
| for Partially Distant Stations  0.00  pp \$ 0.00  pp \$ 0.00  pp \$ 0.00  pond Subscriber Group  0   |                                |   | l        |                 |          |                              |
| 0.00  p \$ 0.00  |                                |   |          |                 |          |                              |
| 0.00  up \$ 0.00  up \$ 0.00  OND SUBSCRIBER GROUP  0  |                                |   |          |                 |          |                              |
| 0.00 ip \$ 0.00 ip \$ 0.00 OND SUBSCRIBER GROUP  |                                |   |          | -               |          |                              |
| SUBSCRIBER GROUP  0  |                                |   |          |                 |          |                              |
| SIP \$ 0.00  SIP \$ 0.00  OND SUBSCRIBER GROUP  0  |                                |   |          |                 |          |                              |
| SIP \$ 0.00  SIP \$ 0.00  OND SUBSCRIBER GROUP  0  |                                |   |          |                 |          |                              |
| SIP \$ 0.00  SIP \$ 0.00  OND SUBSCRIBER GROUP  0  |                                |   |          |                 | ļ        |                              |
| SUBSCRIBER GROUP  0  |                                |   |          |                 |          |                              |
| SUBSCRIBER GROUP  0  |                                | Total DSEs                              | 0.00     |                 | !        |                              |
| OND SUBSCRIBER GROUP  0  |                                |   |          |                 |          | Total DSEs                   |
| OND SUBSCRIBER GROUP  0  | Gross Receipts Second Group \$ |   | \$ 0.00  |                 | roup     | Gross Receipts First G       |
| 0  | roup                           | Base Rate Fee Second                    | 0.00     | \$              | oup      | <b>Base Rate Fee</b> First G |
|  | ECOND                          | FIFTY                                   | JP       | SUBSCRIBER GROU | TY-FIRST | FIF                          |
| E CALL SIGN DSE  |                                |   | 0        |                 |          | COMMUNITY/ AREA              |
|  | OSE                            | CALL SIGN                               | DSE      | CALL SIGN       | DSE      | CALL SIGN                    |
|  |                                |   |          | <u> </u>        |          |                              |
|  |                                |   |          |                 |          |                              |
|  |                                |   |          |                 |          |                              |
|  |                                |   |          | -               |          |                              |
|  |                                |   |          |                 |          |                              |
|  |                                |   | <u> </u> |                 | <b> </b> |                              |
| ······   |                                |   | ļ        |                 |          |                              |
| ······   |                                |   |          |                 |          |                              |
|  |                                |   |          |                 |          |                              |
|  |                                |   |          |                 |          |                              |
|  |                                |   | ļ        |                 | <u> </u> |                              |
|  |                                |   | l        |                 |          |                              |
| 0.00   |                                | Total DSEs                              | 0.00     |                 | 1        | Total DSEs                   |
| 0.00   | oup                            | Gross Receipts Fourth                   | 0.00     | \$              | roup     | Gross Receipts Third G       |
| \$ 0.00  |                                |   |          | \$              | roup     | Base Rate Fee Third G        |

| NI  | 4STEM ID#<br>61969 | 8  |           |                                  |             | Inc.            |            | LEGAL NAME OF OWNE  Crystal Communic |
|---|--------------------|--|-----------|----------------------------------|-------------|-----------------|------------|--------------------------------------|
|   |                    |  |           | TE FEES FOR EACH                 |             |                 |            |                                      |
| 9   | JP <b>0</b>        | SUBSCRIBER GROU                              | -FOURTH   | FIFT COMMUNITY/ AREA             | JP <b>0</b> | SUBSCRIBER GROU | ry-THIRD   | FIFT<br>COMMUNITY/ AREA              |
| Computa   |                    |  |           |                                  |             |                 |            |                                      |
| of  | DSE                | CALL SIGN                                    | DSE       | CALL SIGN                        | DSE         | CALL SIGN       | DSE        | CALL SIGN                            |
| Base Rate   |                    |  |           |                                  |             |                 |            |                                      |
| Syndica   |                    |  |           |                                  |             | -               |            |                                      |
| Exclusiv  |                    |  |           |                                  |             |                 |            |                                      |
| Surchar   |                    |  |           |                                  |             |                 |            |                                      |
| for<br>Partial  | <u></u>            |  |           |                                  |             |                 |            |                                      |
| Distan  |                    |  |           |                                  |             |                 |            |                                      |
| Station   |                    |  |           |                                  |             |                 |            |                                      |
|   | <u></u>            |  |           |                                  |             |                 |            |                                      |
| •••   | <u></u>            | -  |           |                                  |             |                 |            |                                      |
|   |                    |  |           |                                  |             |                 |            |                                      |
|   |                    |  |           |                                  |             |                 |            |                                      |
|   | 0.00               | <u>                                     </u> |           | Total DSEs                       | 0.00        |                 |            | Total DSEs                           |
|   | \$ 0.00            |  |           |                                  |             |                 | t Group \$ |                                      |
| Ţ   |                    |  |           |                                  |             |                 |            |                                      |
|   |                    |  |           |                                  |             |                 |            |                                      |
|   | 0.00               | \$   | l Group   | Base Rate Fee Secon              | 0.00        | \$              | roup       | Base Rate Fee First G                |
|   | JP                 | SUBSCRIBER GROU                              |           | FII                              | JP          | SUBSCRIBER GROU |            | FIF                                  |
|   | •                  |  |           |                                  |             |                 |            | FIF                                  |
| <br> -<br> -<br> -  | JP                 |  |           | FII                              | JP          |                 |            | FIF                                  |
| <br> -<br> -<br> -<br> -<br> -  | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
| <br>=<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF<br>COMMUNITY/ AREA               |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | COMMUNITY/ AREA                      |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF                                  |
|   | JP <b>0</b>        | SUBSCRIBER GROL                              | TY-SIXTH  | FII<br>COMMUNITY/ AREA           | JP <b>0</b> | SUBSCRIBER GROU | TY-FIFTH   | FIF COMMUNITY/ AREA  CALL SIGN       |
|   | DSE                | SUBSCRIBER GROL                              | DSE       | CALL SIGN                        | JP 0        | SUBSCRIBER GROU | DSE        | FIF<br>COMMUNITY/ AREA               |
|   | DSE O.00           | SUBSCRIBER GROU                              | DSE       | CALL SIGN  CALL SIGN  Total DSEs | DSE O.00    | SUBSCRIBER GROU | DSE        | CALL SIGN  CALL SIGN  Total DSEs     |
|   | DSE O.00           | SUBSCRIBER GROU                              | DSE Group | CALL SIGN  CALL SIGN  Total DSEs | DSE O.00    | SUBSCRIBER GROU | DSE DSE    | CALL SIGN  CALL SIGN  Total DSEs     |

| Name                     | YSTEM ID#<br>61969 |                 |          |                                  |            |                |          |                                      |  |
|--------------------------|--------------------|-----------------|----------|----------------------------------|------------|----------------|----------|--------------------------------------|--|
|                          |                    |                 |          | TE FEES FOR EACH                 |            |                |          |                                      |  |
| 9                        | JP                 | SUBSCRIBER GROU | Y-EIGHTH | FIFT                             | JP         | SUBSCRIBER GRO | SEVENTH  |                                      |  |
| Computation              | 0                  |                 |          | COMMUNITY/ AREA                  | 0          |                |          | COMMUNITY/ AREA                      |  |
| of                       | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE        | CALL SIGN      | DSE      | CALL SIGN                            |  |
| Base Rate Fe             |                    |                 |          |                                  |            | <b> </b>       |          |                                      |  |
| and                      |                    | -               |          |                                  |            | H              |          |                                      |  |
| Syndicated               |                    |                 |          |                                  |            |                |          |                                      |  |
| Exclusivity<br>Surcharge |                    | -               |          |                                  |            |                |          |                                      |  |
| for                      |                    | -               |          |                                  |            |                | <u></u>  |                                      |  |
| Partially                |                    |                 |          |                                  |            |                | <u></u>  |                                      |  |
| Distant                  |                    | -               |          |                                  |            |                |          |                                      |  |
| Stations                 |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            | H              |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            | Ц              |          |                                      |  |
|                          | 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     | <b>Base Rate Fee</b> First Gr        |  |
|                          | JP                 | SUBSCRIBER GROU | SIXTIETH |                                  | JP         | SUBSCRIBER GRO | TY-NINTH | FIFT                                 |  |
|                          | 0                  |                 |          | COMMUNITY/ AREA                  | 0          |                |          | COMMUNITY/ AREA                      |  |
|                          | DSE                | CALL SIGN       | DSE      | CALL SIGN                        | DSE        | CALL SIGN      | DSE      | CALL SIGN                            |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            | H              |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    | -               |          |                                  |            | H              |          |                                      |  |
|                          |                    |                 |          |                                  |            |                | <b></b>  |                                      |  |
|                          |                    |                 |          |                                  | <u>.</u> l | H              |          |                                      |  |
|                          |                    | -               |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          |                    |                 |          |                                  |            |                |          |                                      |  |
|                          | 0.00               |                 |          | Total DSEs                       | 0.00       |                |          | Total DSEs                           |  |
|                          | 0.00               | \$              | Group    | Total DSEs Gross Receipts Fourth | 0.00       | \$             | Group    | Total DSEs<br>Gross Receipts Third G |  |

| LEGAL NAME OF OWI<br>Crystal Commun |           |                |         |                                     |            |                | 61969    | Name                     |  |
|-------------------------------------|-----------|----------------|---------|-------------------------------------|------------|----------------|----------|--------------------------|--|
|                                     |           |                |         | TE FEES FOR EAG                     |            |                |          |                          |  |
|                                     |           | SUBSCRIBER GRO |         | 11                                  |            | SUBSCRIBER GRO |          | 9                        |  |
| COMMUNITY/ AREA                     |           |                | 0       | COMMUNITY/ ARE                      | .A         |                | 0        | Computation              |  |
| CALL SIGN                           | DSE       | CALL SIGN      | DSE     | CALL SIGN                           | DSE        | CALL SIGN      | DSE      | of                       |  |
|                                     |           |                |         |                                     |            |                |          | Base Rate F              |  |
|                                     |           |                |         |                                     |            |                |          | and                      |  |
|                                     |           |                | <u></u> |                                     |            |                |          | Syndicated               |  |
|                                     |           |                |         |                                     |            |                | ····     | Exclusivity<br>Surcharge |  |
|                                     |           |                |         |                                     |            |                |          | for                      |  |
|                                     |           |                |         |                                     |            |                |          | Partially                |  |
|                                     |           |                |         |                                     |            |                |          | Distant                  |  |
|                                     |           |                |         |                                     |            |                |          | Stations                 |  |
|                                     |           | H              | ····    |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
| Total DSEs                          |           | Ц              | 0.00    | Total DSEs                          |            | 11             | 0.00     |                          |  |
| Gross Receipts First                | Group     | \$ 0.00        |         | Gross Receipts Second Group \$ 0.00 |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
| Base Rate Fee First                 | Group     | \$             | 0.00    | Base Rate Fee Sec                   | ond Group  | \$             | 0.00     |                          |  |
| SI                                  | XTY-THIRD | SUBSCRIBER GRO | OUP     | SIXTY-FOURTH SUBSCRIBER GROUP       |            |                |          |                          |  |
| COMMUNITY/ AREA                     |           |                | 0       | COMMUNITY/ ARE                      | Α          | 0              |          |                          |  |
| CALL SIGN                           | DSE       | CALL SIGN      | DSE     | CALL SIGN                           | DSE        | CALL SIGN      | DSE      |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                | ····    |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                | <u></u> |                                     |            |                | <u> </u> |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
|                                     |           |                |         |                                     |            |                |          |                          |  |
| Total DSEs                          |           |                | 0.00    | Total DSEs                          |            |                | 0.00     |                          |  |
| Total DSEs<br>Gross Receipts Third  | Group     | \$             | 0.00    | Total DSEs Gross Receipts Fou       | urth Group | \$             | 0.00     |                          |  |
| Gross Receipts Third                |           |                | 0.00    | Gross Receipts Fou                  |            |                | 0.00     |                          |  |
|                                     |           | \$             |         |                                     |            | \$             |          |                          |  |

| Name             | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  61969 |                 |           |                                  |                                |                 |           |                                  |
|------------------|---|-----------------|-----------|----------------------------------|--------------------------------|-----------------|-----------|----------------------------------|
| <u> </u>         |   |                 |           | TE FEES FOR EACH                 |                                |                 |           |                                  |
| 9                |   | SUBSCRIBER GROU | KTY-SIXTH |                                  |                                | SUBSCRIBER GROU | KTY-FIFTH |                                  |
| Computation      | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
| of               | DSE   | CALL SIGN       | DSE       | CALL SIGN                        | DSE                            | CALL SIGN       | DSE       | CALL SIGN                        |
| Base Rate Fe     |   |                 |           |                                  |                                |                 |           |                                  |
| and              |   | -               |           |                                  |                                |                 |           |                                  |
| Syndicated       |   | -               |           |                                  |                                |                 |           |                                  |
| Exclusivity      | <u> </u>  |                 |           |                                  |                                |                 |           |                                  |
| Surcharge<br>for |   | -               |           |                                  |                                |                 |           |                                  |
| Partially        |   | -               |           |                                  |                                |                 |           |                                  |
| Distant          |   |                 |           |                                  |                                | -               |           |                                  |
| Stations         |   |                 |           |                                  |                                |                 |           |                                  |
|                  |   |                 |           |                                  |                                |                 |           |                                  |
|                  |   |                 |           |                                  |                                | -               |           |                                  |
|                  |   |                 |           |                                  |                                |                 |           |                                  |
|                  |   |                 |           |                                  |                                |                 |           |                                  |
|                  | <u> </u>  | -               |           |                                  |                                |                 | <u></u>   |                                  |
|                  |   |                 |           |                                  | Ļ                              |                 |           |                                  |
|                  | 0.00  |                 |           | Total DSEs                       | 0.00                           |                 |           | Total DSEs                       |
|                  | \$ 0.00   |                 | d Group   | Gross Receipts Secon             | 0.00                           | \$              | Group     | Gross Receipts First G           |
|                  | 0.00  | \$              | d Group   | Base Rate Fee Secon              | 0.00                           | \$              | Group     | <b>3ase Rate Fee</b> First G     |
|                  |   |                 |           |                                  | SIXTY-SEVENTH SUBSCRIBER GROUP |                 |           |                                  |
|                  | UP  | SUBSCRIBER GROU | Y-EIGHTH  | SIXT                             | JP                             | SUBSCRIBER GROU | SEVENTH   | SIXTY-                           |
|                  | UP <b>0</b>   | SUBSCRIBER GROU | Y-EIGHTH  | SIXT<br>COMMUNITY/ AREA          | JP <b>0</b>                    | SUBSCRIBER GROU | SEVENTH   |                                  |
|                  |   | SUBSCRIBER GROU | Y-EIGHTH  |                                  |                                | SUBSCRIBER GROU | SEVENTH   |                                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | 0   |                 |           | COMMUNITY/ AREA                  | 0                              |                 |           | COMMUNITY/ AREA                  |
|                  | DSE   |                 |           | CALL SIGN                        | DSE                            |                 |           | CALL SIGN                        |
|                  | 0<br>DSE  |                 | DSE       | CALL SIGN  CALL SIGN  Total DSEs | 0<br>DSE                       | CALL SIGN       | DSE       | CALL SIGN  CALL SIGN  Total DSEs |
|                  | DSE   |                 | DSE       | CALL SIGN                        | DSE                            |                 | DSE       | COMMUNITY/ AREA                  |

| LEGAL NAME OF OWNER  Crystal Communic |  |                      |                |                                    |   | S               | YSTEM ID#<br>61969 | Name          |
|---------------------------------------|--|----------------------|----------------|------------------------------------|---|-----------------|--------------------|---------------|
|                                       |  |                      |                | TE FEES FOR EACH                   |   |                 |                    |               |
|                                       | Y-NINTH  | SUBSCRIBER GRO       |                |                                    | EVENTIETH                               | SUBSCRIBER GROU | UP                 | 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    |
|                                       |  |                      |                |                                    |   | <b></b>         | <u></u>            | Exclusivity   |
|                                       |  | -                    |                |                                    |   | <u> </u>        |                    | Surcharge     |
|                                       |  |                      | <mark></mark>  |                                    | <del>.  </del>                          |                 |                    | for           |
|                                       |  |                      | <u> </u>       |                                    | <u></u>                                 |                 |                    | Partially     |
|                                       |  |                      | <del>.  </del> |                                    | <mark></mark>                           |                 | <u></u>            | Distant       |
|                                       |  |                      | <del></del>    |                                    | <del></del>                             | -               |                    | Stations      |
|                                       |  |                      |                |                                    | ······································  | H               | ·····              |               |
|                                       |  |                      | <del>.  </del> |                                    | <del>-</del>                            | <b>-</b>        | ·····              |               |
|                                       |  |                      | <del>-</del>   |                                    | <del></del>                             | -               |                    |               |
|                                       |  |                      | <u></u>        |                                    | •••••••••••                             | <del>  </del>   |                    |               |
|                                       |  |                      | <del>.  </del> |                                    | ••••••••••••••••••••••••••••••••••••••• |                 | ····               |               |
| Total DSEs                            | <del>                                     </del> |                      | 0.00           | Total DSEs                         | _                                       | Į.              | 0.00               |               |
| Gross Receipts First Gr               | oup  | \$ 0.00              |                | Gross Receipts Second Group \$ 0.0 |   |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
| Base Rate Fee First Gr                | oup  | \$                   | 0.00           | Base Rate Fee Secon                | nd Group                                | \$              | 0.00               |               |
| SEVENT                                | TY-FIRST   | SUBSCRIBER GRO       | UP             | SEVENT                             |   |                 |                    |               |
| COMMUNITY/ AREA                       |  |                      | 0              | COMMUNITY/ AREA                    |   |                 | 0                  |               |
| CALL SIGN                             | DSE  | CALL SIGN            | DSE            | CALL SIGN                          | DSE                                     | CALL SIGN       | DSE                |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       |  | -                    | •              |                                    | •                                       |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       |  |                      |                |                                    | <u> </u>                                |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       |  |                      |                |                                    |   |                 |                    |               |
|                                       | <b> </b>   |                      | <mark> </mark> |                                    | <mark></mark>                           |                 | <u></u>            |               |
|                                       |  |                      | <u></u>        |                                    | <mark></mark>                           | -               | <u></u>            |               |
|                                       |  |                      | <u></u>        |                                    | <u></u>                                 | -               |                    |               |
|                                       |  |                      | <del>.  </del> |                                    | <mark></mark>                           |                 | <u></u>            |               |
|                                       |  |                      |                |                                    | <u></u>                                 |                 | <u> </u>           |               |
| Total DSEs                            |  |                      | 0.00           | Total DSEs                         |   | П               | 0.00               |               |
| Gross Receipts Third G                | roup   | \$                   | 0.00           | Gross Receipts Fourth              | h Group                                 | \$              | 0.00               |               |
|                                       |  |                      |                |                                    |   |                 | <del></del>        |               |
| Base Rate Fee Third G                 | roup   | \$                   | 0.00           | Base Rate Fee Fourth               | n Group                                 | \$              | 0.00               |               |
|                                       |  | e fees for each subs | criber group   | as shown in the boxes              | above.                                  | \$              |                    |               |

| Name                 | YSTEM ID#<br>61969 |                 |           |                          |                                |                 |          | LEGAL NAME OF OWNE  Crystal Communic |
|----------------------|--------------------|-----------------|-----------|--------------------------|--------------------------------|-----------------|----------|--------------------------------------|
|                      |                    | IBER GROUP      | SUBSCR    | TE FEES FOR EACH         | BASE RA                        | COMPUTATION OF  | OCK A: ( | Bl                                   |
| 0                    | JP                 | SUBSCRIBER GROU | /-FOURTH  | SEVENT                   | JP                             | SUBSCRIBER GROU | TY-THIRD | SEVEN <sup>-</sup>                   |
| 9<br>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           |                    | <br>            |           |                          |                                |                 |          |                                      |
| Exclusivity          |                    |                 |           |                          |                                |                 |          |                                      |
| Surcharge            |                    |                 |           |                          |                                |                 |          |                                      |
| for                  |                    |                 |           |                          |                                |                 |          |                                      |
| Partially<br>Distant |                    | -               |           |                          | <b> </b>                       |                 | <u> </u> |                                      |
| Stations             |                    | -               |           |                          | <b> </b>                       |                 |          |                                      |
| Stations             | <del></del>        |                 |           |                          | <del> </del>                   |                 |          |                                      |
|                      |                    | -               |           |                          | <del> </del>                   |                 |          |                                      |
|                      | ····               | -               |           |                          |                                |                 |          |                                      |
|                      |                    |                 |           |                          | <b> </b>                       |                 |          |                                      |
|                      |                    |                 |           |                          | ·                              |                 |          |                                      |
|                      |                    |                 |           |                          |                                |                 |          |                                      |
|                      | 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                |
|                      |                    |                 |           |                          | SEVENTY-FIFTH SUBSCRIBER GROUP |                 |          |                                      |
|                      | UP                 | SUBSCRIBER GROU | ITY-SIXTH | SEVE                     | UP                             | SUBSCRIBER GROU | TY-FIFTH | SEVEN                                |
|                      | UP <b>0</b>        | SUBSCRIBER GROU | NTY-SIXTH | SEVER<br>COMMUNITY/ AREA | UP <b>0</b>                    | SUBSCRIBER GROU | TY-FIFTH |                                      |
|                      |                    | CALL SIGN       | DSE       |                          |                                | SUBSCRIBER GROU | TY-FIFTH |                                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | COMMUNITY/ AREA                      |
|                      | 0                  |                 |           | COMMUNITY/ AREA          | 0                              |                 |          | CALL SIGN                            |
|                      | DSE                |                 | DSE       | CALL SIGN                | DSE                            |                 | DSE      | COMMUNITY/ AREA                      |

| LEGAL NAME OF OWNE  Crystal Communic |  |                |             |                    |             | S              | 61969    | Name                     |
|--------------------------------------|--|----------------|-------------|--------------------|-------------|----------------|----------|--------------------------|
|                                      |  |                |             | TE FEES FOR EAC    |             |                |          |                          |
|                                      | SEVENTH                                | SUBSCRIBER GRO |             | iii                |             | SUBSCRIBER GRO |          | 9                        |
| COMMUNITY/ AREA                      |  |                | 0           | COMMUNITY/ ARE     | Α           |                | 0        | Computation              |
| CALL SIGN                            | DSE                                    | CALL SIGN      | DSE         | CALL SIGN          | DSE         | CALL SIGN      | DSE      | of                       |
|                                      |  |                |             |                    |             |                |          | Base Rate F              |
|                                      |  |                |             |                    |             |                |          | and                      |
|                                      |  | <br>           | <u></u>     |                    |             |                |          | Syndicated               |
|                                      |  |                |             |                    |             |                |          | Exclusivity<br>Surcharge |
|                                      |  | H              | ···         |                    |             |                |          | for                      |
|                                      |  |                |             |                    |             |                |          | Partially                |
|                                      |  | _              |             |                    |             |                |          | Distant                  |
|                                      |  |                |             |                    |             |                |          | Stations                 |
|                                      |  |                | <u></u>     |                    |             |                |          |                          |
|                                      |  |                | <u></u>     |                    |             |                |          |                          |
|                                      |  | <b></b>        |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
| Total DSEs                           |  | -              | 0.00        | Total DSEs         |             | -              |          |                          |
| 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     |                          |
| SEVEN <sup>-</sup>                   | TY-NINTH                               | SUBSCRIBER GRO | )UP         |                    | EIGHTIETH   | SUBSCRIBER GRO | UP       |                          |
| COMMUNITY/ AREA                      |  |                | 0           | COMMUNITY/ ARE     | Α           | 0              |          |                          |
| CALL SIGN                            | DSE                                    | CALL SIGN      | DSE         | CALL SIGN          | DSE         | CALL SIGN      | DSE      |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                | <u></u>     |                    | <del></del> |                | <u> </u> |                          |
|                                      | ······································ |                | <del></del> |                    | ·····       |                |          |                          |
|                                      |  | -              |             |                    | ••••        |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                | <u></u>     |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
|                                      |  |                |             |                    |             |                |          |                          |
| Total DSEs                           |  |                | 0.00        | Total DSEs         |             | 11             | 0.00     |                          |
| Gross Receipts Third G               | Group                                  | \$             | 0.00        | Gross Receipts Fou | rth Group   | \$             | 0.00     |                          |
|                                      |  |                |             |                    |             |                |          |                          |
| Base Rate Fee Third G                | Group                                  | \$             | 0.00        | Base Rate Fee Fou  | rth Group   | \$             | 0.00     |                          |
| ate Fee: Add th                      | ne <b>base ra</b>                      |                |             | Base Rate Fee Fou  |             | \$             | 0.00     |                          |

| Name                     | YSTEM ID#<br>61969 | S'                  |          |                                  | <b>.</b> |                |                 | LEGAL NAME OF OWNE<br>Crystal Communic |
|--------------------------|--------------------|---------------------|----------|----------------------------------|----------|----------------|-----------------|--|
|                          |                    |                     |          | TE FEES FOR EACH                 |          |                |                 |  |
| 9                        | IP                 | 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                      |                    |                     |          |                                  |          |                |                 |  |
| Syndicated               |                    |                     |          |                                  |          |                |                 |  |
| Exclusivity<br>Surcharge | · <del>-</del>     |                     |          |                                  |          |                |                 |  |
| for                      |                    |                     |          |                                  |          |                |                 |  |
| Partially                |                    | -                   |          |                                  |          | -              |                 |  |
| Distant                  |                    |                     |          |                                  |          |                |                 |  |
| Stations                 |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          | <u> </u>           |                     |          |                                  |          |                |                 |  |
|                          |                    | <u> </u>            |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          | 0.00               | <u> </u>            |          | Total DSEs                       | 0.00     | I I            |                 | Total DSEs                             |
|                          | 0.00               | \$                  |          |                                  | s 0.00   |                | roup            | Gross Receipts First Gr                |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          | 0.00               | \$                  | d Group  | Base Rate Fee Secon              | 0.00     | \$             | roup            | Base Rate Fee First Gr                 |
|                          | IP                 | SUBSCRIBER GROU     | /-FOURTH |                                  | JP       | SUBSCRIBER GRO | TY-THIRD        | EIGHT                                  |
|                          | 0                  | 0 COMMUNITY/ AREA 0 |          | ii ii                            |          |                | COMMUNITY/ AREA |  |
|                          | DSE                | CALL SIGN           | DSE      | CALL SIGN                        | DSE      | CALL SIGN      | DSE             | CALL SIGN                              |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          | -              |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  | <b>.</b> |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          |                    |                     |          |                                  |          |                |                 |  |
|                          | 0.00               |                     |          | Total DSEs                       | 0.00     |                |                 | Total DSEs                             |
|                          | 0.00               | \$                  | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$             | Group           | Total DSEs<br>Gross Receipts Third G   |
|                          | •                  | \$                  | Group    |                                  |          | \$             | Group           |  |

| Name             | YSTEM ID#<br>61969 | S                       |           |                                  |          |                 |          | LEGAL NAME OF OWNE  Crystal Communic |
|------------------|--------------------|-------------------------|-----------|----------------------------------|----------|-----------------|----------|--------------------------------------|
|                  |                    |                         |           | TE FEES FOR EACH                 |          |                 |          |                                      |
| 9                | JP                 | SUBSCRIBER GROU         | ITY-SIXTH | EIG                              | JP       | SUBSCRIBER GRO  | TY-FIFTH | EIGH                                 |
| Computation      | 0                  |                         |           | COMMUNITY/ AREA                  | 0        |                 |          | COMMUNITY/ AREA                      |
| of               | DSE                | CALL SIGN               | DSE       | CALL SIGN                        | DSE      | CALL SIGN       | DSE      | CALL SIGN                            |
| Base Rate Fe     |                    |                         |           |                                  |          |                 |          |                                      |
| and              |                    |                         |           |                                  |          |                 |          |                                      |
| Syndicated       |                    |                         |           |                                  |          |                 |          |                                      |
| Exclusivity      |                    |                         |           |                                  |          |                 |          |                                      |
| Surcharge<br>for |                    |                         |           |                                  |          |                 |          |                                      |
| Partially        |                    | -                       |           |                                  |          |                 |          |                                      |
| Distant          |                    |                         |           |                                  |          |                 |          |                                      |
| Stations         |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  | <u> </u> |                 |          |                                      |
|                  | 0.00               |                         |           | Total DSEs                       | 0.00     |                 |          | Total DSEs                           |
|                  | 0.00               | \$                      | d Group   | Gross Receipts Secon             | 0.00     | \$              | roup     | Gross Receipts First Gr              |
|                  | 0.00               | \$                      | d Group   | Base Rate Fee Secon              | 0.00     | \$              | roup     | <b>3ase Rate Fee</b> First Gr        |
|                  | JP                 | SUBSCRIBER GROU         | Y-EIGHTH  | EIGHT                            | JP       | SUBSCRIBER GRO  | SEVENTH  | EIGHTY-S                             |
|                  | 0                  | REA 0 COMMUNITY/ AREA 0 |           | ii ii                            |          | COMMUNITY/ AREA |          |                                      |
|                  | DSE                | CALL SIGN               | DSE       | CALL SIGN                        | DSE      | CALL SIGN       | DSE      | CALL SIGN                            |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    | -                       |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    | <del> </del>            |           |                                  |          |                 |          |                                      |
|                  |                    | -                       |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    | † <del> </del>          |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  |                    |                         |           |                                  |          |                 |          |                                      |
|                  | 0.00               |                         |           | Total DSEs                       | 0.00     |                 |          | Total DSEs                           |
|                  | 0.00               |                         | Group     |                                  | 0.00     |                 | Proup    |                                      |
|                  | 0.00               | \$                      | Group     | Total DSEs Gross Receipts Fourth | 0.00     | \$              | Group    | Total DSEs<br>Gross Receipts Third G |

| LEGAL NAME OF OWNE  Crystal Communication    |  |                |               |                                |           | S                | 61969       | Name                 |
|--|--|----------------|---------------|--------------------------------|-----------|------------------|-------------|----------------------|
|  |  |                |               | TE FEES FOR EAC                |           |                  |             |                      |
| EIGH'<br>COMMUNITY/ AREA                     | TY-NINTH                               | SUBSCRIBER GRO | 0<br>0        | COMMUNITY/ AREA                |           | 1 SUBSCRIBER GRO | UP <b>0</b> | 9                    |
|  |  |                |               |                                |           |                  |             | Computation          |
| CALL SIGN                                    | DSE                                    | CALL SIGN      | DSE           | CALL SIGN                      | DSE       | CALL SIGN        | DSE         | of<br>Base Rate F    |
|  |  |                | ····          |                                |           |                  |             | and                  |
|  | ······································ | <b>-</b>       | ····          |                                |           | •                |             | Syndicated           |
|  |  |                |               |                                |           |                  |             | Exclusivity          |
|  |  |                |               |                                |           |                  |             | Surcharge            |
|  |  | -              |               |                                | <u>.</u>  |                  |             | for                  |
|  |  |                |               |                                |           |                  |             | Partially<br>Distant |
|  | ······································ |                | ····          |                                | ·····     |                  |             | Stations             |
|  | <u>"</u>                               | _              | ···           |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
| Total DSEs                                   | •                                      |                | 0.00          | Total DSEs                     |           |                  | 0.00        |                      |
| Gross Receipts First G                       | roup                                   | \$ 0.00        |               | Gross Receipts Second Group \$ |           |                  |             |                      |
| <b>Base Rate Fee</b> First G                 | roup                                   | \$             | 0.00          | Base Rate Fee Sec              | ond Group | \$               | 0.00        |                      |
| NINE   | TY-FIRST                               | SUBSCRIBER GRO | OUP           | NINE                           | TY-SECONE | SUBSCRIBER GRO   | UP          |                      |
| COMMUNITY/ AREA                              |  |                | 0             | COMMUNITY/ ARE                 | Α         | 0                |             |                      |
| CALL SIGN                                    | DSE                                    | CALL SIGN      | DSE           | CALL SIGN                      | DSE       | CALL SIGN        | DSE         |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  | <u></u>                                |                | ····          |                                | ·····     |                  |             |                      |
|  |  | <b>-</b>       |               |                                |           | •                |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
|  |  |                |               |                                |           |                  |             |                      |
| 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        |                      |
| ase Rate Fee: Add the nter here and in block |  |                | scriber group | as shown in the boxe           | s above.  |                  |             |                      |

| Name             | YSTEM ID#<br>61969  |  |            |                                  |                               |                |          |                                   |
|------------------|---------------------|--|------------|----------------------------------|-------------------------------|----------------|----------|-----------------------------------|
|                  |                     |  |            | 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       |                     |  |            |                                  |                               |                |          |                                   |
| Exclusivity      | <del></del>         |  |            |                                  | <u> </u>                      |                |          |                                   |
| Surcharge<br>for |                     |  |            |                                  |                               |                |          |                                   |
| Partially        |                     | -  |            |                                  | ·                             |                |          |                                   |
| Distant          |                     |  |            |                                  |                               |                |          | •••••                             |
| Stations         |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  | ļ          |                                  |                               |                |          |                                   |
|                  | <mark></mark>       |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     | <del>                                     </del> |            |                                  |                               |                |          |                                   |
|                  | 0.00                | 11   |            | T-4-1 DOE-                       | 0.00                          |                |          | T-4-1 DOC-                        |
|                  | 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     | <b>Base Rate Fee</b> First G      |
|                  | JP                  | SUBSCRIBER GROU                                  | TY-SIXTH   | NINE                             | NINETY-FIFTH SUBSCRIBER GROUP |                |          | NINE                              |
|                  | 0 COMMUNITY/ AREA 0 |  |            |                                  | COMMUNITY/ AREA               |                |          |                                   |
|                  | DSE                 | CALL SIGN  | DSE        | CALL SIGN                        | DSE                           | CALL SIGN      | DSE      | CALL SIGN                         |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     | <del> </del>                                     |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  |                     |  |            |                                  |                               |                |          |                                   |
|                  | 0.00                |  |            | Total DSEs                       | 0.00                          |                |          | Total DSEs                        |
|                  | 0.00                | \$   | Group      | Total DSEs Gross Receipts Fourth | 0.00                          | \$             | Group    | Total DSEs Gross Receipts Third C |

| Name             | YSTEM ID#<br>61969 | S               |                             |                       | ·<br>    |                 |                 | LEGAL NAME OF OWNE<br>Crystal Communic |
|------------------|--------------------|-----------------|-----------------------------|-----------------------|----------|-----------------|-----------------|--|
|                  |                    |                 |                             | TE FEES FOR EACH      |          |                 |                 |  |
| 9                | JP                 | SUBSCRIBER GROU | Y-EIGHTH                    | NINET                 | JP       | SUBSCRIBER GROU | SEVENTH         | NINETY-S                               |
| 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      |                    |                 |                             |                       |          |                 | <b></b>         |  |
| Surcharge<br>for |                    |                 |                             |                       |          | <b></b>         | <b></b>         |  |
| Partially        |                    |                 |                             |                       |          |                 | ·····           |  |
| Distant          |                    |                 |                             |                       |          |                 |                 |  |
| Stations         |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 | <u> </u>        |  |
|                  |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 | <b></b>         |  |
|                  | <u> </u>           |                 |                             |                       |          |                 | <del> </del>    |  |
| 1                |                    |                 |                             |                       | <u> </u> |                 |                 |  |
|                  | 0.00               |                 |                             | Total DSEs            | 0.00     |                 |                 | Total DSEs                             |
|                  | 0.00               | \$              | Gross Receipts Second Group |                       | 0.00     | \$ 0.00         |                 | Gross Receipts First Gr                |
|                  | 0.00               | \$              | d Group                     | Base Rate Fee Second  | 0.00     | \$              | roup            | Base Rate Fee First Gr                 |
|                  | JP                 | SUBSCRIBER GROU | NDREDTH                     | ONE HU                | JP       | SUBSCRIBER GROU | TY-NINTH        | NINET                                  |
|                  | COMMUNITY/ AREA 0  |                 |                             | 0                     |          |                 | COMMUNITY/ AREA |  |
| 1                | DSE                | CALL SIGN       | DSE                         | CALL SIGN             | DSE      | CALL SIGN       | DSE             | CALL SIGN                              |
| 1                |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 |                 |  |
| _                |                    |                 |                             |                       |          |                 |                 |  |
| -                |                    |                 |                             |                       |          |                 | <u> </u>        |  |
| -                |                    |                 |                             |                       |          |                 | ļ               |  |
| •                |                    |                 |                             |                       |          |                 | <del> </del>    |  |
| 1                |                    |                 |                             |                       |          |                 | <b> </b>        |  |
| 1                |                    |                 |                             |                       | ·····    | <del> </del>    |                 |  |
| ]                |                    |                 |                             |                       |          |                 |                 |  |
| ]                |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 |                 |  |
|                  |                    |                 |                             |                       |          |                 | <u> </u>        |  |
|                  |                    |                 |                             |                       |          |                 |                 |  |
| 1                | <u>'</u>           |                 |                             | Total DSEs            | 0.00     |                 |                 | Total DSEs                             |
| _                | 0.00               |                 |                             |                       |          |                 |                 |  |
|                  | 0.00               | \$              | Group                       | Gross Receipts Fourth | 0.00     | \$              | Group           | Gross Receipts Third G                 |

| LEGAL NAME OF OWNE  Crystal Communic |             |                       |               |                      |               | S              | 61969 | Name                     |
|--------------------------------------|-------------|-----------------------|---------------|----------------------|---------------|----------------|-------|--------------------------|
|                                      |             |                       |               | TE FEES FOR EAC      |               |                |       |                          |
|                                      | ED FIRST    | 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                       |
|                                      |             |                       |               |                      |               |                |       | Base Rate F              |
|                                      |             |                       |               |                      |               |                |       | and                      |
|                                      |             |                       |               |                      |               |                |       | Syndicated               |
|                                      |             |                       |               |                      |               |                |       | Exclusivity<br>Surcharge |
|                                      |             |                       | ···           |                      |               |                |       | for                      |
|                                      |             | -                     |               |                      |               |                |       | Partially                |
|                                      |             | _                     |               |                      |               |                |       | Distant                  |
|                                      |             | -                     |               |                      |               |                |       | Stations                 |
|                                      |             | <u> </u>              |               |                      | <mark></mark> |                |       |                          |
|                                      |             | <b>-</b>              |               |                      | ·····         |                |       |                          |
|                                      |             | <del> </del>          |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
| 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  |                          |
| ONE HUNDRE                           | ED THIRD    | SUBSCRIBER GRO        | DUP           | ONE HUNDR            | ED FOURTH     | SUBSCRIBER GRO | UP    |                          |
| COMMUNITY/ AREA                      |             |                       | 0             | COMMUNITY/ ARE       | Α             |                |       |                          |
| CALL SIGN                            | DSE         | CALL SIGN             | DSE           | CALL SIGN            | DSE           | CALL SIGN      | DSE   |                          |
|                                      |             | -                     |               |                      |               |                |       |                          |
|                                      |             |                       | ····          |                      | <del></del>   |                |       |                          |
|                                      |             | -                     | ····          |                      |               |                |       |                          |
|                                      |             | -                     | ···           |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
| Total DSEs                           |             |                       | 0.00          | Total DSEs           |               |                | 0.00  |                          |
| Gross Receipts Third G               | Group       | \$                    | 0.00          | Gross Receipts Fou   | rth Group     | \$             | 0.00  |                          |
|                                      |             |                       |               |                      |               |                |       |                          |
| Base Rate Fee Third G                | Group       | \$                    | 0.00          | Base Rate Fee Fou    | rth Group     | \$             | 0.00  |                          |
| Base Rate Fee: Add th                | ne base rat | te fees for each subs | scriber group | as shown in the boxe | s above.      |                |       |                          |

| LEGAL NAME OF OWNE  Crystal Communic             |              |                |              |                       |              | S               | YSTEM ID#<br>61969 | Name             |
|--|--------------|----------------|--------------|-----------------------|--------------|-----------------|--------------------|------------------|
| BL   | OCK A: (     | COMPUTATION OF | BASE RA      | TE FEES FOR EACH      | SUBSCR       | IBER GROUP      |                    |                  |
| ONE HUNDRI                                       | ED FIFTH     | SUBSCRIBER GRO | UP           | ONE HUNDS             | RED SIXTH    | SUBSCRIBER GROU | JP                 | Ω                |
| COMMUNITY/ AREA                                  |              |                | 0            | COMMUNITY/ AREA       |              |                 | 0                  | 9<br>Computation |
| CALL SIGN  | DSE          | CALL SIGN      | DSE          | CALL SIGN             | DSE          | CALL SIGN       | DSE                | of               |
|  |              |                |              |                       |              |                 |                    | Base Rate Fee    |
|  |              |                |              |                       |              |                 |                    | and              |
|  |              |                |              |                       |              |                 |                    | Syndicated       |
|  |              | -              |              |                       |              |                 |                    | Exclusivity      |
|  |              | -              |              |                       |              |                 |                    | Surcharge        |
|  |              |                |              |                       |              |                 |                    | for              |
|  |              |                |              |                       |              |                 |                    | Partially        |
|  | <del> </del> |                | ·            |                       | <b></b>      |                 |                    | Distant          |
|  | <b> </b>     |                | -            |                       | <del> </del> | -               |                    | Stations         |
|  | <b> </b>     |                |              |                       | <b></b>      | H               | <u></u>            |                  |
|  | <del> </del> |                | ·            |                       | <b>-</b>     |                 | <u></u>            |                  |
|  | <b> </b>     |                | -            |                       | <del> </del> | -               |                    |                  |
|  |              |                |              |                       |              | <b>+</b>        |                    |                  |
|  | ·            |                | •            |                       |              | 1               |                    |                  |
| Total DSEs                                       | <u> </u>     |                | 0.00         | Total DSEs            | <u> </u>     |                 | 0.00               |                  |
| Gross Receipts First G                           | roup         | \$             | 0.00         | Gross Receipts Secon  | d Group      | \$              | 0.00               |                  |
| <b>Base Rate Fee</b> First Gi                    | roup         | \$             | 0.00         | Base Rate Fee Secon   | d Group      | \$              | 0.00               |                  |
| ONE HUNDRED S                                    | SEVENTH      | SUBSCRIBER GRO | UP           | ONE HUNDRE            | D EIGHTH     | SUBSCRIBER GROU | JP                 |                  |
| COMMUNITY/ AREA                                  |              |                | 0            |                       |              |                 |                    |                  |
| CALL SIGN  | DSE          | CALL SIGN      | DSE          | CALL SIGN             | DSE          | CALL SIGN       | DSE                |                  |
| 0,122 0.0.1                                      | 202          | 07.122.01.01.1 | 202          | 07.122 0.011          | 202          | 07.22 0.0.1     | 302                |                  |
|  |              | -              |              |                       |              | -               |                    |                  |
|  |              |                |              |                       |              |                 |                    |                  |
|  |              |                |              |                       |              |                 |                    |                  |
|  |              |                |              |                       |              |                 |                    |                  |
|  |              | -              |              |                       |              |                 |                    |                  |
|  | <u> </u>     |                |              |                       | ļ            |                 |                    |                  |
|  | <u> </u>     |                |              |                       | <b></b>      |                 |                    |                  |
|  | <b></b>      |                |              |                       | <b></b>      |                 |                    |                  |
|  | <b></b>      |                |              |                       | <b></b>      |                 | <u></u>            |                  |
|  | <b> </b>     |                |              |                       | <b></b>      | -               | <u> </u>           |                  |
|  | <b> </b>     |                |              |                       | <b></b>      | -               | <u> </u>           |                  |
|  | <del> </del> |                | ·            |                       | <u> </u>     |                 |                    |                  |
|  | <b></b>      |                |              |                       | <b></b>      |                 | <u></u>            |                  |
| Total DSEs                                       |              |                | 0.00         | Total DSEs            |              | П               | 0.00               |                  |
| Gross Receipts Third G                           | Group        | \$             | 0.00         | Gross Receipts Fourth | Group        | \$              | 0.00               |                  |
| <b>Base Rate Fee</b> Third G                     | roup         | \$             | 0.00         | Base Rate Fee Fourth  | ı Group      | \$              | 0.00               |                  |
|  |              |                |              |                       |              |                 |                    |                  |
| Base Rate Fee: Add th<br>Enter here and in block |              |                | criber group | as shown in the boxes | above.       | \$              |                    |                  |

## **Nonpermitted 3.75 Stations**

| LEGAL NAME OF OWN Crystal Commun |             |                |              |                      |                | S              | YSTEM ID#<br>61969 | Name             |
|----------------------------------|-------------|----------------|--------------|----------------------|----------------|----------------|--------------------|------------------|
|                                  |             |                |              | TE FEES FOR EAC      |                |                |                    |                  |
| ONE HUNDR                        | ED NINTH    | SUBSCRIBER GRO | UP           | ONE HUND             | RED TENTH      | SUBSCRIBER GRO | UP                 | 9                |
| COMMUNITY/ AREA                  |             |                | 0            | COMMUNITY/ ARE       | Α              |                | 0                  | Computation      |
| CALL SIGN                        | DSE         | CALL SIGN      | DSE          | CALL SIGN            | DSE            | CALL SIGN      | DSE                | of               |
|                                  |             |                |              |                      |                |                |                    | Base Rate Fee    |
|                                  |             |                |              |                      |                | -              |                    | and              |
|                                  | <u></u>     |                |              |                      | <mark>.</mark> |                |                    | Syndicated       |
|                                  |             |                |              |                      |                |                |                    | Exclusivity      |
|                                  | ····        | <u> </u>       | ···          |                      | ·····          | -              | <u></u>            | Surcharge<br>for |
|                                  | ····        |                | ···          |                      | ·····          | -              |                    | Partially        |
|                                  |             |                |              |                      |                | -              |                    | Distant          |
|                                  | ····        | H              | ···          |                      | ••••           | <u> </u>       |                    | Stations         |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
| Total DSEs                       |             |                | 0.00         | Total DSEs           |                |                | 0.00               |                  |
| Gross Receipts First 0           | Group       | \$             | 0.00         | Gross Receipts Sec   | ond Group      | \$             | 0.00               |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
| Base Rate Fee First (            | Group       | \$             | 0.00         | Base Rate Fee Seco   | ond Group      | \$             | 0.00               |                  |
| ONE HUNDRED E                    | LEVENTH     | SUBSCRIBER GRO | UP           | ONE HUNDRE           | D TWELVTH      | SUBSCRIBER GRO | UP                 |                  |
| COMMUNITY/ AREA                  |             |                | 0            | COMMUNITY/ AREA 0    |                |                |                    |                  |
| CALL SIGN                        | DSE         | CALL SIGN      | DSE          | CALL SIGN            | DSE            | CALL SIGN      | DSE                |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      | <u></u>        |                |                    |                  |
|                                  |             |                |              |                      |                | -              |                    |                  |
|                                  |             |                |              |                      |                | <u> </u>       |                    |                  |
|                                  | <del></del> |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  | ···         |                |              |                      | ·····          | -              |                    |                  |
|                                  |             |                |              |                      |                | -              |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
| Total DSEs                       |             |                | 0.00         | Total DSEs           |                |                | 0.00               |                  |
| Gross Receipts Third             | Group       | \$             | 0.00         | Gross Receipts Fou   | rth Group      | \$             | 0.00               |                  |
|                                  |             |                |              |                      |                |                |                    |                  |
| Base Rate Fee Third              | Group       | \$             | 0.00         | Base Rate Fee Four   | rth Group      | \$             | 0.00               |                  |
| Base Rate Fee: Add t             |             |                | criber group | as shown in the boxe | s above.       | \$             |                    |                  |

| Name                 | 4STEM ID#<br>61969 |                 |          |                      |          | LE SYSTEM:<br>Inc. |                 | Crystal Communic                  |
|----------------------|--------------------|-----------------|----------|----------------------|----------|--------------------|-----------------|-----------------------------------|
|                      |                    | IBER GROUP      | SUBSCR   | TE FEES FOR EACH     | BASE RA  | COMPUTATION OF     | OCK A: (        | BL                                |
| 0                    | IP                 | SUBSCRIBER GROU | RTEENTH  | ONE HUNDRED FOL      | JP       | SUBSCRIBER GROU    | RTEENTH         | ONE HUNDRED THIS                  |
| <b>9</b> Computation | 0                  |                 |          | COMMUNITY/ AREA      | 0        |                    |                 | COMMUNITY/ AREA                   |
| of                   | DSE                | CALL SIGN       | DSE      | CALL SIGN            | DSE      | CALL SIGN          | DSE             | CALL SIGN                         |
| Base Rate Fe         |                    |                 |          |                      |          |                    |                 |                                   |
| and                  |                    |                 |          |                      |          |                    |                 |                                   |
| Syndicated           |                    |                 |          |                      |          |                    |                 |                                   |
| Exclusivity          |                    |                 |          |                      |          |                    | <mark>.</mark>  |                                   |
| Surcharge            |                    |                 |          |                      |          |                    |                 |                                   |
| for                  | <u> </u>           | -               |          |                      |          |                    | <mark>-</mark>  |                                   |
| Partially<br>Distant |                    |                 |          |                      |          |                    |                 |                                   |
| Stations             |                    | -               |          |                      | <b> </b> |                    | <mark>-</mark>  |                                   |
| Stations             |                    | -               |          |                      |          |                    | ·               |                                   |
| •                    |                    | -               |          |                      |          |                    |                 |                                   |
| •                    |                    |                 |          |                      | <b> </b> |                    |                 |                                   |
|                      |                    |                 |          |                      |          |                    |                 |                                   |
|                      |                    |                 |          |                      |          |                    |                 |                                   |
| •                    |                    | ·               |          |                      |          |                    |                 |                                   |
|                      | 0.00               |                 |          | Total DSEs           | 0.00     |                    | •               | Total DSEs                        |
|                      | 0.00               | \$              | d Group  | Gross Receipts Secon | 0.00     | \$                 | roup            | Gross Receipts First G            |
|                      | 0.00               | \$              | d Group  | Base Rate Fee Secon  | 0.00     | \$                 | roup            | Base Rate Fee First G             |
|                      | IP                 | SUBSCRIBER GROU | IXTEENTH | ONE HUNDRED S        | JP       | SUBSCRIBER GROU    | TEENTH          | ONE HUNDRED FIF                   |
|                      | COMMUNITY/ AREA0   |                 |          | 0                    |          |                    | COMMUNITY/ AREA |                                   |
|                      | DSE                | CALL SIGN       | DSE      | CALL SIGN            | DSE      | CALL SIGN          | DSE             | CALL SIGN                         |
| 4                    |                    |                 |          | OALL GIGIN           |          |                    |                 |                                   |
|                      |                    |                 | 502      | OALL GIGIT           |          |                    |                 |                                   |
|                      |                    |                 | 562      | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 | 502      | CALL GIGIN           |          |                    |                 |                                   |
|                      |                    |                 | 562      | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALL GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALE GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALL GION            |          |                    |                 |                                   |
|                      |                    |                 |          | OALL GION            |          |                    |                 |                                   |
|                      | 0.00               |                 |          | Total DSEs           | 0.00     |                    |                 | Total DSEs                        |
|                      |                    | \$              |          |                      | 0.00     | \$                 | Group           | Total DSEs Gross Receipts Third G |

| LEGAL NAME OF OWNER Crystal Communic |          |                       |         |                       |               | S                  | YSTEM ID#<br>61969 | Name                 |
|--------------------------------------|----------|-----------------------|---------|-----------------------|---------------|--------------------|--------------------|----------------------|
| BLO                                  | OCK A: ( | COMPUTATION OF        | BASE RA | TE FEES FOR EACH      | H SUBSCR      | RIBER GROUP        |                    |                      |
| ONE HUNDRED SEVEN                    | NTEENTH  | SUBSCRIBER GROUP      |         | ONE HUNDRED E         | IGHTEENTH     | I SUBSCRIBER GROUP | )                  | •                    |
| COMMUNITY/ AREA                      |          |                       | 0       | COMMUNITY/ AREA       |               |                    | 0                  | <b>9</b> Computation |
| CALL SIGN                            | DSE      | CALL SIGN             | DSE     | CALL SIGN             | DSE           | CALL SIGN          | DSE                | of                   |
|                                      |          |                       |         |                       |               |                    |                    | Base Rate Fee        |
|                                      |          |                       |         |                       |               |                    |                    | and                  |
|                                      |          |                       |         |                       |               |                    |                    | Syndicated           |
|                                      |          |                       |         |                       |               |                    |                    | Exclusivity          |
|                                      |          |                       |         |                       |               |                    |                    | Surcharge            |
|                                      |          |                       |         |                       |               | <u> </u>           |                    | for                  |
|                                      |          |                       | ļ       |                       |               | -                  | <b></b>            | Partially            |
|                                      |          |                       | ļ       |                       |               | -                  | <u></u>            | Distant              |
|                                      |          |                       |         |                       | <u></u>       |                    | <u></u>            | Stations             |
|                                      |          |                       |         |                       | <del></del>   |                    | <del></del>        |                      |
|                                      |          |                       |         |                       | <u> </u>      | -                  |                    |                      |
|                                      |          |                       |         |                       | •             |                    | ····-              |                      |
|                                      |          |                       |         |                       | <u></u>       |                    |                    |                      |
|                                      |          |                       |         |                       | ···           | +                  |                    |                      |
| Total DSEs                           |          |                       | 0.00    | Total DSEs            | 1             | Į.                 | 0.00               |                      |
| Gross Receipts First Gro             | oup      | \$                    | 0.00    | Gross Receipts Secon  | nd Group      | \$                 | 0.00               |                      |
| Base Rate Fee First Gro              | oup      | \$                    | 0.00    | Base Rate Fee Secon   | nd Group      | \$                 | 0.00               |                      |
|                                      |          |                       |         |                       |               |                    | •                  |                      |
| ONE HUNDRED NIN                      | TEENTH   | SUBSCRIBER GROU       |         |                       |               | SUBSCRIBER GROU    | JP                 |                      |
| OMMUNITY/ AREA                       |          |                       | 0       | COMMUNITY/ AREA       |               |                    |                    |                      |
| CALL SIGN                            | DSE      | CALL SIGN             | DSE     | CALL SIGN             | DSE           | CALL SIGN          | DSE                |                      |
|                                      |          |                       |         |                       |               |                    |                    |                      |
|                                      |          |                       |         |                       |               |                    |                    |                      |
|                                      |          |                       |         |                       |               |                    |                    |                      |
|                                      |          |                       |         |                       |               | <u> </u>           |                    |                      |
|                                      |          |                       |         |                       |               |                    | <u></u>            |                      |
|                                      |          | -                     |         |                       |               | <u> </u>           | <b>.</b>           |                      |
|                                      |          |                       | ļ       |                       | <u></u>       |                    | <u> </u>           |                      |
|                                      |          |                       |         |                       | <mark></mark> |                    | <u></u>            |                      |
|                                      |          |                       |         |                       | <del></del>   | -                  | <u> </u>           |                      |
|                                      |          |                       |         |                       |               |                    | ····               |                      |
|                                      |          |                       |         |                       | <u></u>       |                    | ····               |                      |
|                                      |          |                       |         |                       | <u></u>       | -                  |                    |                      |
|                                      |          |                       |         |                       |               | +                  |                    |                      |
|                                      |          |                       |         |                       |               | 1                  |                    |                      |
| Total DSEs                           | I        |                       | 0.00    | Total DSEs            |               |                    | 0.00               |                      |
| Gross Receipts Third Gr              | oup      | \$                    | 0.00    | Gross Receipts Fourth | h Group       | \$                 | 0.00               |                      |
| <b>Base Rate Fee</b> Third Gr        | oup      | \$                    | 0.00    | Base Rate Fee Fourth  | h Group       | \$                 | 0.00               |                      |
|                                      | base rat | e fees for each subsc |         | Base Rate Fee Fourth  |               | \$                 | 0.00               |                      |

| LEGAL NAME OF OWNER OF<br>Crystal Communication                    | บเเร, เก                                 | C.             |                |   |                                    |                                    | 61969       | Name             |
|--|--|----------------|----------------|---|------------------------------------|------------------------------------|-------------|------------------|
|  |  |                | F BASE RA      | ATE FEES FOR EAC  | H SUBSCR                           | IBER GROUP                         |             |                  |
| ONE HUNDRED TWENTY-F   |  |                |                | ONE HUNDRED TWEN  |                                    |                                    | )           | _                |
| COMMUNITY/ AREA  |  |                | 0              | COMMUNITY/ AREA   |                                    |                                    | 0           | 9<br>Computation |
| CALL SIGN DS   | SE                                       | CALL SIGN      | DSE            | CALL SIGN   | DSE                                | CALL SIGN                          | DSE         | of               |
|  |  |                |                |   |                                    |                                    |             | Base Rate F      |
|  |  |                |                |   |                                    |                                    |             | and              |
|  |  |                |                |   |                                    |                                    |             | Syndicate        |
|  |  |                |                |   |                                    |                                    |             | Exclusivit       |
|  |  |                |                |   |                                    |                                    |             | Surcharge        |
|  | <mark></mark>                            |                | <mark></mark>  |   | <mark></mark>                      |                                    |             | for              |
|  |  |                | <u></u>        |   | <u></u>                            |                                    |             | Partially        |
|  |  |                | <u></u>        |   | <u></u>                            |                                    |             | Distant          |
|  |  |                | <u></u>        |   | <del></del>                        |                                    |             | Stations         |
|  | <mark></mark>                            |                | <mark> </mark> |   | <del></del>                        |                                    | <u></u>     |                  |
|  | <mark></mark>                            |                | <mark> </mark> |   | <del></del>                        |                                    | <u></u>     |                  |
|  |  |                | <u></u>        |   | <del> </del>                       |                                    |             |                  |
|  |  |                | <u></u>        |   | <del></del>                        |                                    |             |                  |
|  |  |                | <u></u>        |   | <del></del>                        |                                    |             |                  |
|  |  |                |                |   |                                    |                                    |             |                  |
| Total DSEs   | _  |                | 0.00           | Total DSEs  |                                    |                                    | 0.00        |                  |
| Gross Receipts First Group   | \$                                       |                | 0.00           | Gross Receipts Seco   | nd Group                           | \$                                 | 0.00        |                  |
|  |  |                |                | Oross Neccipis occo   |                                    |                                    | 0.00        |                  |
|  | <del>-</del>                             |                |                | Gross Receipts deco   | •                                  |                                    | <del></del> |                  |
|  |  |                | 0.00           | Base Rate Fee Second  |                                    | \$                                 | 0.00        |                  |
|  | \$                                       |                |                |   | nd Group                           |                                    | •           |                  |
| Base Rate Fee First Group  ONE HUNDRED TWENTY-T                    | \$                                       |                |                | Base Rate Fee Secon   | nd Group                           |                                    | •           |                  |
| Base Rate Fee First Group  ONE HUNDRED TWENTY-T                    | \$                                       |                | P              | Base Rate Fee Seco  | nd Group                           |                                    | )           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       |                | P              | Base Rate Fee Seco  | nd Group<br>ITY-FOURTH             |                                    | )           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| Base Rate Fee First Group ONE HUNDRED TWENTY-T COMMUNITY/ AREA     | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T   | \$                                       | JBSCRIBER GROU | P 0            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group                           | SUBSCRIBER GROUP                   | 0           |                  |
| ONE HUNDRED TWENTY-T COMMUNITY/ AREA  CALL SIGN  DS                | \$                                       | JBSCRIBER GROU | DSE            | Base Rate Fee Secolone HUNDRED TWEN COMMUNITY/ AREA CALL SIGN                                   | nd Group                           | SUBSCRIBER GROUP                   | DSE         |                  |
| ONE HUNDRED TWENTY-T COMMUNITY/ AREA  CALL SIGN  DS  Total DSEs    | SE SE                                    | CALL SIGN      | DSE            | Base Rate Fee Second ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group  ITY-FOURTH  DSE          | SUBSCRIBER GROUP  CALL SIGN        | 0 DSE       |                  |
| ONE HUNDRED TWENTY-T COMMUNITY/ AREA  CALL SIGN  DS  Total DSEs    | SE SE                                    | CALL SIGN      | DSE            | Base Rate Fee Secolone HUNDRED TWEN COMMUNITY/ AREA CALL SIGN                                   | nd Group  ITY-FOURTH  DSE          | SUBSCRIBER GROUP                   | DSE         |                  |
| ONE HUNDRED TWENTY-T COMMUNITY/ AREA  CALL SIGN  DS  Total DSEs    | SE SE                                    | CALL SIGN      | DSE            | Base Rate Fee Second ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group  ITY-FOURTH  DSE          | SUBSCRIBER GROUP  CALL SIGN        | 0 DSE       |                  |
| CALL SIGN DS  CALL SIGN DS  Total DSEs  Gross Receipts Third Group | SE S | CALL SIGN      | DSE            | Base Rate Fee Seco ONE HUNDRED TWEN COMMUNITY/ AREA  CALL SIGN  Total DSEs Gross Receipts Fourt | nd Group  ITY-FOURTH  DSE  h Group | SUBSCRIBER GROUP  CALL SIGN  S  \$ | 0 DSE       |                  |
| ONE HUNDRED TWENTY-T COMMUNITY/ AREA  CALL SIGN  DS  Total DSEs    | SE S | CALL SIGN      | DSE            | Base Rate Fee Second ONE HUNDRED TWEN COMMUNITY/ AREA   | nd Group  ITY-FOURTH  DSE  h Group | SUBSCRIBER GROUP  CALL SIGN        | 0 DSE       |                  |

## **Nonpermitted 3.75 Stations**

| LEGAL NAME OF OWNE  Crystal Communic |           |  |             |                         |           | SY               | STEM ID#<br>61969 | Name                     |
|--------------------------------------|-----------|--|-------------|-------------------------|-----------|------------------|-------------------|--------------------------|
|                                      |           |  | BASE RA     | TE FEES FOR EACH        |           |                  |                   |                          |
| ONE HUNDRED TWEN                     | ITY-FIFTH | SUBSCRIBER GROUP                           |             |                         | NTY-SIXTH | SUBSCRIBER GROUP |                   | 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               |
|                                      |           |  |             |                         |           |                  | <b></b>           | Exclusivity<br>Surcharge |
|                                      |           |  |             |                         |           |                  |                   | for                      |
|                                      |           |  |             |                         |           |                  |                   | Partially                |
|                                      |           |  |             |                         |           |                  |                   | Distant                  |
|                                      |           |  |             |                         |           |                  |                   | Stations                 |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           | -                | <b></b>           |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
| Total DSEs                           |           |  | 0.00        | Total DSEs              |           |                  | 0.00              |                          |
| Gross Receipts First Gr              | oup       | \$ 0.00                                    |             | Gross Receipts Second   | d Group   | \$               | 0.00              |                          |
| <b>Base Rate Fee</b> First Gr        | oup       | \$   | 0.00        | Base Rate Fee Second    | d Group   | \$               | 0.00              |                          |
| NE HUNDRED TWENTY-                   | SEVENTH   | SUBSCRIBER GROUP                           |             | ONE HUNDRED TWEN        | TY-EIGHTH | SUBSCRIBER GROUP |                   |                          |
| COMMUNITY/ AREA                      |           |  | 0           | COMMUNITY/ AREA         |           |                  | 0                 |                          |
| CALL SIGN                            | DSE       | CALL SIGN                                  | DSE         | CALL SIGN               | DSE       | CALL SIGN        | DSE               |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           | <b>-</b>                                   |             |                         |           |                  |                   |                          |
|                                      |           | <b></b>                                    |             |                         |           | -                |                   |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           |                  | <b></b>           |                          |
|                                      |           |  |             |                         | ļ         |                  | <u> </u>          |                          |
|                                      |           |  |             |                         |           | -                | <b></b>           |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         |           |                  |                   |                          |
|                                      |           |  |             |                         | <br>      |                  | <u> </u>          |                          |
|                                      |           |  | _           |                         | <u> </u>  |                  |                   |                          |
| Total DSEs                           |           |  | 0.00        | Total DSEs              |           |                  | 0.00              |                          |
| Gross Receipts Third G               | roup      | \$   | 0.00        | Gross Receipts Fourth   | Group     | \$               | 0.00              |                          |
| Base Rate Fee Third G                | roup      | \$   | 0.00        | Base Rate Fee Fourth    | Group     | \$               | 0.00              |                          |
|                                      |           | te fees for each subsc<br>space L (page 7) | riber group | as shown in the boxes a | ibove.    | \$               |                   |                          |

| ID.           |                  |           |                       |         |                  |           | LEGAL NAME OF OWNE  Crystal Communic |
|---------------|------------------|-----------|-----------------------|---------|------------------|-----------|--------------------------------------|
| ID.           | IBER GROUP       | SUBSCRI   | TE FEES FOR EACH      | BASE RA | COMPUTATION OF   | OCK A: (  | BL                                   |
| JP            | SUBSCRIBER GROUP | THIRTIETH | ONE HUNDRED           |         | SUBSCRIBER GROUP | TY-NINTH  | ONE HUNDRED TWEN                     |
| 0 Computation |                  |           | COMMUNITY/ AREA       | 0       |                  |           | COMMUNITY/ AREA                      |
| DSE of        | CALL SIGN        | DSE       | CALL SIGN             | DSE     | CALL SIGN        | DSE       | CALL SIGN                            |
| Base Rate Fee |                  |           |                       |         |                  |           |                                      |
| and           |                  |           |                       |         |                  |           |                                      |
| Syndicated    |                  |           |                       |         | -                |           |                                      |
| Exclusivity   |                  |           |                       |         |                  |           |                                      |
| Surcharge     |                  |           |                       |         |                  |           |                                      |
| for           |                  |           |                       |         |                  |           |                                      |
| Partially     |                  |           |                       |         | -                |           |                                      |
| Distant       |                  |           |                       |         |                  |           |                                      |
| Stations      |                  |           |                       |         |                  |           |                                      |
|               |                  |           |                       |         |                  |           |                                      |
|               |                  |           |                       |         |                  |           |                                      |
|               |                  |           |                       | ·····   |                  |           |                                      |
|               |                  |           |                       |         |                  |           |                                      |
|               | 1                |           |                       |         |                  |           |                                      |
| ······        | <b>+</b>         |           |                       |         |                  |           |                                      |
| 0.00          | П                |           | Total DSEs            | 0.00    |                  | <u> </u>  | Total DSEs                           |
| 0.00          | \$               | d Group   | Gross Receipts Secon  | 0.00    |                  |           | Gross Receipts First Gr              |
| 0.00          | \$               | d Group   | Base Rate Fee Secon   | 0.00    | \$               | oup       | Base Rate Fee First Gr               |
| JP            | SUBSCRIBER GROUP | Y-SECOND  | ONE HUNDRED THIRT     |         | SUBSCRIBER GROUP | RTY-FIRST | ONE HUNDRED THIS                     |
| 0             |                  |           |                       | 0       |                  |           | COMMUNITY/ AREA                      |
| DSE           | CALL SIGN        | DSE       | CALL SIGN             | DSE     | CALL SIGN        | DSE       | CALL SIGN                            |
| DOL           | OALL GIGIT       | DOL       | OALL GIGIT            | DOL     | OALL GIOIN       | DOL       | OALL GIOIN                           |
| ········      |                  |           |                       |         |                  |           |                                      |
| ······        | -                |           |                       |         |                  |           |                                      |
| ······        | -                |           |                       |         |                  |           |                                      |
| ········      |                  |           |                       |         |                  |           |                                      |
| ············· |                  |           |                       |         |                  |           |                                      |
| ········      |                  |           |                       |         |                  |           |                                      |
|               |                  |           |                       | <b></b> |                  | <b> </b>  |                                      |
|               |                  |           |                       | ł       |                  |           |                                      |
|               | -                | ·····     |                       |         |                  | <b></b>   |                                      |
|               | -                | ·····     |                       |         |                  | <b></b>   |                                      |
|               |                  | ·····     |                       |         |                  |           |                                      |
|               | -                | ļ         |                       | ļ       |                  | <b> </b>  |                                      |
|               |                  | ļ         |                       | ļ       |                  | <b> </b>  |                                      |
| ·····         |                  |           |                       |         |                  | <b> </b>  |                                      |
|               |                  |           | Total DSEs            | 0.00    |                  |           | Total DSEs                           |
| 0.00          |                  |           |                       |         |                  |           |                                      |
| 0.00          |                  |           | Gross Receipts Fourth | 0.00    | \$               | roun      | Gross Receipts Third G               |
| 0.00          | \$               | Group     |                       |         |                  | лоар      | orodo riodolpio rillia o             |

## **Nonpermitted 3.75 Stations**

| Name      | 61969  | Sì               |          |                                     |   |                  |                 | LEGAL NAME OF OWNE                      |
|-----------|--|------------------|----------|-------------------------------------|---|------------------|-----------------|---|
|           |  | BER GROUP        | SUBSCRI  | TE FEES FOR EACH                    |   |                  |                 |   |
| 9         |  | SUBSCRIBER GROUP | Y-FOURTH | ONE HUNDRED THIRT                   |   | SUBSCRIBER GROUP | RTY-THIRD       | ONE HUNDRED THIS                        |
| Computati | 0  |                  |          | COMMUNITY/ AREA                     | 0                                       |                  |                 | COMMUNITY/ AREA                         |
| of        | DSE  | CALL SIGN        | DSE      | CALL SIGN                           | DSE                                     | CALL SIGN        | DSE             | CALL SIGN                               |
| Base Rate | <u></u>  |                  |          |                                     |   |                  |                 |   |
| and       |  |                  |          |                                     |   | -                |                 |   |
| Syndicate |  |                  |          |                                     | *************************************** |                  |                 |   |
| Exclusivi | <mark></mark>  |                  |          |                                     |   |                  |                 |   |
| Surcharg  | <mark></mark>  |                  |          |                                     |   |                  |                 |   |
| for       |  |                  |          |                                     |   |                  |                 |   |
| Partially |  |                  |          |                                     | <b> </b>                                |                  | <mark></mark>   |   |
| Distant   |  |                  |          |                                     | <b></b>                                 |                  | <mark></mark>   |   |
| Stations  |  |                  |          |                                     |   | -                |                 |   |
|           | ····   |                  |          |                                     |   |                  |                 |   |
|           | <b></b>  |                  |          |                                     | <b></b>                                 |                  | <mark></mark>   |   |
|           | <b></b>  |                  |          |                                     | <b></b>                                 |                  | <mark></mark>   |   |
|           | <u></u>  |                  |          |                                     | <b></b>                                 |                  | <mark></mark>   |   |
|           | <b></b>  |                  |          |                                     | <b></b>                                 |                  | <mark></mark>   |   |
|           |  |                  | ļ        |                                     | ļ                                       |                  |                 |   |
|           | 0.00   |                  |          | Total DSEs                          | 0.00                                    | -                |                 | Total DSEs                              |
| -         | 0.00   | \$               | d Group  | Gross Receipts Secon                | 0.00                                    | \$               | Group           | Gross Receipts First G                  |
|           | 0.00   | \$               | d Group  | Base Rate Fee Second                | 0.00                                    | \$               | Group           | <b>3ase Rate Fee</b> First G            |
|           | JP   | SUBSCRIBER GROU  | TY-SIXTH | ONE HUNDRED THIS                    | JP                                      | SUBSCRIBER GRO   | RTY-FIFTH       | ONE HUNDRED THIR                        |
|           | ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA |                  |          | 0                                   |   |                  | COMMUNITY/ AREA |   |
|           | DSE  | CALL SIGN        | DSE      | CALL SIGN                           | DSE                                     | CALL SIGN        | DSE             | CALL SIGN                               |
|           |  |                  |          |                                     |   |                  |                 |   |
|           |  |                  |          |                                     | ,                                       |                  |                 |   |
|           |  |                  |          |                                     |   |                  |                 |   |
|           |  |                  |          |                                     |   |                  |                 | *************************************** |
|           |  |                  |          |                                     |   |                  |                 |   |
|           |  |                  |          |                                     | ļ                                       |                  |                 |   |
|           |  |                  |          |                                     | ļ                                       |                  |                 |   |
|           |  |                  |          |                                     |   |                  | <u></u>         |   |
|           |  |                  |          |                                     | ļ                                       |                  | <u></u>         |   |
|           |  |                  |          |                                     | ļ                                       |                  | <u> </u>        |   |
|           | <u></u>  |                  |          |                                     | ļ                                       |                  | <mark></mark>   |   |
|           |  |                  |          |                                     | ļ                                       |                  | <u> </u>        |   |
|           |  |                  |          |                                     | ļ                                       |                  | <mark></mark>   |   |
|           |  |                  |          |                                     |   |                  |                 |   |
|           |  |                  |          |                                     |   |                  | ···             |   |
|           | 0.00   |                  |          | Total DSEs                          | 0 00                                    |                  |                 | Total DSEs                              |
|           | 0.00   |                  |          | Total DSEs                          | 0.00                                    |                  |                 |   |
|           | 0.00   | \$               | Group    | Total DSEs<br>Gross Receipts Fourth | 0.00                                    | \$               | Group           | Fotal DSEs<br>Gross Receipts Third C    |

|  | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  61969 |           |                      |         |                  |          |                                      |  |
|--|---|-----------|----------------------|---------|------------------|----------|--------------------------------------|--|
| LOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP      | CRIBER GROUP  | SUBSCR    | TE FEES FOR EACH     | BASE RA | COMPUTATION OF   | OCK A: ( | BL                                   |  |
| -SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP | HTH SUBSCRIBER GROUP  | TY-EIGHTH | ONE HUNDRED THIR     | 1       | SUBSCRIBER GROUF | -SEVENTH | ONE HUNDRED THIRTY-                  |  |
| 0 COMMUNITY/ AREA 0 Computati  |   |           |                      | 0       |                  |          | COMMUNITY/ AREA                      |  |
| DSE CALL SIGN DSE CALL SIGN DSE Of                                   |   |           |                      | DSE     |                  |          | CALL SIGN                            |  |
| Base Rate F  |   |           |                      |         |                  |          |                                      |  |
| and  |   |           |                      |         |                  |          |                                      |  |
| Syndicate  |   |           |                      |         |                  |          |                                      |  |
| Exclusivit   |   |           |                      |         |                  |          |                                      |  |
| Surcharg   |   |           |                      |         |                  |          |                                      |  |
| for  |   |           |                      |         |                  |          |                                      |  |
| Partially  |   |           |                      |         |                  |          |                                      |  |
| Distant  |   |           |                      |         |                  |          |                                      |  |
| Stations   |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           | Total DSEs           | 0.00    |                  | •        | Total DSEs                           |  |
| roup \$ 0.00 Gross Receipts Second Group \$ 0.00                     | \$  | d Group   | Gross Receipts Secon | 0.00    | \$               | roup     | Gross Receipts First Gr              |  |
| roup \$ 0.00 Base Rate Fee Second Group \$ 0.00                      | \$  | d Group   | Base Rate Fee Second | 0.00    | \$               | roup     | <b>Base Rate Fee</b> First Gr        |  |
| TY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP      | TH SUBSCRIBER GROUP   | FORTIETH  | ONE HUNDRED I        | JP      | SUBSCRIBER GRO   | TY-NINTH | ONE HUNDRED THIRT                    |  |
| 0 COMMUNITY/ AREA 0  | COMMUNITY/ AREA0  |           |                      | 0       |                  |          | COMMUNITY/ AREA                      |  |
| DSE CALL SIGN DSE CALL SIGN DSE                                      | CALL SIGN   | DSE       | CALL SIGN            | DSE     | CALL SIGN        | DSE      | CALL SIGN                            |  |
|  |   |           |                      |         | 0.120.01         |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   | 1         |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  | <del> _ </del>  |           |                      | •       |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           |                      |         |                  |          |                                      |  |
|  |   |           | Total DSEs           | 0.00    |                  |          | Total DSEs                           |  |
|  |   | Group     |                      |         | \$               | Group    | Total DSEs<br>Gross Receipts Third G |  |

| Name             | YSTEM ID#<br>61969 |                  |          |                                  |          |                  |                 | LEGAL NAME OF OWNE  Crystal Communic |
|------------------|--------------------|------------------|----------|----------------------------------|----------|------------------|-----------------|--------------------------------------|
|                  |                    | IBER GROUP       | SUBSCR   | TE FEES FOR EACH                 |          |                  |                 |                                      |
|                  |                    | SUBSCRIBER GROUP | Y-SECOND | ONE HUNDRED FORT                 | )        | SUBSCRIBER GROUP | RTY-FIRST       | ONE HUNDRED FOR                      |
| 9<br>Computation | 0                  |                  |          | COMMUNITY/ AREA                  | 0        |                  |                 | COMMUNITY/ AREA                      |
| of               | DSE                | CALL SIGN        | DSE      | CALL SIGN                        | DSE      | CALL SIGN        | DSE             | CALL SIGN                            |
| Base Rate Fe     |                    |                  |          |                                  |          |                  |                 |                                      |
| and              |                    |                  |          |                                  |          |                  |                 |                                      |
| Syndicated       |                    |                  |          |                                  |          |                  |                 |                                      |
| Exclusivity      |                    |                  |          |                                  |          |                  |                 |                                      |
| Surcharge        |                    |                  |          |                                  | -        |                  |                 |                                      |
| for              |                    |                  |          |                                  |          |                  |                 |                                      |
| Partially        |                    |                  |          |                                  |          |                  |                 |                                      |
| Distant          |                    |                  |          |                                  |          |                  |                 |                                      |
| Stations         |                    |                  |          |                                  |          | <b>-</b>         |                 |                                      |
| 1                |                    |                  | <u> </u> |                                  |          | <del>-</del>     |                 |                                      |
| 1                |                    |                  | <u> </u> |                                  |          | <b>-</b>         |                 |                                      |
| 1                |                    |                  |          |                                  | <b> </b> | -                |                 |                                      |
| •                |                    | -                |          |                                  |          | -                |                 |                                      |
| •                |                    |                  | ·····    |                                  | ······   |                  |                 |                                      |
| 1                | <u></u>            | <b>-</b>         |          |                                  | · ·····  |                  | <u> </u>        |                                      |
|                  | 0.00               |                  |          | Total DSEs                       | 0.00     | 1                |                 | Total DSEs                           |
|                  | 0.00               |                  |          |                                  |          | \$ 0.00          |                 | Gross Receipts First G               |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  | 0.00               | \$               | d Group  | Base Rate Fee Secon              | 0.00     | \$               | roup            | Base Rate Fee First G                |
|                  |                    | SUBSCRIBER GROUP | Y-FOURTH | ONE HUNDRED FOR                  | )        | SUBSCRIBER GROUP | RTY-THIRD       | ONE HUNDRED FOR                      |
|                  | COMMUNITY/ AREA 0  |                  |          | 0                                |          |                  | COMMUNITY/ AREA |                                      |
| -                | DSE                | CALL SIGN        | DSE      | CALL SIGN                        | DSE      | CALL SIGN        | DSE             | CALL SIGN                            |
| 1                | 502                | 07 LEE 01014     | DOL      | OF ILL CICIT                     | DOL      | GALLE GIGIT      | DOL             | O/ LEE OF OF T                       |
|                  | <del></del>        | <b>-</b>         |          |                                  |          | -                |                 |                                      |
|                  | <mark></mark>      |                  |          |                                  | <u>.</u> |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  | <u></u>         |                                      |
|                  |                    |                  |          |                                  |          | _                |                 |                                      |
|                  |                    |                  |          |                                  |          | -                |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          |                                  |          |                  |                 |                                      |
|                  |                    |                  |          | Total DCC-                       | 0.00     |                  |                 | Total DST-                           |
|                  | 0.00               |                  |          | Total DSEs                       | 0.00     |                  |                 | Total DSEs                           |
|                  | 0.00               | \$               | Group    | Total DSEs Gross Receipts Fourth | 0.00     | \$               | Group           | Total DSEs Gross Receipts Third C    |

| Name                 | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  SYSTEM ID# 61969 |            |         |                      |      |   |               |                                   |  |  |
|----------------------|--|------------|---------|----------------------|------|---|---------------|-----------------------------------|--|--|
|                      |  | IBER GROUP | SUBSCR  | TE FEES FOR EACH     |      |   |               |                                   |  |  |
| <b>9</b> Computation | ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP   |            |         |                      |      | ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP  |               |                                   |  |  |
|                      | COMMUNITY/ AREA 0  |            |         |                      |      |   |               | COMMUNITY/ AREA                   |  |  |
| of                   | DSE  | CALL SIGN  | DSE     | CALL SIGN            | DSE  | CALL SIGN                                 | CALL SIGN DSE |                                   |  |  |
| Base Rate Fe         |  |            |         |                      |      |   |               |                                   |  |  |
| and                  |  |            |         |                      |      |   |               |                                   |  |  |
| Syndicated           |  |            |         |                      |      |   |               |                                   |  |  |
| Exclusivity          |  |            |         |                      |      |   |               |                                   |  |  |
| Surcharge            |  |            |         |                      |      |   |               |                                   |  |  |
| for                  |  |            |         |                      |      |   |               |                                   |  |  |
| Partially            |  |            |         |                      |      |   |               |                                   |  |  |
| Distant              |  |            |         |                      |      |   |               |                                   |  |  |
| Stations             |  |            |         |                      |      |   |               |                                   |  |  |
|                      |  |            |         |                      |      |   |               |                                   |  |  |
|                      |  |            |         |                      |      |   |               |                                   |  |  |
|                      |  |            |         |                      |      |   |               |                                   |  |  |
|                      |  |            |         |                      |      |   |               |                                   |  |  |
|                      |  |            |         |                      |      |   |               |                                   |  |  |
|                      |  |            |         |                      |      |   |               |                                   |  |  |
| 1                    | 0.00   |            | •       | Total DSEs           | 0.00 | DSEs 0.00                                 |               |                                   |  |  |
|                      | 0.00   | \$         | d Group | Gross Receipts Secon | 0.00 | \$  | roup          | Gross Receipts First G            |  |  |
|                      | Base Rate Fee Second Group \$ 0.00   |            |         |                      |      | \$  | roup          | <b>Base Rate Fee</b> First G      |  |  |
|                      | ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP  |            |         |                      |      | NE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP |               |                                   |  |  |
|                      | COMMUNITY/ AREA0   |            |         |                      |      |   |               | COMMUNITY/ AREA                   |  |  |
|                      |  |            |         | COMMUNITY/ AREA      |      |   |               |                                   |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      | DSE  | CALL SIGN  | DSE     | CALL SIGN            | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           | CALL SIGN                         |  |  |
|                      |  | CALL SIGN  | DSE     |                      | DSE  | CALL SIGN                                 | DSE           |                                   |  |  |
|                      | DSE  | CALL SIGN  |         | CALL SIGN            |      | CALL SIGN                                 |               | Total DSEs Gross Receipts Third C |  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  SYSTEM ID# 61969 |               |                |                    |                        |                |      |                  |  |
|--|---------------|----------------|--------------------|------------------------|----------------|------|------------------|--|
| BLOCK  | A: COMPUTAT   | ION OF BASE RA | TE FEES FOR EA     | CH SUBSCF              | RIBER GROUP    |      |                  |  |
| NE HUNDRED FORTY-NINTH SUBSCRIBER GROUP  |               |                | 1                  |                        | SUBSCRIBER GRO | UP   | 9                |  |
| COMMUNITY/ AREA  | NITY/ AREA 0  |                |                    | COMMUNITY/ AREA 0      |                |      |                  |  |
| CALL SIGN DS   | E CALL SIG    | N DSE          | CALL SIGN          | SIGN DSE CALL SIGN DSE |                |      |                  |  |
|  |               |                |                    |                        |                |      | Base Rate F      |  |
|  |               |                |                    |                        |                |      | and              |  |
|  |               |                |                    |                        |                |      | Syndicated       |  |
|  |               |                |                    |                        |                |      | Exclusivity      |  |
|  |               |                |                    |                        |                |      | Surcharge        |  |
|  |               |                |                    | ·····                  |                |      | for<br>Partially |  |
|  |               |                |                    |                        |                |      | Distant          |  |
|  | <del> </del>  |                |                    |                        |                |      | Stations         |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
| Total DSEs   |               | 0.00           | Total DSEs         |                        |                | 0.00 |                  |  |
| Gross Receipts First Group   | \$ 0.00       |                | Gross Receipts Sec | ond Group              | \$             | 1    |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
| Base Rate Fee First Group  | \$            | 0.00           | Base Rate Fee Sec  | ond Group              | \$             | 0.00 |                  |  |
| ONE HUNDRED FIFTY-F  | RST SUBSCRIBE | R GROUP        | ONE HUNDRED FIR    | TY-SECONE              | SUBSCRIBER GRO | UP   |                  |  |
| COMMUNITY/ AREA  |               | 0              | COMMUNITY/ AREA0   |                        |                |      |                  |  |
| CALL SIGN DS   | E CALL SIG    | N DSE          | CALL SIGN          | DSE                    | CALL SIGN      | DSE  |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    | ·····                  |                |      |                  |  |
|  |               | ······         |                    |                        |                |      |                  |  |
|  | <del> </del>  |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               | ·····          |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
|  |               |                |                    |                        |                |      |                  |  |
| 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 |                  |  |
|  |               |                | 11                 |                        |                |      |                  |  |

| LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  SYSTEM ID# 61969 |  |           |                  |                       |  |           |         | Name                     |  |
|--|--|-----------|------------------|-----------------------|--|-----------|---------|--------------------------|--|
| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                     |  |           |                  |                       |  |           |         |                          |  |
| ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP   |  |           | ONE HUNDRED FIFT | JP <b>0</b>           | 9  |           |         |                          |  |
| COMMUNITY/ AREA  |  |           | 0                | COMMUNITY/ AREA       | Computation                              |           |         |                          |  |
| CALL SIGN  | DSE                                      | CALL SIGN | DSE              | CALL SIGN             | DSE                                      | CALL SIGN | DSE     | of                       |  |
|  |  |           |                  |                       | <u>.</u>                                 |           |         | Base Rate Fee            |  |
|  |  | -         |                  |                       |  |           |         | and                      |  |
|  |  | -         |                  |                       | <b>.</b>                                 |           |         | Syndicated               |  |
|  |  |           |                  |                       | <b>.</b>                                 | -         | ····    | Exclusivity<br>Surcharge |  |
|  |  |           |                  |                       |  | -         |         | for                      |  |
|  |  | -         |                  |                       |  | -         |         | Partially                |  |
|  |  |           |                  |                       |  |           |         | Distant                  |  |
|  |  | -         |                  |                       |  |           |         | Stations                 |  |
|  |  |           |                  |                       | <u> </u>                                 |           |         |                          |  |
|  | <br>                                     |           |                  |                       | <u> </u>                                 |           |         |                          |  |
|  |  |           |                  |                       | <b></b>                                  |           | <u></u> |                          |  |
|  |  |           |                  |                       | <b>.</b>                                 |           |         |                          |  |
|  |  |           |                  |                       | <u>.</u>                                 |           |         |                          |  |
| Total DSEs   | <u> </u>                                 |           | 0.00             | Total DSEs            | ·Į                                       | Ш         | 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 FIF  | ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP |           |                  |                       | ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP |           |         |                          |  |
| COMMUNITY/ AREA  |  |           | 0                | COMMUNITY/ AREA       |  |           |         |                          |  |
| CALL SIGN  | DSE                                      | CALL SIGN | DSE              | CALL SIGN             | DSE                                      | CALL SIGN | DSE     |                          |  |
|  |  |           |                  |                       |  |           |         |                          |  |
|  |  |           |                  |                       |  |           |         |                          |  |
|  |  |           |                  |                       |  | -         |         |                          |  |
|  |  |           |                  |                       |  | -         |         |                          |  |
|  |  |           |                  |                       |  |           |         |                          |  |
|  |  |           |                  |                       | <u>.</u>                                 | -         |         |                          |  |
|  |  |           |                  |                       | <u> </u>                                 |           |         |                          |  |
|  |  |           |                  |                       | <u> </u>                                 |           |         |                          |  |
|  |  |           |                  |                       |  |           |         |                          |  |
|  | ļ  |           |                  |                       | <u> </u>                                 |           |         |                          |  |
|  |  | -         |                  |                       | <b></b>                                  |           |         |                          |  |
|  |  |           |                  |                       | <u>.</u>                                 |           |         |                          |  |
|  |  |           |                  |                       |  |           |         |                          |  |
| Total DSEs   | 1  |           | 0.00             | Total DSEs            |  | Ш         | 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    |                          |  |
| ase Rate Fee: Add the  |  |           | criber group     | as shown in the boxes | above.                                   | \$        |         |                          |  |

| Name  9 Computation of | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Crystal Communications, Inc.  SYSTEM ID# 61969 |                  |          |                                  |  |                |          |                                      |  |
|------------------------|--|------------------|----------|----------------------------------|--|----------------|----------|--------------------------------------|--|
|                        | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP                     |                  |          |                                  |  |                |          |                                      |  |
|                        |  | SUBSCRIBER GROUP |          |                                  | ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP |                |          |                                      |  |
|                        | 0  |                  |          | COMMUNITY/ AREA                  | 0  | // AREA0       |          |                                      |  |
|                        | CALL SIGN DSE CALL SIGN DSE  |                  |          |                                  |  | CALL SIGN      | DSE      | CALL SIGN                            |  |
| Base Rate F            |  |                  |          |                                  | DSE  |                |          |                                      |  |
| and                    |  |                  |          |                                  |  |                |          |                                      |  |
| Syndicated             |  | _                |          |                                  |  |                |          |                                      |  |
| Exclusivity            |  |                  | <u> </u> |                                  |  |                |          |                                      |  |
| Surcharge<br>for       |  |                  | <u>.</u> |                                  |  |                |          |                                      |  |
| Partially              |  | -                |          |                                  |  |                |          |                                      |  |
| Distant                |  |                  |          |                                  |  |                |          |                                      |  |
| Stations               |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        | ····   |                  | <b>-</b> |                                  |  |                | <b></b>  |                                      |  |
|                        |  |                  | <u> </u> |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        | 0.00   |                  |          | Total DSEs                       | 0.00                                       |                |          | Total DSEs                           |  |
|                        | 0.00   | \$               | d Group  | Gross Receipts Secon             | 0.00                                       | \$ 0.00        |          | Gross Receipts First G               |  |
|                        | 0.00   | \$               | d Group  | Base Rate Fee Secon              | 0.00                                       | \$             | roup     | Base Rate Fee First G                |  |
|                        | IP   | SUBSCRIBER GROU  | SIXTIETH | ONE HUNDRED                      | JP   | SUBSCRIBER GRO | ΓΥ-NINTH | ONE HUNDRED FIFT                     |  |
|                        | 0  |                  |          | COMMUNITY/ AREA                  | 0  |                |          | COMMUNITY/ AREA                      |  |
|                        | DSE  | CALL SIGN        | DSE      | CALL SIGN                        | DSE  | CALL SIGN      | DSE      | CALL SIGN                            |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  | <br>             | <u> </u> |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  | <b></b>        |          |                                      |  |
|                        |  |                  | •        |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        |  |                  |          |                                  |  |                |          |                                      |  |
|                        | 0.00   |                  |          | Total DSEs                       | 0.00                                       |                |          | Total DSEs                           |  |
|                        | 0.00   | \$               | Group    | Total DSEs Gross Receipts Fourtl | 0.00                                       | \$             | Group    | Total DSEs<br>Gross Receipts Third G |  |

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group . . . . . . . . . . . . . . . . Second Group . . . . . . . . . . . . . . . . THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market **Base Rate Fee INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group . . . . . . . . . . . . . . . . **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FIFTEENTH SUBSCRIBER GROUP SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTEENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . NINEENTH SUBSCRIBER GROUP TWENTYTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. TWENTY-NINTH SUBSCRIBER GROUP THIRTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTY-THIRD SUBSCRIBER GROUP THIRTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . THIRTY-FIFTH SUBSCRIBER GROUP THIRTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTY-EIGHTH SUBSCRIBER GROUP THIRTY-SEVENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . THIRTY-NINTH SUBSCRIBER GROUP FORTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FORTY-FIRST SUBSCRIBER GROUP FORTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FORTY-THIRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FORTY-FIFTH SUBSCRIBER GROUP FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FORTY-SEVENTH SUBSCRIBER GROUP FORTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FORTY-NINTH SUBSCRIBER GROUP FIFTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTY-THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FIFTY-FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTY-SEVENTH SUBSCRIBER GROUP FIFTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . FIFTY-NINTH SUBSCRIBER GROUP SIXTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SIXTY-FIRST SUBSCRIBER GROUP SIXTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SIXTY-FIFTH SUBSCRIBER GROUP SIXTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SIXTY-SEVENTH SUBSCRIBER GROUP SIXTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SIXTY-NINTH SUBSCRIBER GROUP SEVENTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTY-FIRST SUBSCRIBER GROUP SEVENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTY-THIRD SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. SEVENTY-SEVENTH SUBSCRIBER GROUP SEVENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . SEVENTY-NINTH SUBSCRIBER GROUP EIGHTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. EIGHTY-FIRST SUBSCRIBER GROUP EIGHTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . EIGHTY-THIRD SUBSCRIBER GROUP EIGHTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. EIGHTY-FIFTH SUBSCRIBER GROUP EIGHTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . EIGHTY-SEVENTH SUBSCRIBER GROUP EIGHTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. EIGHTY-NINTH SUBSCRIBER GROUP NINETIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . NINETY-FIRST SUBSCRIBER GROUP NINETY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINETY-THIRD SUBSCRIBER GROUP NINETY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY **SURCHARGE** SURCHARGE Second Group . . . . . . . . . . . . . . . . NINETY-FIFTH SUBSCRIBER GROUP NINETY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINETY-SEVENTH SUBSCRIBER GROUP NINETY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . NINETY-NINTH SUBSCRIBER GROUP ONE HUNDREDTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDERED FIRST SUBSCRIBER GROUP ONE HUNDERED SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDERED THIRD SUBSCRIBER GROUP ONE HUNDERED FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED SEVENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED THIRTEENTH SUBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FIFTEENTH SUBSCRIBER GROUP ONE HUNDRED SIXTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED NINTEENTH SUBSCRIBER GROUP ONE HUNDRED TWENTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED TWENTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP ONE HUNDRED THIRTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED THIRTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED THIRTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FORTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FORTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FORTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown 

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Crystal Communications, Inc. 61969 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . . . . Line 1: Enter the VHF DSEs . . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 2: Enter the Exempt DSEs . . . . . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group . . . . . . . . . . . . . . . . ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs . . . . Line 1: Enter the VHF DSEs . . . . Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group . . . . . . . . . . . . . . . . SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown