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

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Long Form)

General instructions are located in

the first tab of this workbook.

SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	20191									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine. If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account check here if this is the system's first filing. If not, enter the system's IE	ess of the cable syste er on the last day of th ounting perioo	m e accounting period should s		062696					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
	Consolidated Communications Enterprise Services	, Inc								
				06269	620191					
				062696	20191					
	121 S. 17th Street Mattoon, IL 61938-3987									
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address o									
System	1 IDENTIFICATION OF CABLE SYSTEM: Consolidated Communications Enterprise Services	, Inc								
	MAILING ADDRESS OF CABLE SYSTEM: 121 S. 17th Street (Number, street, rural route, apartment, or suite number) Mattoon, IL 61938-3987 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	unity served below and rel	ist on page	e 1b					
Area	with all communities.									
Served	CITY OR TOWN	STATE								
First	Mattoon	IL								
Community	Below is a sample for reporting communities if you report multiple ch	annel line-ups in Sp								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP		GRP#					
Sample	Alda	MD MD	A B		1 2					
	Alliance Gering	MD	B		3					
					·					
form in order to pro numbers. By provid search reports prep	Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect ess your statement of account. PII is any personal information that can be used to identify ng PII, you are agreeing to the routine use of it to establish and maintain a public record, vared for the public. The effect of not providing the PII requested is that it may delay proces is statements of account, and it may affect the legal suffciency of the fling, a determination for the statements of account.	v or trace an individual, s which includes appearing using of your statement o	uch as name, address and teleph in the Offce's public indexes and f account and its placement in the	one I in						

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

08/27/2019

FORM SA3E. PAGE 1b.				-					
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Consolidated Communications Enterprise Services, Inc			062696						
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporatea and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first community.	orated communiti t community that	es within unincorp you list will serve	orated	D Area Served					
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each re designated by a number (based on your reporting from Part 9).	e column blank. I levant community	f you report any st with a subscriber	ations group,						
When reporting the carriage of television broadcast stations on a community-by-commu channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-					
Mattoon	IL	Α	1	First					
Arcola	IL	Α	1	Community					
Hindsboro Ashmore	IL	A	1	_					
Ashmore	IL	Α	1						
Charleston	IL	A	1						
Humboldt	IL	Α	1	See instructions for					
Oakland	IL I	Α	1	additional information					
Sigel Lerna	IL	Α	1	on alphabetization.					
Lerna	IL I	Α	1						
Effingham	IL I	Α	2						
Strasburg	IL	Α	3						
Arthur	IL I	Α	4	Add rows as necessary.					
Gays	IL I	Α	4						
Windsor	IL	Α	4						
Assumption	IL	Α	5						
Atwood	IL	Α	5						
Shelbyville	IL	Α	5						
Tower Hill	IL	Α	5						
Westervelt	IL	A	5						
Cowden	IL	Α	6						
Stewardson	IL	Α	6						
Blue Mound	IL	Α	7						
Bulpitt	IL	Α	7						
Edinburg	IL	Α	7						
Kincaid	IL	Α	7						
Morrisonville	IL	Α	7						
Mount Auburn	IL	Α	7						
Moweaqua	IL	Α	7						
Owaneco	IL	Α	7						
Palmer	IL	Α	7						
Pana	IL	Α	7						
Stonington	IL	Α	7						
Taylorville	IL	Α	7						
Тоуеу	IL	Α	7						
Butler	IL	В	8						
Coalton	IL	В	8						
Farmersville	IL	B	8						
Hillsboro	IL	B	8						
Irving	IL I	B	8						
Litchfield	IL IL	B	8						
Nokomis	IL	B	8						
Raymond	IL I	B	8						
-		L		1					

Taylor Springs	IL	В	8	
Witt		R	8	
· · · · ·		D	0	

											VOTE		
Name	LEGAL NAME OF OWNER OF CABL			. .						5	-		
	Consolidated Commun	ications En	terpris	se Services,	Inc						06	6269	
–	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES								
E	In General: The information in s												
Cocondomi	system, that is, the retransmission												
Secondary Transmission	about other services (including p last day of the accounting period						e those	existir	ig on the	3			
Service: Sub-	Number of Subscribers: Both						cable sy	stem,	broken				
scribers and	down by categories of secondar	y transmission	service	. In general, yo	u can com	pute the num	ber of s	ubscri	bers in				
Rates	each category by counting the n							tions	charged				
	separately for the particular serv Rate: Give the standard rate of							haro	and the	<u>م</u>			
		nit 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												
	systems most commonly provide that applies to your system. Not												
	categories, that person or entity												
	subscriber who pays extra for ca												
	first set" and would be counted of												
	Block 2: If your cable system printed in block 1 (for example, t												
	with the number of subscribers a						<i>,</i> .			nei			
	sufficient.												
	BLO	OCK 1					В	LOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF S	FRVICE	-		. OF RIBERS	R	ATE	
	Residential:	CODOCIND		TOTE		D Set Top Bo		-	00000	6158		6.9	
	Service to first set	1	1,753	\$ 25.45		D Set Top Bo				97	\$ \$	6.9	
	Service to additional set(s)		.,	· · · · · · · ·				ŀ		•••	·····		
	• FM radio (if separate rate)												
	Motel, hotel												
	Commercial 330 \$ 25.45												
	Converter												
	Residential	1	3,409	\$ 5.99									
	• Residential • Non-residential • 315 • 5.99												
	Non-residential		315	\$ 5.99									
					s								
	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai	-	NSMIS	SIONS: RATE	-	l your cable s	system's	servi	ces that	were			
F	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t	te (not subscrit hose services	NSMIS ber) info	SIONS: RATE ormation with re	spect to al combination	n with any se	condary	r trans	mission				
_	SERVICES OTHER THAN SEC In General: Space F calls for rainot covered in space E, that is, t service for a single fee. There ar	te (not subscrib hose services re two exceptio	NSMIS ber) info that are ns: you	SIONS: RATE prmation with re not offered in o do not need to	spect to al combination give rate i	n with any se	condary	rtrans g (1)	mission services				
Services	SERVICES OTHER THAN SEC In General: Space F calls for rainot covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services	te (not subscrit hose services re two exceptio or facilities furr	NSMIS per) info that are ns: you hished t	SIONS: RATE ormation with re not offered in o do not need to o nonsubscribe	espect to al combination give rate i ers. Rate in	n with any se information co formation sho	econdary oncernin	r trans g (1) : ude b	mission services oth the				
_	SERVICES OTHER THAN SEC In General: Space F calls for rainot covered in space E, that is, t service for a single fee. There ar	te (not subscrit hose services re two exceptio or facilities furr hit in which it is	NSMIS per) info that are ns: you hished t	SIONS: RATE ormation with re not offered in o do not need to o nonsubscribe	espect to al combination give rate i ers. Rate in	n with any se information co formation sho	econdary oncernin	r trans g (1) : ude b	mission services oth the				
Services Other Than Secondary Transmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rain not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rate	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t	NSMIS ber) info that are ns: you nished to usually he cabl	SIONS: RATE ormation with re- not offered in o do not need to o nonsubscribe billed. If any ra- e system for ea	espect to al combinatio give rate i ers. Rate in ates are ch ach of the a	n with any se information c formation sh arged on a v applicable se	econdary oncernin ould incl ariable p rvices lis	trans g (1) : ude b er-pro ted.	mission services oth the ogram ba	asis,			
Services Other Than Secondary	SERVICES OTHER THAN SEC In General: Space F calls for ran not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys	NSMIS ber) info that are nished to usually he cabl stem fur	SIONS: RATE ormation with re- not offered in o do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	n with any se information c formation sh arged on a v applicable se the accountin	econdary oncernin ould incl ariable p rvices lis g period	trans g (1) : ude b er-pro ted. that v	mission services oth the ogram ba were not	asis,			
Services Other Than Secondary Transmissions:	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg	NSMIS ber) info that are ns: you hished t usually he cabl stem fu je was r	SIONS: RATE ormation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	n with any se information c formation sh arged on a v applicable se the accountin	econdary oncernin ould incl ariable p rvices lis g period	trans g (1) : ude b er-pro ted. that v	mission services oth the ogram ba were not	asis,			
Services Other Than Secondary Transmissions:	SERVICES OTHER THAN SEC In General: Space F calls for ran not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate chargo tion and includ	NSMIS oper) info that are ns: you nished to usually he cabl stem fun ge was r de the ra	SIONS: RATE ormation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t	n with any se information c formation sh arged on a v applicable se the accountin	econdary oncernin ould incl ariable p rvices lis g period	trans g (1) : ude b er-pro ted. that v	mission services oth the ogram ba were not form of a	asis, a			
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charge btion and includ BLO	NSMIS ber) info that are ns: you nished to usually he cabl stem ful ge was r de the ra CK 1	SIONS: RATE ormation with re a not offered in o do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi ate for each.	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t shed. List	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2		ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate chargo tion and includ	NSMIS oper) info that are ns: you nished to usually he cabl stem ful ge was r de the ra CK 1 CATEC	SIONS: RATE ormation with re not offered in o do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t shed. List VICE	n with any se information c formation sh arged on a v applicable se the accountin	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charge btion and includ BLO	NSMIS ber) info that are ns: you nished to usually he cabl stem fun ge was r de the ra CK 1 CATEC Install	SIONS: RATE ormation with re- e not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi ate for each.	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t shed. List VICE	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te (not subscrit hose services re two exceptio or facilities furm hit in which it is rate column. te charged by t t your cable sys separate charge btion and includ BLOG RATE	NSMIS oper) info that are ns: you nished t usually he cabl stem fun ge was r de the ra CK 1 CATEC Installa	SIONS: RATE ormation with re- ormation with re- do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer made or establi ate for each. GORY OF SER ation: Non-res	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t shed. List VICE	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te (not subscrit hose services re two exceptio or facilities furm hit in which it is rate column. te charged by t t your cable sys separate charge btion and includ BLOO RATE \$ 25.45	NSMIS oper) info that are ns: you nished t usually he cabl stem fun je was r de the ra CK 1 CATEC Installa • Mo • Co	SIONS: RATE ormation with re e not offered in o do not need to o nonsubscribe r billed. If any ra e system for ea rnished or offer made or establi ate for each. GORY OF SER ation: Non-res	spect to al combinatio give rate i ers. Rate in ates are ch ach of the a ed during t shed. List VICE	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te (not subscrit hose services re two exceptio or facilities furm hit in which it is rate column. te charged by t t your cable sys separate charge btion and includ BLOO RATE \$ 25.45	NSMIS ber) info that are ns: you hished to usually he cabl stem fun je was r de the ra CK 1 CATEC Install • Mo • Co • Pay • Pay	SIONS: RATE ormation with re enot offered in of do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	spect to al combinatic give rate i ars. Rate in ates are ch ach of the a ed during f shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 25.45 \$ 10.00	NSMIS ber) info that are ns: you nished to usually he cabl stem fun je was n de the ra CK 1 CATEC Install • Mo • Co • Pa • Fire	SIONS: RATE ormation with re a not offered in of do not need to o nonsubscribe billed. If any ra e system for ea rnished or offer made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	spect to al combinatio give rate i rrs. Rate in ates are ch ach of the a ed during t shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R		
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	te (not subscrit hose services re two exceptio or facilities furm hit in which it is rate column. te charged by t t your cable sys separate charge btion and includ BLOO RATE \$ 25.45	NSMIS ber) info that are ns: you nished to usually he cabl stem ful e was r de the ra CK 1 CATEC Installa • Mo • Co • Pay • Fire • Bui	SIONS: RATE ormation with re- e not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- rnished or offer made or establi- ate for each. SORY OF SER ation: Non-res- tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	spect to al combinatio give rate i rrs. Rate in ates are ch ach of the a ed during t shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 25.45 \$ 10.00	NSMIS ber) info that are ns: you nished t usually he cabl stem fun ye was r de the ra CK 1 CATEC Install • Mo • Co • Pay • Fire • Bun Other	SIONS: RATE ormation with re- e not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- rnished or offer made or establi- ate for each. <u>SORY OF SER</u> ation: Non-res- tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	spect to al combinatio give rate i rrs. Rate in ates are ch ach of the a ed during t shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscrit hose services re two exceptio or facilities furm hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 25.45 \$ 10.00 \$ 50.00	NSMIS ber) info that are ns: you nished t usually he cabl stem fun ye was r de the ra CK 1 CATEC Install • Mo • Co • Pa • Fire • Bun Other • Re	SIONS: RATE ormation with re- e not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- rnished or offer made or establi- ate for each. <u>GORY OF SER</u> ation: Non-res tel, hotel mmercial y cable y cable-add'l che e protection rglar protection services: connect	spect to al combinatio give rate i rrs. Rate in ates are ch ach of the a ed during t shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscrit hose services re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 25.45 \$ 10.00	NSMIS ber) info that are ns: you nished to usually he cabl stem fun ye was r de the ra CK 1 CATEC Install • Mo • Co • Pa • Fire • Bun Other • Dis	SIONS: RATE ormation with re- e not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- rnished or offer made or establi- ate for each. <u>GORY OF SER</u> ation: Non-res tel, hotel mmercial y cable y cable-add'l che e protection rglar protection services: connect sconnect	spect to al combinatio give rate i rrs. Rate in ates are ch ach of the a ed during t shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R	ATE	
Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscrit hose services re two exceptio or facilities furm hit in which it is rate column. te charged by t t your cable sys separate charge otion and includ BLOO RATE \$ 25.45 \$ 10.00 \$ 50.00	NSMIS ber) info that are ns: you hished t usually he cabl stem fun je was r de the ra CK 1 CATEC Install • Mo • Co • Pay • Fird • Bui Other • Dis • Ou	SIONS: RATE ormation with re- e not offered in of do not need to o nonsubscribe billed. If any ra- e system for ea- rnished or offer made or establi- ate for each. <u>GORY OF SER</u> ation: Non-res tel, hotel mmercial y cable y cable-add'l che e protection rglar protection services: connect	spect to al combinatio give rate i ars. Rate in ates are ch ach of the a ed during f shed. List <u>VICE</u> idential	n with any se information c formation sh arged on a v applicable se the accountin these other s	econdary oncernin ould incl ariable p rvices lis g period ervices	y trans g (1) : ude b er-pro ted. that v n the	mission services oth the ogram ba were not form of a BL	asis, a .OCK 2	R		

FORM SA3E. PAGE	3. DWNER OF CABLE S	/STEM.			SYSTEM ID	¥
	d Communica		rprise Servic	es. Inc	062696	Name
				,		-
carried by your cab FCC rules and regu 76.59(d)(2) and (4) substitute program Substitute Bas basis under specific Do not list the station was carried List the station was carried List the station was carried List the station was carried to the paper SAA Column 1: List each multicast stree cast stream as "WE WETA-simulcast). Column 2: Given to community of lic on which your cable Column 3: Indice educational station (for independent m For the meaning of Column 4: If the planation of local signal Column 5: If your cable Column 5: If your cable C	ce G, identify ever le system during t ulations in effect or , 76.61(e)(2) and (basis, as explaine is Stations: With FCC rules, regula- tion here in space ied only on a subs re, and also in space re information cond 3 form. each station's call am associated wite TA-2". Simulcast e the channel numl ense. For example e system carried the cate in each case w at in each case w at in each case w at these terms, see e station is outside ervice area, see pu u have entered "Y	y television st he accounting n June 24, 19 4), or 76.63 (i ed in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta cerning substil sign. Do not r h a station ac streams must ber the FCC h e, WRC is Ch ne station. whether the st etter "N" (for n oncommercia page (v) of the es" in column on during the	g period, except 81, permitting th referring to 76.6 paragraph. y distant stations iorizations: t it in space I (th ation was carried tute basis station report origination cording to its over t be reported in or annel 4 in Wash tation is a netwo etwork), "N-M" (il educational), o e general instructi 4, you must cor accounting period	(1) stations carrie the carriage of cert 1(e)(2) and (4))]; a s carried by your of e Special Stateme d both on a substitu- ns, see page (v) of n program service er-the-air designa column 1 (list each the television stati- ington, D.C. This rk station, an inder for network multion r "E-M" (for nonco- ctions located in the situat"), enter "Yei ions located in the mplete column 5, sod. Indicate by emi-	stating the basis on which your tering "LAC" if your cable system	G Primary Transmitters: Television
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give	nission of a distant ent entered into o nd a primary trans or simulcasts, als e three categories the location of ea	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations,	ubject to a royalty tween a cable system senting the prima channel on any of instructions locate list the community	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	
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give	hission of a distant ent entered into o nd a primary trans or simulcasts, als e three categories the location of ea or Canadian static	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v ch station. Fo ons, if any, giv	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, re the name of th	subject to a royalty tween a cable systematic systemati	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.	
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican	hission of a distant ent entered into o nd a primary trans or simulcasts, als e three categories the location of ea or Canadian static	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, re the name of th	ubject to a royalty etween a cable systematic actions and of channel on any of instructions locate list the community ne community with space G for each	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.	_
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican	hission of a distant ent entered into o nd a primary trans or simulcasts, als e three categories the location of ea or Canadian static	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups,	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	ubject to a royalty etween a cable systematic actions and of channel on any of instructions locate list the community ne community with space G for each	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.	
of a written agreem the cable system a ion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN	hission of a distant ent entered into o nd a primary trans or simulcasts, als e three categories the location of ea or Canadian static lizing multiple chai 2. B'CAST CHANNEL	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ich station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	AA 5. BASIS OF CARRIAGE	y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the which the station is identifed. channel line-up.	
of a written agreem the cable system an ion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN	hission of a distant ent entered into o nd a primary trans for simulcasts, alse the location of ea or Canadian static izing multiple char 2. B'CAST CHANNEL NUMBER	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general i or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No)	tubject to a royalty stween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	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. channel line-up. 6. LOCATION OF STATION	
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA	hission of a distant ent entered into o nd a primary trans for simulcasts, also e three categories the location of ea or Canadian static lizing multiple chai 2. B'CAST CHANNEL NUMBER 2.1	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES	tubject to a royalty stween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant)	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN	
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI	hission of a distant ent entered into o nd a primary trans for simulcasts, alse the location of ea or Canadian static izing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N	eam that is not s une 30, 2009, be ssociation repre you carried the or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 r 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. r to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN Champaign, IL	
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL	hission of a distant ent entered into o nd a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN	additional informatio
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD	hission of a distant ent entered into o nd a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1	multicast stre n or before Ju mitter or an a o enter "E". If , see page (v, ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N E	eam that is not s une 30, 2009, be ssociation repre you carried the of the general i or U.S. stations, i re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL	additional informatio
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS	hission of a distant ent entered into o nd a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1	multicast streen n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL	additional informatio
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS WAND	hission of a distant ent entered into o nd a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1	multicast streen n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N	eam that is not s une 30, 2009, be ssociation repre you carried the of the general i or U.S. stations, i re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL Decatur, IL 	additional informatio
of a written agreem the cable system and tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS WAND WAND-2	hission of a distant ient entered into o ind a primary trans for simulcasts, also e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2	multicast stren n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO NO NO NO NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the a which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL Decatur, IL 	additional informatio
of a written agreem the cable system ai tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICD WICS WAND WAND-2 WBUI	hission of a distant ient entered into o ind a primary trans for simulcasts, alse the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2 23.1	multicast streen or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N I	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO YES NO NO NO NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up. 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL Decatur, IL Decatur, IL 	additional informatio
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS WAND WAND-2 WBUI WBUI-2	hission of a distant ient entered into o ind a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2 23.1 23.2	multicast stren n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N N N N N N N N N	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO YES NO NO NO NO NO NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further of in the paper SA3 form. r to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL Decatur, IL Decatur, IL Decatur, IL 	additional informatio
of a written agreem the cable system al tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCLA WTHI WILL WICD WICS WAND WAND-2 WBUI WBUI-2 WCCU	hission of a distant ient entered into o ind a primary trans for simulcasts, alse the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2 23.1 23.2 27.1	multicast streen or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N I	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, is the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO YES NO NO NO NO NO NO NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further of in the paper SA3 form. to which the station is licensed by the owhich the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL Decatur, IL Decatur, IL Urbana, IL Urbana, IL 	additional information
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS WAND WAND-2 WBUI WBUI-2 WCCU WCIX	hission of a distant ient entered into o ind a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2 23.1 23.2 27.1 49.1	multicast stren n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N N N I I I-M I I	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO YES NO NO NO NO NO NO NO NO	aubject to a royalty tween a cable systematic channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further id in the paper SA3 form. to which the station is licensed by the owhich the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Champaign, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Springfield, IL	additional informatio
of a written agreem the cable system an tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS WAND WAND-2 WBUI WBUI-2 WCU WCIX WEIU	hission of a distant ient entered into o ind a primary trans for simulcasts, also the location of ea or Canadian static izing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2 23.1 23.2 27.1 49.1 51.1	multicast stren n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fo ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N N N N N N N N N	eam that is not s une 30, 2009, be ssociation repre you carried the) of the general is or U.S. stations, the the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO NO NO NO NO NO NO NO NO NO NO NO NO	tubject to a royalty tween a cable systematic and the primal channel on any of instructions locate list the community the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0	 r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further of in the paper SA3 form. r to which the station is licensed by the n which the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Springfield, IL Decatur, IL Decatur, IL Urbana, IL Springfield, IL Springfield, IL Charleston, IL 	additional informatio
of a written agreem the cable system a tion "E" (exempt). F explanation of thes Column 6: Give FCC. For Mexican Note: If you are util 1. CALL SIGN WTWO WCIA WTHI WILL WICD WICS WAND WAND-2 WBUI WBUI-2 WCCU WCIX	hission of a distant ient entered into o ind a primary trans for simulcasts, alse e three categories the location of ea or Canadian static lizing multiple char 2. B'CAST CHANNEL NUMBER 2.1 3.1 10.1 12.1 15.1 20 17.1 17.2 23.1 23.2 27.1 49.1	multicast stren n or before Ju mitter or an a o enter "E". If , see page (v) ch station. Fc ons, if any, giv nnel line-ups, CHANN 3. TYPE OF STATION N N N N N N N N N N I I I-M I I	eam that is not s une 30, 2009, be ssociation repre you carried the of the general is or U.S. stations, re the name of th use a separate EL LINE-UP 4. DISTANT? (Yes or No) YES NO YES NO YES NO NO NO NO NO NO NO NO	aubject to a royalty tween a cable systematic channel on any of instructions locate list the community with space G for each AA 5. BASIS OF CARRIAGE (If Distant) 0 0	r payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ad in the paper SA3 form. to which the station is licensed by the owhich the station is identifed. channel line-up. 6. LOCATION OF STATION 6. LOCATION OF STATION Terre Haute, IN Champaign, IL Terre Haute, IN Urbana, IL Champaign, IL Champaign, IL Decatur, IL Decatur, IL Decatur, IL Decatur, IL Urbana, IL Springfield, IL	additional informatio

LEGAL NAME OF OWN	ER OF CABLE S	/STEM:			SYSTEM ID#	Nerre -
Consolidated C	communicat	tions Enter	prise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s FCC rules and regulati	ystem during to ons in effect or	he accounting n June 24, 198	period, except 31, permitting th	(1) stations carrie e carriage of certa	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 Primary
substitute program bas Substitute Basis S basis under specifc FC	tations: With	respect to any	distant stations	carried by your c	cable system on a substitute program	Transmitters Television
	here in space	G-but do list		e Special Stateme	ent and Program Log)—if the	
basis. For further in	formation conc				tute basis and also on some other f the general instructions located	
	h station's call	-	· •		s such as HBO, ESPN, etc. Identify tion. For example, report multi-	
			•	•	h stream separately; for example	
its community of licens	e. For example	e, WRC is Cha	-		ion for broadcasting over-the-air in may be different from the channel	
	in each case v	whether the st			ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
	ast), "E" (for n	oncommercial	educational), o	r "E-M" (for nonco	ommercial educational multicast).	
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the		
•	ne distant statio	on during the a	accounting perio	d. Indicate by ent	stating the basis on which your tering "LAC" if your cable system capacity.	
of a written agreement	entered into o	n or before Ju	ne 30, 2009, be	tween a cable sys	/ payment because it is the subject stem or an association representing	
tion "E" (exempt). For s explanation of these th Column 6: Give the	simulcasts, also ree categories location of ea	o enter "E". If y , see page (v) ch station. Fo	you carried the o of the general i r U.S. stations, l	channel on any ot nstructions locate ist the community	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	
Note: If you are utilizin				•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AB		
1. CALL	2. B'CAST	3. TYPE		5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
κτνι	2.1	I	NO		St. Luis MO	
KTVI-2	2.2	I-M	NO		St. Luis MO	
KMOV	4.1	N	NO		Springfield, IL	
KSDK	5.1	N	NO		St. Luis MO	
KETC	9.1	E	YES	0	Champaign, II	
KPLR	11.1	<u> </u>	NO		St. Luis MO	
KPLR-2	11.2	I-M	NO		St. Luis MO	
WICS	20	N	NO		Springfield, IL	
KDNL	30.1	N	NO		St. Luis MO	
WRBU	46.1	I	NO		St. Luis MO	
WCIX	49.1	I	NO		Springfield, IL	
			NO			1

Springfield, IL

Springfield, IL

Decatur, IL

Decatur, IL

WRSP

WAND

WRSP-2

WAND-2

55.1

55.2

17.1

17.2

L

I-M

Ν

N-M

NO

NO

NO

NO

Consolidated Communications Enterprise Services, Inc 062696 Nummer PRMARY TRANSMITTERS: TELEVISION In Generat: In space 5. dentity every television station (including translator stations and low power television stations) carries by your cable system during the actuage of contain network space or transmitters or transmit tes or transmitters or transmitters or transmitters or transm	Consolidated Communications Enterprise Services, Inc 062696 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 nules and regulations in effect on June 24, 1981, permitting the carriage of cartial network programs [sections 76,59(d)(2) and (4), 76,61(e)(2) and (4), 76,61(e)(2) and (4)); and (2) cr661(e)(2) cr661(e)(2) and (4). The station space (-but do bit it in space I (the Special Statement and Program Log)—If the station was carried bot is the space I (the Special Statement and Program Log). If the station here, and also in space I, if the station was carried bot station, see page (V) of the general instructions located in the paper SA3 form. Column 3: List each station's call sign. Do not report origination program services such as H80, ESPN, etc. Identify each multicast the associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station. Column 3: Clow 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 c	LEGAL NAME OF OV	VNER OF CABLE S	YSTEM:			SYSTEM ID#	Nama
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 reflect on June 24 1981, perinting the carriage of certain network programs [sections 76.59(d)(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. Count 10 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	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 reflect on June 24, 1981, permitting the carriage of certain network programs [sections as bubble program basis, as explained in the next paragraph. Image: Comparison (Comparison) (Consolidated	Communica	tions Ente	rprise Servic	es, Inc	062696	Name
carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under: FCC rules and regulations in effect on June 24. 1981, permitting the carriage of cartain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 076.63 (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, and also in space I, lift 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. Television Colum 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, export multi-cast stream associated with a station according to its over-the-air designation, for cardacating 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. Colum 3: Indicate in eace whether the station is a network station, an independent, "I-M" (for independent multicast). Colum 5: If the station outside the local service area, is page (v) of the general instructions located in the paper SA3 form. Column 5: If the station is outside the to call service area, (i.e. 'distanth'), refer "Yes" in column 4, you must compl	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 fS9(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. Primary substitute program basis with respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Primary • Do not list the station here in space G—but do list if in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. Is the station here, and also in space 1, 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. Is the station according to its over-the-air designation. For example, report multi- cast stream as sweltaxe: 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. The device in the paper SA3 form. Column 5: 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 the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered 'Yes' in column 1, you must complete column 5, stating the basis on	PRIMARY TRANSMIT	TERS: TELEVISI	ON				
Substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specif FCC rules, regulations, or authorizations: To not list the station here in space C—but do list It in space I (the Special Statement and Program Log)—If the station was carried only on a substitute basis. Teamsmitters: * Use the station was carried only on a substitute basis. To not list the station is according to its over-the-air designation. For example, report multicast stream asculated with a station according to its over-the-air designation. For example, report multicast stream asculated with a station according to its over-the-air designation. For example, report multicast, stream asculated in the paper SA3 form. Column 1: List each station? scall station according to its over-the-air designation. For example, were the channel number the FCC has assigned to the television station for broadcasting over-the-air in the 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 to vertime instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "No". For an exaple, and the distant station on column 4, you must complete column 5, stating the basis on which your cable system carried the distant station and a part-time basis because of lack of advited channel capacity. For the meaning of these terms, see page (v) of the	substitute program basis, as explained in the next paragraph. Transmittires: 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: Transmittires: * 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. Television * List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station 's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast): Simulcast stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast is 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 sourcing the letter's (for neocommercial educational state domain or bard for molecular provers multicast). Te' for noncommercial educational or 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, (te. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instruct	carried by your cable FCC rules and regula	e system during t ations in effect o	the accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	d only on a part-time basis under ain network programs [sections	G
Television Television Do not list the station service in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station here in a disc in space 1, if the station was carried only on a substitute basis. Television List the station here, and also in space 1, 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 associated with a station according to its over-the-air designation. 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 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tits 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 2: Give the channel number the FCC has assigned to the television slocated in the paper SA3 form. Column 4: Give noncommercial educational), or "E-M" (for noncommercial educational multicast). For 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.	Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Television box of list the station here in space G—but do list if in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. It is the station here in space G—but do list if in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. It is the station here in space G—but do list if in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 noncommercial educational multicast). For the each case sep page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, sep page (v) of the general instructio				0	1(e)(2) and (4))]; a	and (2) certain stations carried on a	-
• Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space 1, 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station science of the designation. For example, report multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream sub the 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 calle system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "for independent), "I-M" (for independent), "I-M" (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 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 on a part-time bas	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. East the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams 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 calce system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N" (for network), "N-M" (for network multicast), "f' (for independent), "I-M" (for independent multicast). 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, see page (v) of the general instructions located in the paper SA3 form. Column 5: Hyou have entered 'Yes" in column 4, you must complete column 5, stating the basis on which 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 argerement entered into on or 0.3, 0.2009, between a cable system or an association representing the cibale system and a					s carried by your c	able system on a substitute program	
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 multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in columa 4, you must complete column 5, stating the basis on which your called 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	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 swETA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example report multi-cast stream as "WETA-2'. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in lis 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 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 or a part-time basis because of lack of activated channel capacity. For the retramsmission of a distant multicast stream that is not subject to a roy	Do not list the static	on here in space	G-but do lis		e Special Statem	ent and Program Log)—if the	
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-S". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station, by entring the letter "N" (for relevork multicast), "I" (for independent, "I-M" (for independent multicast), "E" (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 "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 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 or an	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 is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for noncommercial educational station, by entering the letter "N" (for network, "N-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 or before June 30, 2009, between a cable system or an association representing the cable system or an association representing the cable system ora fassociation representing the channel capacity.				ation was carried	d both on a substit	tute basis and also on some other	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for a ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 representi	each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast). "I" (for independent), "I-M" (for independent multicast), "E" (for network), "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. 'distant'), enter "Yes''. If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "E" (exempt). For simulcast, 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) o	basis. For further	information cond					
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 9: LAC" if your cable system carried the distant station ouring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station our or before June 30, 2009, between a cable system or an association representing the cable system or an association representing the cable system and a primary transmitter or an association representing the paper SA3 form. Column 6: Given the distant station ouring 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. <	cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "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 or before June 30, 2009, between a cable system care are see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the 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 pure an cable system or an association representing the cable system and a primary transmitter or an association representing							
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), or 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 pinary transmitter, enter the designation "E" (exempt). For sin sulcasts, 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 5: If you are utilting multiple channel ine-ups, use a separate space G fo	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 noncommercial educational 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 multicast stream that is not subject to a royalty pament 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. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you careid the canneel 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 5: Give the location of each station. For				0	•	• • •	
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 explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the nam	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 ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL SIGN 2. B'CAST CHANNEL 0 F 4. DISTANT? SIGN 5. BASIS OF CHANNEL CHANNEL 5. BASIS OF CARRIAGE						rolican separately, for example	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL SIGN	on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are				-		-	
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 independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational stations), or "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), "It is 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 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 cable system and a primary transmitter or an association representing the cable 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 i	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 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 station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Claumn 6: Give the location of each station. For U.S. stations, list the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups. 6. LOCATION OF STATION SIGN 2. B'CAST 3. TYPE <				annel 4 in Wash	ington, D.C. This	may be different from the channel	
(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 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 column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: I	(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 channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. I. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	Column 3: Indica	te in each case	whether the s				
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 on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	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 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 cable system of sinuclasts, also enter "E". If you carried the channel capacity. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give a separate space G for each channel line							
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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE <td>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION</td> <td></td> <td><i>,,</i> (</td> <td></td> <td>, ·</td> <td>``</td> <td>,</td> <td></td>	Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION		<i>,,</i> (, ·	``	,	
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 designa- to "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL Sign 20'CAST 3. TYPE OF 4. DISTA	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 channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION							
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 of the set three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION SIGN 0. B'CAST 0. TYPE 4. DISTANT? 6. LOCATION OF STATION	cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0.F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION							
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0.F (Yes or No) CARRIAGE 6. LOCATION OF STATION				•	•	•	
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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION			-	÷ ·	-		
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION SIGN 0. CHANNEL 0. (Yes or No) CARRIAGE							
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL SIGN 2. B'CAST CHANNEL OF 4. DISTANT? SIGN 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION SIGN 0. CHANNEL 0. OF 0. CARRIAGE 0. COMPACTION 0. CARRIAGE 0. COMPACT	-				•		
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	-			•	v .		
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION							
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AC 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION						-	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION					•		
SIGN CHANNEL OF (Yes or No) CARRIAGE	SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AC		-
SIGN CHANNEL OF (Yes or No) CARRIAGE	SIGN CHANNEL OF (Yes or No) CARRIAGE	1 CALL	2 P'CAST					-
							6. LOCATION OF STATION	
		SIGN		-	. ,			
		•••••						•
Image: section of the section of th								
Image: second								
Image: Section of the section of th								_
		•••••						
			··· ·					-
				1				1
				+			+	•
							<u> </u>	
				+				.

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Consolidated C	Communica	tions Ente	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTE	ERS: TELEVISI	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Statem	ent and Program Log)—if the	
station was carried			ation was carried	d both on a substit	tute basis and also on some other	
basis. For further in	formation cond				f the general instructions located	
in the paper SA3 fo Column 1: List eac		sign. Do not	report origination	n program service	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	tion. For example, report multi-	
	-2". Simulcast	streams must	t be reported in o	column 1 (list eacl	h stream separately; for example	
			-		ion for broadcasting over-the-air in	
on which your cable sy	,stem carried t	he station.		0	may be different from the channel	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multion	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ommercial educational multicast).	
For the meaning of the Column 4: If the sta	ese terms, see ation is outside	page (v) of th the local ser	e general instrue vice area, (i.e. "c	ctions located in th distant"), enter "Ye	he paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.	
					/ payment because it is the subject stem or an association representing	
the cable system and a	a primary trans	mitter or an a	ssociation repre	senting the prima	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	
FCC. For Mexican or (Note: If you are utilizin				•	n which the station is identifed.	
			EL LINE-UP			-
			-			-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
Olon	NUMBER	STATION	· ,	(If Distant)		
]
]
					<u> </u>	
						-
	1	1		1	1	1

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) of only on a part-time basis under ain network programs [sections	G
	6.61(e)(2) and	(4), or 76.63 (referring to 76.6		and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Statem	ent and Program Log)—if the	
	and also in spa	ace I, if the sta			tute basis and also on some other f the general instructions located	
in the paper SA3 fo		sian Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
					tion. For example, report multi-	
	-2". Simulcast	streams must	t be reported in o	column 1 (list eacl	h stream separately; for example	
WETA-simulcast). Column 2: Give the	e channel num	ber the FCC h	has assigned to	the television stat	ion for broadcasting over-the-air in	
	se. For example	e, WRC is Ch	-		may be different from the channel	
Column 3: Indicate	in each case	whether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in th	he paper SA3 form.	
planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form.	
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat		-	÷ ·	-		
					/ payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
• • • •					ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizin				•	n which the station is identifed.	
		• •	EL LINE-UP			
	0 DIOAOT					-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	· ,	(If Distant)		
					<u> </u>	
	.					
					<u> </u>	

LEGAL NAME OF OW	NER OF CABLE S	YSTEM:			SYSTEM I	D#
Consolidated	Communica	tions Enter	rprise Servic	es, Inc	0626	96 ^{Name}
PRIMARY TRANSMIT	ERS: TELEVISI	ON				
carried by your cable FCC rules and regula	system during t tions in effect o	the accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 7 substitute program ba			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	n here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
 station was carried List the station here 			ation was carried	d both on a substit	ute basis and also on some other	
	nformation cond				f the general instructions located	
Column 1: List ea	ch station's call				s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).				· ·		
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable s	system carried t	he station.		0		
					pendent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of th					ne paper SA3 form. ss". If not, enter "No". For an ex-	
planation of local service	/ice area, see p	age (v) of the	general instruct	ions located in the	paper SA3 form.	
			•	•	stating the basis on which your ering "LAC" if your cable system	
carried the distant sta		-	÷ ·	•		
					payment because it is the subject stem or an association representing	
-					ry transmitter, enter the designa-	
· · /					her basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
FCC. For Mexican or Note: If you are utiliz				•	which the station is identifed.	
Note. Il you are utiliz		• •				
		CHANN	EL LINE-UP	AF		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	HOMBER			(ii Biotant)		
]	
					1	
	•••			+		1

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
 basis under specifc FC Do not list the station 				e Special Stateme	ent and Program Log)—if the	
station was carried	only on a subs	titute basis.				
	formation cond				ute basis and also on some other finance of the general instructions located	
		sign. Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi-	
WETA-simulcast).		Streams mus			r stream separately, for example	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	•					
					ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the						
planation of local servi					es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y	es" in column	4, you must co	mplete column 5, s	stating the basis on which your	
cable system carried to		-	÷.	•	tering "LAC" if your cable system	
For the retransmiss	ion of a distan	t multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
					her basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizir	ig multiple cha	• •	•		channel line-up.	
	I	CHANN	EL LINE-UP	AG		_
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF	(Yes or No)	CARRIAGE		
	NUNDER	STATION		(If Distant)		-
					ļ	
						-
	-			••••••	1	
					h	
		+				-
					+	
					<u> </u>	-
					<u> </u>	
		1				

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
station was carried			ation was carried	t both on a substit	tute basis and also on some other	
	formation cond				f the general instructions located	
Column 1: List eac	ch station's call				s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).					references, for example	
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	, stem carried t	he station.		0		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your	
cable system carried to		-	÷ ·	•	tering "LAC" if your cable system capacity.	
For the retransmiss	ion of a distan	t multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	ther basis, enter "O." For a further	
					d in the paper SA3 form. / to which the station is licensed by the	
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
						1
						-
	.					
					ļ	
	T]

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Consolidated C	Communica	tions Ente	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
	6.61(e)(2) and	(4), or 76.63 (referring to 76.6		and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
station was carried			ation was carried	d both on a substit	tute basis and also on some other	
basis. For further in	formation cond				f the general instructions located	
in the paper SA3 fo Column 1: List eac		sign. Do not	report origination	n program service	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	tion. For example, report multi-	
Cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in o	column 1 (list eacl	h stream separately; for example	
Column 2: Give the			-		ion for broadcasting over-the-air in	
on which your cable sy	,stem carried t	he station.		0	may be different from the channel	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multi	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ommercial educational multicast).	
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of th the local ser	e general instrue vice area, (i.e. "c	ctions located in th distant"), enter "Ye	ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ce area, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
			•	•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel of	capacity.	
					r payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
• • • •					ther basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizin				-	n which the station is identifed. channel line-up.	
	.gp.c		EL LINE-UP			
4.044			4. DISTANT?	5. BASIS OF		-
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	· ,	(If Distant)		
					ļ	
					ļ	
	.				ļ	
					ļ	

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama		
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name		
PRIMARY TRANSMITTI	ERS: TELEVISI	N						
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G		
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:		
				s carried by your c	able system on a substitute program	Television		
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the			
 station was carried List the station here 			ation was carried	d both on a substit	tute basis and also on some other			
	formation cond				f the general instructions located			
					s such as HBO, ESPN, etc. Identify			
			•	•	tion. For example, report multi- n stream separately; for example			
WETA-simulcast).			·	· ·				
			-		ion for broadcasting over-the-air in may be different from the channel			
on which your cable sy	•				may be different nom the channel			
					ependent station, or a noncommercial			
					ast), "I" (for independent), "I-M" ommercial educational multicast).			
For the meaning of the	ese terms, see	page (v) of th	e general instru	ctions located in th	ne paper SA3 form.			
Column 4: If the st planation of local servi					es". If not, enter "No". For an ex-			
					stating the basis on which your			
		-	÷ ·	•	tering "LAC" if your cable system			
carried the distant stat For the retransmiss	•				payment because it is the subject			
-				•	stem or an association representing			
			•	U 1	ry transmitter, enter the designa- ther basis, enter "O." For a further			
explanation of these th	ree categories	, see page (v) of the general	instructions locate	d in the paper SA3 form.			
					to which the station is licensed by the			
Note: If you are utilizin				-	which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AJ		-		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION			
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE				
	NUMBER	STATION		(If Distant)				
						1		
						-		
	.							
]]		
	T]		
					<u> </u>			

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
 basis under specifc FC Do not list the station 				e Special Stateme	ent and Program Log)—if the	
station was carried	only on a subs	titute basis.				
	formation cond				tute basis and also on some other for the general instructions located	
		sign. Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).		Streams mus			r stream separately, for example	
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	•				may be different nom the channel	
					ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the						
planation of local servi					es". If not, enter "No". For an ex- e paper SA3 form.	
Column 5: If you h	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your	
cable system carried to		-	÷ ·	•	tering "LAC" if your cable system capacity.	
For the retransmiss	ion of a distan	t multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					d in the paper SA3 form. / to which the station is licensed by the	
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AK		_
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF	(Yes or No)	CARRIAGE		
	NUNDER	STATION		(If Distant)		-
						-
	†			••••••		
	-					-
	-	+				-
	-					•
	 					-
	 					
		1				

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	
Consolidated 0	Communica	tions Ente	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITT	ERS: TELEVISIO	NC				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect of 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC				s carried by your c	able system on a substitute program	Television
				e Special Stateme	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other f the general instructions located	
					s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).		har the FOC k		, the television stati		
its community of licens on which your cable sy	se. For example stem carried th	e, WRC is Ch he station.	annel 4 in Wash	ington, D.C. This	ion for broadcasting over-the-air in may be different from the channel	
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the Column 4: If the st					es". If not, enter "No". For an ex-	
planation of local servi						
				•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis beca	ause of lack of a	ctivated channel of	capacity.	
					v payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
· · · /					ther basis, enter "O." For a further d in the paper SA3 form.	
					to which the station is licensed by the	
				•	which the station is identifed.	
Note: If you are utilizir		• •	•		channel inte-up.	
			EL LINE-UP			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				(ii Diotairt)		
		+		+		
					+	
				+		
					ļ	

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	ON				
carried by your cable s	system during t	he accounting	period, except	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
 basis under specifc FC Do not list the station 				e Special Stateme	ent and Program Log)—if the	
station was carried	only on a subs	titute basis.				
	formation cond				tute basis and also on some other for the general instructions located	
		sign. Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
WETA-simulcast).		Sucarits musi			i stream separately, for example	
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	•				may be different nom the channel	
					ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the						
planation of local servi					es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y	es" in column	4, you must co	mplete column 5, s	stating the basis on which your	
cable system carried to carried the distant stat		-	÷.	•	tering "LAC" if your cable system	
For the retransmiss	ion of a distan	t multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	ther basis, enter "O." For a further	
					d in the paper SA3 form. / to which the station is licensed by the	
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AM		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-
						1
						1
						-
						-
	+	+				-1
					+	-
	 					-
	.					4
	_					-
	_					

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#		
Consolidated C	Communica	tions Ente	rprise Servic	es, Inc	062696	Name	
PRIMARY TRANSMITTI	ERS: TELEVISI	N					
carried by your cable s	system during t	he accounting	g period, except	(1) stations carrie	and low power television stations) of only on a part-time basis under ain network programs [sections	G	
76.59(d)(2) and (4), 76 substitute program bas	6.61(e)(2) and (sis, as explaine	(4), or 76.63 (ed in the next	referring to 76.6 paragraph.	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:	
				s carried by your c	able system on a substitute program	Television	
	here in space	G-but do lis		e Special Statem	ent and Program Log)—if the		
station was carried			ation was carried	d both on a substit	tute basis and also on some other		
basis. For further in	formation cond				f the general instructions located		
in the paper SA3 fo Column 1: List eac		sign. Do not	report originatio	n program service	s such as HBO, ESPN, etc. Identify		
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	tion. For example, report multi-		
Cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in	column 1 (list eacl	h stream separately; for example		
Column 2: Give the			-		ion for broadcasting over-the-air in		
on which your cable sy	,stem carried t	he station.		0	may be different from the channel		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"		
(for independent multi	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ommercial educational multicast).		
For the meaning of the Column 4: If the st	ese terms, see ation is outside	page (v) of th the local ser	e general instru- vice area, (i.e. "o	ctions located in th distant"), enter "Ye	he paper SA3 form. es". If not, enter "No". For an ex-		
planation of local servi	ce area, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.		
			•	•	stating the basis on which your tering "LAC" if your cable system		
carried the distant stat	ion on a part-ti	me basis bec	ause of lack of a	activated channel	capacity.		
					/ payment because it is the subject stem or an association representing		
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	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		
FCC. For Mexican or (Note: If you are utilizin				•	which the station is identifed.		
			EL LINE-UP			-	
			_			-	
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
OIGIN	NUMBER	STATION	· ,	(If Distant)			
]	
					ļ		
	T]		

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
station was carried			ation was carried	t both on a substit	tute basis and also on some other	
	formation cond				f the general instructions located	
Column 1: List eac	h station's call				s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).				· ·		
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	,stem carried t	he station.		0		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your	
carried the distant stat		-	÷ ·	•	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	
					d in the paper SA3 form. / to which the station is licensed by the	
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
	1	CHANN	EL LINE-UP	AO		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
						1
		+				-
		+				•
		·			+	
						-
		1				

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	ł Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
 basis under specifc FC Do not list the station 				e Special Stateme	ent and Program Log)—if the	
station was carried	only on a subs	titute basis.				
	formation cond				ute basis and also on some other f the general instructions located	
		sign. Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).					reaction deparately, for example	
			-		on for broadcasting over-the-air in may be different from the channel	
on which your cable sy	, stem carried t	he station.		U		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your	
carried the distant stat		-	÷ ·	•	tering "LAC" if your cable system capacity.	
					payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
					her basis, enter "O." For a further	
					d in the paper SA3 form. to which the station is licensed by the	
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AP		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-
					ļ	
						1
						-
						•
					+	
	 				<u> </u>	
	_					
					ļ	
	_				ļ	

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	N				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your c	able system on a substitute program	Television
 basis under specifc FC Do not list the station 				e Special Stateme	ent and Program Log)—if the	
station was carried	only on a subs	titute basis.				
	formation cond				tute basis and also on some other for the general instructions located	
		sign. Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).					reaction deparately, for example	
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	, stem carried t	he station.		U		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
Column 5: If you h	ave entered "Y	es" in column	4, you must cor	mplete column 5, s	stating the basis on which your	
cable system carried to		-	÷ ·	•	tering "LAC" if your cable system capacity.	
For the retransmiss	ion of a distan	t multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any ot	ther basis, enter "O." For a further	
					d in the paper SA3 form. / to which the station is licensed by the	
FCC. For Mexican or (Canadian statio	ons, if any, giv	e the name of the	ne community with	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	nnel line-ups,	use a separate	space G for each	channel line-up.	
		CHANN	EL LINE-UP	AQ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		_
						1
	 					
						-
	.					
	_				ļ	_

Consolidated Communications Enterprise Services, Inc 062696	Nama
	Name
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	G
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.	Primary Transmitters:
Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program	Television
 basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 	
station was carried only on a substitute basis.	
 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 	
Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example	
WETA-simulcast).	
Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel	
on which your cable system carried the station.	
Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"	
(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).	
For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex-	
planation of local service area, see page (v) of the general instructions located in the paper SA3 form.	
Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa-	
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further	
explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the	
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	
CHANNEL LINE-UP AR	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	
SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant)	
SIGN CHANNEL NUMBER OF STATION (Yes or No) (If Distant) CARRIAGE (If Distant)	

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
	and also in spa	ace I, if the sta			tute basis and also on some other f the general instructions located	
in the paper SA3 fo		sian Do not i	report origination	n program service	s such as HBO, ESPN, etc. Identify	
each multicast stream	associated wit	h a station ac	cording to its ov	er-the-air designa	tion. For example, report multi-	
cast stream as "WETA WETA-simulcast).	-2". Simulcast	streams must	t be reported in o	column 1 (list eacl	h stream separately; for example	
· ·	e channel num	ber the FCC h	has assigned to	the television stati	ion for broadcasting over-the-air in	
its community of licens on which your cable sy	•		annel 4 in Wash	ington, D.C. This	may be different from the channel	
Column 3: Indicate	e in each case	whether the st			ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
For the meaning of the	<i>,,</i> (, ·		ommercial educational multicast). ne paper SA3 form.	
Column 4: If the st	ation is outside	the local service	vice area, (i.e. "o	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you h					e paper SA3 form. stating the basis on which your	
cable system carried t	he distant stati	on during the	accounting perio	od. Indicate by ent	tering "LAC" if your cable system	
carried the distant stat	•				capacity. / payment because it is the subject	
of a written agreement	t entered into o	n or before Ju	ine 30, 2009, be	etween a cable sys	stem or an association representing	
			•	U 1	ry transmitter, enter the designa- ther basis, enter "O." For a further	
/					d in the paper SA3 form.	
					/ to which the station is licensed by the	
Note: If you are utilizin				-	which the station is identifed. channel line-up.	
,	0	• •	EL LINE-UP			_
						_
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	NUMBER	STATION	. ,	(If Distant)		
	••••••					
	+	+				-
					+	
	-					-
	 					
	.					
		1				

Consolidated Communications Enterprise Services, Inc 062696 Number PRMARY TRANSMITTERS: TELEVISION In General: In space 5. dentily every television station (including transistor stations carried only on a partime basis under SPC Chaes and equations in methic on a 24, 1981, Instruming the carriage of retain network on groups (Instrume Section 24, 1981, Instrume The Characheet Charach	Consolidated Communications Enterprise Services, Inc 0622696 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 76,56((e)(2) and (4)); 76,66((e)(2) and (4)); 76,67((e)(2) and (4)); 76,66((e)(2) and (4)); 76,67((e)(2) and (4)); 76,67((e)(2) and (4)); 76,67((e)(2) and (4)); 76,67((e)(4)); 76,77((e)(4)); 76,77((e)(4)	LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID	#	
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 reflect on June 24 1981, perinting the carriage of certain network programs [sections 76.59(d)(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. Count 10 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	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 refect on June 24 1981, perinting the carriage of certain network programs [sections 76.59(d)(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. Check and the paragraph is the station have in space (but do list it in space 1 (the Special Statement and Program Log)—if the station was carried to on save actried only on a substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream associated with a station and the vision 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 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station by our complete column 3, or TE-M (for noncommercial educational multicast). The for network multicast). The for network multicast is the station case whether the station is a network station and in the paper SA3 form. Column 3: Indicate in each case whether the station is orayity payment because it is the subject of a written agreement network withon the statin structinson located in the paper SA3 form.	Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	06269	6 Name	
carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under: FCC FCC rules and regulations in effect on June 24. 1981, permitting the carriage of cartain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here, and also in space I, lift 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. Television Colum 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, export multi-cast stream associated with a station according to its over-the-air designation, for cardacating 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. Colum 3: Indicate in eace whether the station is a network station, an independent, "I-M" (for independent multicast). Colum 5: If the station outside the boal service area, (i.e. 'distant'), when 'Yes'. Tho, ener 'Wo'. 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 'Y	carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under: FCC FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 07.6.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Primary 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: Televisition was carried to list it in space (1) (the Special Statement and Program Log)—if 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. Television Column 5: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast: Television station for broadcasting over-the-air in tis 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. Television Column 5: Indicate in each case whether the station is a network station, an independent, "I-M" (for independent), "I-M" (for indepe	PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
Substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: To not list the station here in space C—but do list It in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis. Teamsmitters: * 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 asculated with a station according to its over-the-air designation. For example, report multicast stream asculated in the paper SA3 form. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by or "E-M" (for noncommercial educational auditicast). 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 "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.	Substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Teammitters: * 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. Teammitters: * 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. Teammitters: Column 1: List each station 's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast). Teammitters: WETA-simulcast). Outmun 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the 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 vector work multicast). "For (for noncommercial educational outlicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 6: If you have entered 'Yes' in cluster the assis, pain the station is outside the local service area, (i.e. 'distant'), enter 'res'. If not, enter 'No'. For an explanation of loca	carried by your cable s	system during t ions in effect of	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	d only on a part-time basis under ain network programs [sections	G	
Television Television Do not list the station service in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station here in a disc in space 1, if the station was carried only on a substitute basis. Television Television List the station here, and also in space 1, 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 2: 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 associated with a station according to its over-the-air designation. 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 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tits 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 distation. Column 2: Give the channel number the FCC has assigned to the television station, or a noncommercial educational in utilicast). "E" (for noncommercial educational uniticast). Column 2: Idea televise on a substitute basis contains the paper SA3 form. Column 3: If you have entered "Yes" in column 4, you mu	Television Television Television Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station here in a diso in space. I, if the station was carried only on a substitute basis. Television Television List the station here, and also in space. I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tits 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 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tits 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 2: Give the channel number the station is a network station, an independent station, or a noncommercial educationality, or "E-M" (for noncommercial educationality, or "E-M" (for noncommercial educationality, or "E-M" (for an example weighter the station the paper SA3 form. Column 3: If the station or a part-time basis because of lack of activate channel capacity. <td (v)="" area,="" colspantic="" general="" instructions="" locat<="" of="" page="" see="" td="" the=""><td></td><td></td><td></td><td>•</td><td>1(e)(2) and (4))]; a</td><td>and (2) certain stations carried on a</td><td>-</td></td>	<td></td> <td></td> <td></td> <td>•</td> <td>1(e)(2) and (4))]; a</td> <td>and (2) certain stations carried on a</td> <td>-</td>				•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	-
- Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream aswerta-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 calle system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 3, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary	- 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 For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream aswertA-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 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, see page (v) of the general instructions located in the paper SA3 form. Column 5: Hyou have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried on the station end on soluble to a royalty payment because it is the subject of a written agreement entered into on or before. June 30, 2000, between a cable system or an association representing 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 agreem					s carried by your c	able system on a substitute program		
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 multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in columa 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	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 "VETA-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). Er (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 or 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 designa-ton "E (event). For sinulcasts, also enter "E". If you carried the channel on any o	Do not list the station	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the		
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-Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station, by entring the letter "N" (for relevork multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for relevork multicast), "I" (for independent multicast), "E" (for noncommercial educational instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: Indivendent 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 or an association representing the primary transmitter, enter "C." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 4: Uf the station of a distant multicast streame that is not subject to a royalty payment because it is the subje	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-Simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. is a network station, an independent station, or a noncommercial educational station, by entring the letter "N" (for network multicast), "T (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, by entring the letter "N" (for network multicast), "T (for independent multicast), "E" (for noncommercial educational instructions located in the paper SA3 form. Column 4: If the station is o uside the local service area, (i.e. "Gistant"), enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: Indivating 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 or an association representing the cable system carried the distant station on or befor				ation was carried	d both on a substit	ute basis and also on some other		
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outlide the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see bade (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 pimary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three cat station. For U.S. stations, list the community to which the station is lic	each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for network), "N-M" (for network multicast), "T" (for an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system carried the distant multicast stream that is not subject to a royalty payment because it is the subject of a written a	basis. For further in	formation cond						
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 9: LAC" if your cable system carried the distant station ouring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station our or before June 30, 2009, between a cable system or an association representing the cable system or an association representing the cable system and a primary transmitter or an association representing the paper SA3 form. Column 6: Given the distant station ouring 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. <	cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 9: LAC" if your cable system carried the distant station our 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 royally 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 cable system and a primary transmitter or an association representing the general instructions located in the paper SA3 form. Column								
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), or 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 pimary transmitter, enter the designation "E" (exempt). For sin subcass, 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 5: If you are utilizing multiple channel ine-ups, use a separate space G fo	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 noncommercial educational multicast). "E" (for noncommercial educational), or "E-M" (for noncommercial educational). 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 pap				•	•	• • •		
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 explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the nam	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 ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "E" (sevent). For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. C						r stream separately, for example		
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. ECHANNEL LINE-UP AT 1. CALL SIG	on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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 achstation. For U.S. stations, list the community with which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2				-		-		
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 independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational stations), or "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 of "Exercise three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups.	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 "Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Channel LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION <				annel 4 in Wash	ington, D.C. This	may be different from the channel		
(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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. No	(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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. No	Column 3: Indicate	in each case	whether the st					
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 on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	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 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 channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION								
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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE <td>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION</td> <td></td> <td>,, (</td> <td></td> <td></td> <td></td> <td>,</td> <td></td>	Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION		,, (,		
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 designa- to "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST SIGN 2. B'CAST <td< td=""><td>Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0F 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0F 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION								
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 of the set three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	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 of the set three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 6. LOCATION OF STATION SIGN CHANNEL 0. F (Yes or No) CARRIAGE 6. LOCATION OF STATION								
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	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 of the cable system and a primary transmitter or an association representing the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION				•	•	•		
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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	-		-	÷ ·	•			
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION (Yes or No) CARRIAGE	the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE								
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE	tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE	-				•	· •		
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION				•	U 1			
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION								
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION								
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE	1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE					-			
SIGN CHANNEL OF (Yes or No) CARRIAGE	SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AT			
SIGN CHANNEL OF (Yes or No) CARRIAGE	SIGN CHANNEL OF (Yes or No) CARRIAGE		2 B'CAST	3 TYPE	4 DISTANT?	5 BASIS OF	6 LOCATION OF STATION	_	
							0. LOOATION OF STATION		
				-	. ,				
Image: state stat									
Image: section of the section of th									
Image: Section of the sec									
							+		
							<u> </u>		
							<u> </u>		
							<u> </u>		
							+		

Consolidated Communications Enterprise Services, Inc 062696 Maint PRMART TRANSMITTERS: TELEVISION In General: In space 5. Gently every television station (including translator stations and low power television stations) carries by your cable system during the actuage of the station scansed orly on a park-time basis under Section stations (including translator stations) compares [sections which actuality and the paragraph. G Substitute Basis Stations: With respect to any distant stations, carried orly on a substitute program basis, as explained in the net paragraph. Substitute Basis Stations: With respect to any distant stations, carried by our cable system on a substitute program basis, are on a with the basis and station scanse of host paragraph. G Substitute Basis Stations: With respect to any distant stations, are page (v) of the general instructions located on in the paper SA3 form. Column 1: List each station scale and the washington. Circ Ample, report multicast areas and with a station according to its over-the-air designation. For example, report multicast areas and with the station is a network station, an independent tablen, or a noncommercial educational station, by entering the lefter N1 for network multicast), "1 for independent multicast). Column 3: List descale in ach case with the the station is a network station, and approximately for example. Column 3: List descale in ach case with the station is a network station, an independent tablen, or a noncommercial educational multicast). Column 4: The value of the station. Column 5: Statistica in ach case with the value independent head on a case with the station is anetwork statistic in a case with the statistic in a ca	Consolidated Communications Enterprise Services, Inc 0622696 PRIMARY TRANSMITTERS: TELEVISION Information of the enterprise Services, Inc 0622696 PRIMARY TRANSMITTERS: TELEVISION Information of the enterprise Services, Inc 0622696 Information of the enterprise Services, Inc 0622696 0622696 PRIMARY TRANSMITTERS: TELEVISION Information of the enterprise Services, Inc 0622696 Information of the enterprise Services, Inc 0622696 0622696 Substitute program basis, as explained in the next paragraph. Services and regulations in a substitute basis and only on a substitute program basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the pager SA3 form. Outmatical stream associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station is a network station, an independent station, or anoncommercial educational station, or oncommercial educational station, or oncommercial educational multicast). Column 3: Indicate in each case whether the station is a network station, an independent multicast). For in explanation of local se	LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	t Nama
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 reflect on June 24 1981, perinting the carriage of certain network programs [sections 76.59(d)(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. Count 1000000000000000000000000000000000000	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 reflect on June 24, 1981, perimiting the carriage of certain network programs [sections of 6.561(q)(2) and (4), or 76.63 (refering to 76.61(q)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Continue 100, 100, 100, 100, 100, 100, 100, 100	Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under: FCC rules and regulations in effect on June 24. 1981, permitting the carriage of cartain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 076.63 (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: Primary Transmitters: Do not list the station here, and also in space I, lift 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, export multi-cast stream associated with a station according to its over-the-air designation, for cardacating over-the-air in the channel and which your cable system carried the station. Column 3: Indicate in eace whether the station is a network station, an independent station, or a noncommercial educational multicast). Tor in the channel number the ECC has assigned to the television station for broadcasting over-the-air in for channel and the station. Tor meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered 'Yes' in column 4, you must complet column 5, stating the basis on which your cable system carried the distant station during period. In	carried by your cable system during the accounting period. except (1) stations carried only on a part-line basis under: FCC rules and regulations in effect on Jue 24.1981, permitting the carriage of certain network programs [sections fC 5:9(d)(2) and (4), 76.61(e)(2) and (4), 76.63((e)(2) and (4))); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Primary Transmitters: 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: Primary Transmitters: 10 On on list the station here, and also in space I, lift 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 multi-cast stream associated with a station according to its over-the-air designation, or a noncommercial educational multicast). Column 5: Tor 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 5: Tor example, WRC is Channel 4 in Washington, D. C. This may be different multicast). For independent), "Ho" (for network, "Ho", for independent), "Ho" (for independent multicast). For (for independen	PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
Substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: To not list the station here in space C—but do list It in space I (the Special Statement and Program Log)—If the station was carried only on a substitute basis. Teamsmitters: * 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 asculated with a station according to its over-the-air designation. For example, report multicast stream asculated in the paper SA3 form. Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in the community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational by or "E-M" (for noncommercial educational auditicast). 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 "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.	Substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: To not list the station here in space C —but do list it in space 1 (the Special Statement and Program Log)—If the station was carried only on a substitute basis. Tealwitters: * Use 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. To lot 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; To as unstitute the FCC has assigned to the television station for broadcasting over-the-air in the 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. Veltammaticast). Tei (for neocommercial 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 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational to volucation by our telework multicast). Tor independent, "LMC For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 6: If you have entered "Y	carried by your cable s FCC rules and regulat	system during t ions in effect of	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	d only on a part-time basis under ain network programs [sections	G
Television Television basis under specific FCC rules, regulations, or authorizations: > Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space 1, 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 associated with a station according to its over-the-air designation. 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 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tits 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 distation is a network station, an independent station, or a noncommercial educationality, or "E-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). For the meaning of these terms, see page (v) of the general instructions located in 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 on a part-time basis because of lack of acitiv	Substitute Easis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations. Television 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, wRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. To low 11 (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 tits community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational nutlicast). For for noncommercial educational nutlicast). For for noncommercial educational nutlicast). For meansing of loss terms, see page (v) of the general instructions located in the paper SA3 form. Column 3: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant st				•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	-
• Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space 1, 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 associated with a station according to its over-the-air designation. For example, report multicast stream associated with a station science of the designation. For example, report multicast stream associated with a station science of the designation. For example, report multicast stream associated with a station science of the designation. For example, report multicast, Signal as WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "for independent), "I-M" (for independent multicast)," E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 oro before J	• 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. • Lost 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 seconds with a station according to its over-the-air station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast is 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 2: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N' (for network), "N-M' (for network, multicast), "for independent), "I-M" (for independent multicast). "E' (for non-nonmercial educational isolated 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 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					s carried by your c	able system on a substitute program	
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 multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in columa 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 retramsmission of a distant multicast stream that is not subject to a r	 List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as WETA-2". Simulcast stream smust 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) or the general instructions located in the paper SA3 form. Column 4: If the station our op ant-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream subject to a royalty payment because it is the subject of a written agreement entered "res" is not und visual varianty transmitter, enter the designation "Fe exemption socated in the paper SA3 form. Column 5: If you have entered "Yes" in you carried the channel on any other basis, enter "O." For a	Do not list the station	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-S". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is a network station, an independent station, or a noncommercial educational station, by entring the letter "N" (for relevork multicast), "I" (for independent, "I-M" (for independent multicast), "E" (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 "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 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 or an	basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the 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 multicast). "T (for independent). "I-M" (for independent multicast), "E" (for noncommercial educational nulticast). "E" (for independent). "I-M" (for independent multicast), "E" 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 retramsmission of a distant multicast stream that is not subject to a nayother basis, aform. Column 4: Use the location or 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 cable system and a primary transmitter or an association representing the cable system and a primary transmitter or an ex- station. For exemple, tor simulocast, also enter "E". " (you carried the				ation was carried	t both on a substit	tute basis and also on some other	
each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for network multicast), "T" (for an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outlide the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see bade (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 pimary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three cat station. For U.S. stations, list the community to which the station is lic	each multicast stream associated with a station according to its over-the-air designation. For example, report multi- cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "T (for independent), "1-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station or or before June 30, 2009, between a cable system or an association representing the cable system and a pirmary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location or each station. For U.S. stations, list the community to which the station is licensed by the FCC	basis. For further in	formation cond					
cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 9: LAC" if your cable system carried the distant station ouring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station our or before June 30, 2009, between a cable system or an association representing the cable system or an association representing the cable system and a primary transmitter or an association representing the paper SA3 form. Column 6: Given the distant station ouring 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. <	cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "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 ouring the accounting period. Indicate by entering "LAC" if your cable system carried the distant station or 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 cable system and a primary transmitter or U.S. stations, blacks, also enter "E". If you carried the community with which the station is licensed by the FCC. For Mexican or Canadian station. For U.S. stations, list the community with which the station is licensed by the FCC. For Mexican or Canadian station. For U.S. stations, list the community with which the station is dentifed. Note: If you are utilizing multiple channel line-ups. use a separate space G for each channel line-up.							
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, one three estignation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of ea	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). "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), "I (for independent), "I-M" (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 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,				•	•	• • •	
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 explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the nam	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 ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered ''Yes'' in column 4, you must complete column 5, stating the basis on which 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 designa- tion ''E'' (exempt). For simulcasts, also enter 'E''. If you carried the channel on any other basis, enter ''O.'' For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is licensed by the						rolican separately, for example	
on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL SIGN 2. B'CAST SIGN OF AU CHANNEL CHANNEL CHANNEL CHANNEL CHANNEL CHANNEL CHANNEL CHANNEL CHANNEL CHANNEL 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 ex- planation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which 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 designa- tion "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 identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CHANNEL 0F 4. DISTANT? 5. BASIS OF CHARNEG 6. LOCATION OF 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 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 of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Clumn 6: Give the location of each station. For U.S. stations, list the community twi w	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), or "Gr noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for noncommercial educational), or "I-M" 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 cables and a primary transmitter or an association representing the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any				annel 4 in Wash	ington, D.C. This	may be different from the channel	
(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 during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. No	(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 to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.	Column 3: Indicate	in each case	whether the st				
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 on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST CHANNEL SIGN 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF Graving Control of STATION	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 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 community other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. Channel LLINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION							
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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE <td>Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. LEHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION</td> <td></td> <td><i>,,</i> (</td> <td></td> <td></td> <td></td> <td>,</td> <td></td>	Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. LEHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION		<i>,,</i> (,	
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 designa- to "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2	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 with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. 0. CHANNEL 6. Give or No) CARRIAGE							
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 of the set three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION	cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 2. B'CAST 0. 0. CARRIAGE 6. LOCATION OF STATION							
carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST GF 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION				•	•	•	
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 designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION (Yes or No)			-	÷ ·	•		
the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa- tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION							
tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL 0F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL SIGN 2. B'CAST CHANNEL 0F 4. DISTANT? 5. BASIS OF CARRIAGE 6. LOCATION OF STATION	-				•		
Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION				•	U 1		
FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION							
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN 0F (Yes or No) CARRIAGE 6. LOCATION OF STATION						-	
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE	1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION					-		
SIGN CHANNEL OF (Yes or No) CARRIAGE	SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AU		_
SIGN CHANNEL OF (Yes or No) CARRIAGE	SIGN CHANNEL OF (Yes or No) CARRIAGE	1 CALL	2 P'CAST	2 TVDE				-
							6. LOCATION OF STATION	
			-	-	· ,			
	Image: section of the section of th		-					-
	Image: section of the section of th	••••••						•
Image: section of the section of th	Image: section of the section of th							
Image: second	Image: section of the section of th							
Image: second	Image: Section of the section of th							
								1
		•••••						
	Image: second							
	Image: Second							
	Image: Second							
	Image: selection of the selec							
						.		
								1

LEGAL NAME OF OWN	NER OF CABLE S	YSTEM:			SYSTEM ID#	
Consolidated 0	Communica	tions Ente	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITT	ERS: TELEVISI	NC				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas	system during t ions in effect o 6.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (i ed in the next	g period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
basis under specifc FC				s carried by your c	able system on a substitute program	Television
 Do not list the station 	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
	and also in spa	ace I, if the sta			tute basis and also on some other f the general instructions located	
					s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).			•	· ·		
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	ystem carried the in each case	he station. whether the s	tation is a netwo	ork station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multi	cast), "E" (for n	oncommercia	l educational), c	or "E-M" (for nonco	ommercial educational multicast).	
For the meaning of the Column 4: If the st					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi	ice area, see p	age (v) of the	general instruct	ions located in the	e paper SA3 form.	
				•	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-ti	me basis beca	ause of lack of a	ctivated channel of	capacity.	
					v payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
· · · /					ther basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizing				•	n which the station is identifed.	
		• •	EL LINE-UP			
	0 DIOAOT	1				
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	. ,	(If Distant)		
	-				······	
	 					
	.					
	_					
					ļ	

LEGAL NAME OF OWN	IER OF CABLE S	YSTEM:			SYSTEM ID#	[‡]
Consolidated C	Communica	tions Enter	rprise Servic	es, Inc	062696	Name
PRIMARY TRANSMITTI	ERS: TELEVISI	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect o	he accounting n June 24, 19	g period, except 81, permitting th	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program bas			•	1(e)(2) and (4))]; a	and (2) certain stations carried on a	Primary Transmitters:
				s carried by your c	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
 station was carried List the station here 			ation was carried	t both on a substit	tute basis and also on some other	
	formation cond				f the general instructions located	
Column 1: List eac	ch station's call				s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
WETA-simulcast).				· ·		
			-		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy	, stem carried t	he station.		U		
					ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
					ommercial educational multicast).	
For the meaning of the					ne paper SA3 form. es". If not, enter "No". For an ex-	
planation of local servi						
			•	•	stating the basis on which your	
carried the distant stat		-	÷.	•	tering "LAC" if your cable system capacity.	
					v payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
					ther basis, enter "O." For a further	
					d in the paper SA3 form. / to which the station is licensed by the	
				-	which the station is identifed.	
Note: If you are utilizir	ng multiple cha	• •	•		channel line-up.	4
	1	CHANN	EL LINE-UP	AW		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		-
						1
						1
	-					"
	-	+			+	1
	-					·
	-	·				-
	-					
	 					
		1				

ACCOUNTING PER	IOD: 20191							FORM SA3E. PAGE 4.		
Nomo	LEGAL NAME OF	OWNER OF CABL	E SYSTE	И:				SYSTEM ID#		
Name	Consolidate	d Commun	ication	s Enterprise Services,	Inc			062696		
H Primary Transmitters: Radio	 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). 									
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
			2.2				5.5			
							[<u>]</u>		

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
Consolidated Commu	nications	Enterprise \$	Services, Inc			062696	Name
SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LOG				
In General: In space I, ident substitute basis during the acceptant of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizati	ons. For a further	Substitute
1. SPECIAL STATEMEN				e general insu			Carriage:
During the accounting per broadcast by a distant state	iod, did you			s, any nonne [.]	twork television pro	-	Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE		-	ge blank. If your answer is	'Yes," you mι	ist complete the pro	ogram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every not distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static adian static ath and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	attach addition nnetwork telev ion and that your authorization t use general of A Basketball: dcast live, ente station broadca on's location (th ons, if any, the when your syste substitute pro a program carrie listed program ons in effect du	al pages. ision program (substitute p our cable system substitute s. See page (vi) of the gen categories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra uring the accounting period	rogram) that, d for the prog eral instructio "basketball". o." m. station is lice station is ider program. Use cable system. 5 p.m. to 6:2 mming that y c enter the let	during the account ramming of another ns located in the pa List specific progra nsed by the FCC or ntified). numerals, with the List the times accu 8:30 p.m. should be our system was req ter "P" if the listed p	ing r station aper am r, in month urately e uuired oro	
s	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No		4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	DELETION TO	
					_		
	1				_		
	1				_		
					_		
					_		
					_		

ACCOUNTING PERIOD: 20191

ACCOUNTING PERIOD: 20191

-

FORM SA3E. PAGE 6.

Name	LEGAL NAME OF (OWNER OF CABLE	SYSTEM:						SYSTEM ID#	
Name	Consolidate	d Communi	cations Enterpri	ise Services	, In	С			062696	
J	In General: Th	PART-TIME CARRIAGE LOG n General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part- ime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and								
Part-Time Carriage Log	hours your syst Column 1 (C column 5 of spa Column 2 (E curred during th • Give the mont "4/10." • State the start television statio "app." Example	 nours 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 elevision 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 								
			DATES	AND HOURS (DF F	PART-TIME CAR	RIAGE			
		WHEN	I CARRIAGE OCCU	RRED			WHEN	I CARRIAGE OCC	URRED	
	CALL SIGN	DATE	HOUR FROM	rs TO		CALL SIGN	DATE	HOU FROM	RS TO	
		DATE		10			DATE		10	
			_					_		
			<u></u>							
								_		
			_					_		
			_					_		
								_		

FORM	SA3E. PAGE 7.			
LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Co	nsolidated Communications Enterprise Services, Inc		062696	Nume
Inst all a (as pag	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's second dentified in space E) during the accounting period. For a further explanation of how to c e (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary transmis ompute this an \$	ssion service	K Gross Receipts
		· · ·		
 Instru Con Con If you fee If you account 	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. ur system did not carry any distant television stations, leave block 3 blank. Enter the ar from block 1 on line 1 of block 4, and calculate the total royalty fee. ur system did carry any distant television stations, you must complete the applicable pa ompanying this form and attach the schedule to your statement of account.	arts of the DSE	Schedule	L Copyright Royalty Fee
bloc	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below.			
If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	entered on line	2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered	on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		ent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$	1,611,180.68	
	Enter the result here. This is your minimum fee.	\$	17,142.96	
Block 2	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period yes—Complete the DSE schedule. Xo—Leave block 3 below blank and complete the DSE schedule. 	nn 4, you must od?	check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$	4,236.77	
0	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		1,197.81	
	Line 3. Add lines 1 and 2 and enter here	\$	5,434.58	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger	\$	17,142.96	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$	725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	17,867.96	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (a general instructions located in the paper SA3 form for more information.)	See page (i) of	the	

ACCOUNTING PERI	ROD: 20191	ORM SA3E. PAGE 8
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. 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 on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted for Further Information		34
	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)	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations. 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 ide in line 1 of space B and that the owner is not a corporation or partnership; or	ntified
	(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 in line 1 of space B.	e system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/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 p "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility se Typed or printed name: Michael Shultz	
	Title: VP Regulatory & Public Policy (Title of official position held in corporation or partnership)	
	Date: August 28, 2019	

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 Office'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 th 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: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secti	e basic nclude sub-	P Special Statement
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 tran made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below. \$		
Name Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment	1%	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	t charge) ince 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 Of please list below the owner, address, first community served, accounting period, and ID number as given in t 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 infor	mation (PII) requested or	n th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carriec 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 LISTEL 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 local stations are not counted at all in computing DSEs.	

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space G of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station over the air during the accounting period. The basis of carriage value is 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 anc the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

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

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

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

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following: 1) A station actually carried within any portion of a cable system prior

to June 25, 1981, pursuant to the former FCC rules. 2) A station first carried after June 24, 1981, which could have been

carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.

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

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

5) In the case of a station carried prior to June 25, 1981, on a part-tim∉ 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.

DSE SCHEDULE. PAGE 11.

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

Determine whether any of the stations you carried were partially distantthat 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 DSF 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.

TOTAL DSEs

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

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

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

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

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

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

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

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

CITY

Santa Rosa

Rapid City

Fairvale

Bodega Bay

DSE

1.0

1.0

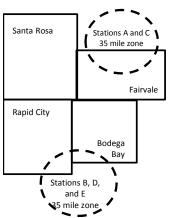
0.083

0.139

0.25

2.472

Distant Stations Carried STATION In most cases under current FCC rules, all of Fairvale would be within A (independent) B (independent) the local service area of both stations C (part-time) A and C and all of Rapid City and Bo-D (part-time) dega Bay would be within the local E (network) service areas of stations B, D, and E.



Minimum Fee Total Gross Receipts		\$600,000.00			
		x .01064			
		\$6,384.00			
First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Identification of Subscriber Groups

OUTSIDE LOCAL

Stations A and C

Stations A and C

Stations B. D. and E

TOTAL GROSS RECEIPTS

SERVICE AREA OF

Stations A, B, C, D ,E

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

GROSS RECEIPTS

\$310,000.00

100,000.00

70,000.00

120,000.00

\$600,000.00

FROM SUBSCRIBERS

ACCOUNTING PERIOD: 20191

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					
	Consolidated Communications Enterprise Services, Inc					
	SUM OF DSEs OF CATEGORY "O" STATIONS: • Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.				1.00	
2	Instructions:					
	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs					
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
Olations	WTWO	0.250	ONEE OIOIN	DOL	O/ LE OIOIT	DOL
	WTHI	0.250				
	WEIU	0.250				
	KETC	0.250				
		01200				
Add rows as						
necessary.						
Remember to copy						
all formula into new						
rows.						
	L			I		

	Consolidate	OWNER OF CABLE SYSTEM: COMMUNICATIONS E	Enterprise S	ervices, Inc				SYSTEM I
3	Instructions: Column 1: Li Column 2	: CAPACITY ist the call sign of all distan 2: For each station, give th	nt stations ider he number of h	ntified by "LAC" in colu	m carried the sta	ation during the acc	ounting period. This	
Computation of DSEs for	Column	correspond with the inform 3: For each station, give the 4: Divide the figure in colu	he total numbe	r of hours that the sta	tion broadcast ov	ver the air during th	• •	
Stations Carried Part Time Due to Lack of Activated Channel	Column s give the type- Column (t at least to the third decin 5: For each independent s -value as ".25." 6: Multiply the figure in col point. This is the station's	station, give the	e "type-value" as "1.0. figure in column 5, and	" For each netwo	ork or noncommerci in column 6. Round	l to no less than the	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS O CARRIAC VALUE	F 5. T	YPE 6 /ALUE	. DSE
					- -	x x		
Computation of DSEs for Substitute- asis Stations	at your option. Column 3: Column 4:	For each station give the This figure should corres Enter the number of days Divide the figure in colum This is the station's DSE	spond with the in the calenda in 2 by the figu	information in space I ar year: 365, except in re in column 3, and gi	a leap year. ve the result in c	olumn 4. Round to	no less than the third	
		SU	BSTITUTE-	BASIS STATION	S: COMPUT	ATION OF DSE	S	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY IN YEAF	S	1. CALL SIGN	2. NUMBER OF PROGRA	OF DA	
								YS
		÷		=			÷	YS AR
		÷		=				YS AR =
	·····	÷ ÷		=			÷ ÷	YS AR = = =
		÷ ÷		=			÷	
	Add the DSEs	+ + + + +	IS STATIONS:				÷ ÷ ÷	
5	Add the DSEs Enter the su	+ + + + + + + + + + * * * * * * * * * *	IS STATIONS: art 5 of this sch ounts from the	= = = = = nedule,			+ + + + + + + 0.00	YS AR = = =
5 Total Number	Add the DSEs Enter the su TOTAL NUMBI number of DSE	+ + + + + + + + + + + + + + + + + + +	IS STATIONS: art 5 of this sch ounts from the	= = = = = nedule,			+ + + + + + + 0.00	

DSE SCHEDULE. F	PAGE 13.							ACCOUNTIN	NG PERIOD: 2019
	DWNER OF CABLE		orise Servic	es, Inc			S	YSTEM ID# 062696	Nama
In block A: • If your answer if schedule.		emainder of p		7 of the DSE sche	edule blank ar	nd complete p	art 8, (page 16) of	f the	6
 If your answer if 	"No," complete blo			FELEVISION M	VDKETS				Computation o
effect on June 24,	1981?	outside of all i	major and sma	aller markets as de	fined under s			gulations in	3.75 Fee
Column 1: CALL SIGN	under FCC rules	s of distant st and regulation ne DSE Sche	ations listed in ons prior to Ju dule. (Note: T	ı part 2, 3, and 4 o ne 25, 1981. For fi he letter M below r	f this schedule urther explana	e that your sys ation of permit	ted stations, see t	the	
Column 2: BASIS OF PERMITTED CARRIAGE	 (Note the FCC rt A Stations carri 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursu. *F A station pre 	ules and regu- ied pursuant f cal education d station (76. or DSE sched ant to individu eviously carrie JHF station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tir <i>v</i> ithin grade-B	ne or substitute ba contour, [76.59(d)(ese in effect of 6.57, 76.59(b e)(1), 76.63(a 63(a) referring bstitution of g usis prior to Ju	n June 24, 194), 76.61(b)(c), 1) referring to 7 g to 76.61(d) randfathered ine 25, 1981	, 76.63(a) referrinç 76.61(e)(1 stations in th∢	-	
Column 3:	*(Note: For those this schedule to	e stations ide determine the	entified by the l e DSE.)	n parts 2, 3, and 4 letter "F" in column	12, you must	complete the		1	
1. CALL SIGN WTWO	2. PERMITTED BASIS B	3. DSE 0.25	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WEIU	С	0.25					-		
WTHI	В	0.25					•		
KETC	С	0.25							
								1.00	
		В	LOCK C: CC	MPUTATION OF	= 3.75 FEE				-
	e total number of								
ine 3: Subtract		1. This is the	e total numbe	ove or of DSEs subject t 7 of this schedu		rate.			
ine 4: Enter gro	oss receipts from	i space K (p	age 7)				x 0.0	375	Do any of the DSEs represe partially
ine 5: Multiply I.	ine 4 by 0.0375	and enter su	um here				x		permited/ partially nonpermitted carriage?
ine 6: Enter tot.	al number of DS	Es from line	3						If yes, see par 9 instructions
ine 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)		<u> </u>	0.00	

		WNER OF CABLE								S	YSTEM ID#	Nama
Со	nsolidated	Communicati	ons Enter	orise	Servio	es, Inc					062696	Name
			BLOCK	A: T	ELEVIS	SION MARK	ETS	G (CONTIN	IUED)			
	1. CALL SIGN	2. PERMITTED BASIS		1.	CALL	2. PERMITT BASIS		3. DSE	1. CAI SIGN	2. PERMITTED BASIS	3. DSE	6
												Computation o
										 		3.75 Fee
						•				 		
						-			*	 		
									**	 		
						•				 		
						•				 		
						•				 		
									**	 		
									+	 		
							[
			+						+	 		
<mark> </mark>			-						11	 		
							Ì					
			.							 		
<mark> </mark>			.						+	 		
<mark> </mark>			+						+	 		

	1							C		ULE. PAGE 14.		
Name	LEGAL NAME OF OWN			• ·					SY	STEM ID#		
	Consolidated C	communication	s Enterpris	se Services,	In	C				062696		
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	 Instructions: You must complete this worksheet for those stations identified 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 identified 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 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 verifcation from the designated statement of account on fle in the Licensing Division.											
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS											
	1. CALL	2. PRIOR				4. BASIS OF		RESENT	6 PF	RMITTED		
	SIGN	2. PRIOR DSE		ERIOD		4. BASIS OF CARRIAGE		DSE		DSE		
		501		-						501		
7 Computation of the Syndicated Exclusivity	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. BLOCK A: MAJOR TELEVISION MARKET											
Surcharge	 Is any portion of the optimized in the optiz	cable system within a	top 100 majo	or television mar	ket	as defned by section 7	6.5 of FCC	rules in effect J	une 24, 19	981?		
-		blocks B and C .				X No—Proceed to						
					NU-FILLEEU IU pair 6							
	BLOCK B: C	arriage of VHF/Grad	le B Contour	Stations	BLOCK C: Computation of Exempt DSEs							
	Is any station listed in commercial VHF stati or in part, over the ca	Was any station listed in block B of part 7 carried in any commu- nity served by the cable system prior to March 31, 1972? (refe to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE				(refe						
	X No—Enter zero a	and proceed to part 8.				X No—Enter zero a	nd proceed f	to part 8.				
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	N	DSE		
		<mark></mark>										
												
		<u> </u>										
		Т	OTAL DSEs	0.00				TOTAL DS	Es	0.00		

DSE SCHEDULE. PA	AGE15.
------------------	--------

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,611,180.68	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated 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 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the D 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 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	Yes Complete part 9 of this schedule.		
	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 D 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		

ACCOUNTING PERIOD: 20191

			JLE. PAGE 16. SYSTEM ID#
Name		Consolidated Communications Enterprise Services, Inc	062696
7 Computation of the Syndicated Exclusivity	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	_
Surcharge		C. Multiply line B by 3.000 and enter here. ▶ \$ D. Enter 0.00089 of gross receipts (the amount in section 1). ▶ \$ E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here. ▶ F. Multiply line D by line E and enter here. ▶ G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) ▶ Syndicated Exclusivity Surcharge. ▶	
8 Computation of Base Rate Fee	You m 6 was • In blo • If you • If you blank What	ctions: iust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B belo c. is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	w
	• Did y	BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS rour cable system retransmit the signals of any partially distant television stations during the accounting period? Yes—Complete part 9 of this schedule. X No—Complete the following sections.	
	Section 1	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE Enter the amount of gross receipts from space K (page 7). \$ 1,611,180.6	8
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	00
	Section 3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	_

LEGAL N	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Cons	olidated Communications Enterprise Services, Inc	062696	Name
Section 4	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		•
	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1)	_	
	B. Enter 0.00701 of gross receipts		Computation
	(the amount in section 1)► \$		of
			Base Rate Fee
	C. Multiply line B by 3.000 and enter here	-	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) S		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here ▶ \$		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee S	0.00	
		0.00	
IMPOR	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcas	signals shall	
instead	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel		9
Space			3
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, s from subscribers located within the station's local service area, from your system's total gross receipts. To take adv		Computation
	on, you must:	anage et ane	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to	the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th	ne number of	Syndicated Exclusivity
	Ind the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for e	ach group.	Surcharge
-	Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pa mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo		Partially Distant
	cable system is wholly located outside all major television markets, complete block A only.	,	Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
	For each community served, determine the local service area of each wholly distant and each partially distant static	on you	Stations
	to that community.		
•	For each wholly distant and each partially distant station you carried, determine which of your subscribers were located station's local service area. A subscriber located outside the local service area of a station is distant to that stati		
	ne token, the station is distant to the subscriber.)		
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. E		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that will have only one subscriber group when the distant stations it carried have local service areas that coincide.	a cable	
	ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syste	m'e subscriber	
groups			
	section:		
	y the communities/areas represented by each subscriber group.		
	he call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all o bers in the group.	of the	
• lf:			
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in	parts 2, 3,	
and 4 c	f this schedule; or,		
	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in blo 6 of this schedule.	юск B,	
•	The DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
		tructions	
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general ins paper SA3 form.	ou ucuoris	
•	ute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the pr	U U	
	n making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group's complement of stations and total gross receipts from the subscribers in that group). You do not need		
	calculations on the form.	to anow your	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM IC
	Consolidated Communications Enterprise Services, Inc	06269
	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.	

FORM SA3E. PAG

EGAL NAME OF OWNE			Services,	Inc			062696	Name
В				TE FEES FOR EACH		IBER GROUP		
FIRST SUBSCRIBER GROUP COMMUNITY/ AREA Mattoon, Arcola, etc				COMMUNITY/ AREA	UP	9		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computat of
	-		202		202		501	Base Rate
								and
								Syndicat
								Exclusivi
	•••••••	-			.	•		Surcharo for
		-						Partially
		_						Distant
								Stations
						•		
			•••					
		-						
otal DSEs			0.00	Total DSEs	<u> </u>	11	0.00	
Bross Receipts First G	roup	\$ 64	8,048.74	Gross Receipts Secon	d Group	\$ 1	38,487.41	
a se Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
		SUBSCRIBER GRC	UP			I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	Strasbu	ırg		COMMUNITY/ AREA				
CALL SIGN	Dee		DSE	CALL SIGN	DSE	Permitted)	DSE	
VTWO	DSE 0.25	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
VTHI	0.25							
		-						
						•		
			•••					
						•		
			••••				••••	
						+	•••••	
otal DSEs			0.50	Total DSEs			0.00	
Bross Receipts Third C	Group	\$ 1	0,330.49	Gross Receipts Fourth	Group	\$	63,883.39	
ase Rate Fee Third G	Group	\$	54.96	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th		e fees for each subs	criber group	as shown in the boxes a	bove.		4,236.77	

LEGAL NAME OF OWNE			Services,	Inc			642696 OG2696	Name
В				TE FEES FOR EAG				
FIFTH SUBSCRIBER GROUP				SIXTH	SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA	Assum	ption, Atwood, I	Bulpitt, et	COMMUNITY/ ARE	COMMUNITY/ AREA Cowden & Stewardson			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WTWO	0.25			WTWO	0.25			Base Rate Fee
WTHI	0.25			WTHI	0.25			and
								Syndicated
		-				_		Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.50	Total DSEs			0.50	
Gross Receipts First G	froup	<u>\$</u> 143	3,120.08	Gross Receipts Sec	Gross Receipts Second Group \$ 23,992.70			
Base Rate Fee First G	iroup	\$	761.40	Base Rate Fee Sec	ond Group	\$	127.64	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Blue M	ound, Edinburg,	Kincaid,	COMMUNITY/ AREA Montgomery County (Farmersville,				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WTWO	0.25			KETC	0.25		<mark></mark>	
WTHI	0.25							
WEIU	0.25						<mark></mark>	
					·····			
							·····	
			···		·····		•••••	
			<mark></mark>		·····		·····	
							·····	
	<mark></mark>		<mark></mark>					
	<mark></mark>		•••					
	<mark></mark>							
	<mark></mark>		•••				••••	
	<mark></mark>		•••		·····		••••	
Total DSEs			0.75	Total DSEs			0.25	
Gross Receipts Third (Jroup	<u>ə 32</u>	,202.54	Gross Receipts Fou	inn Group	<u> </u>	256,035.33	
Base Rate Fee Third Group \$ 2,611.71		Base Rate Fee Fou	rth Group	\$	681.05			
Base Rate Fee: Add th	ne base rat	e fees for each subs	scriber aroun	as shown in the boys	es above			
Enter here and in block			senser group			\$		
	, , ,,							

FORM SA	3E. P/	AGE 19.
---------	--------	---------

LEGAL NAME OF OWNE Consolidated Com			Services,	Inc		S	YSTEM ID# 062696	Name
BL				TE FEES FOR EACH				
NINTH SUBSCRIBER GROUP			COMMUNITY/ AREA		SUBSCRIBER GROU	9 9	9	
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Bate Fee
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
			<mark>.</mark>					Partially
								Distant
						•		Stations
			•			++		
			<mark></mark>			•		
Total DSEs		. <u> </u>	0.00	Total DSEs 0.00				
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secor		\$	0.00	
	EVENTH	SUBSCRIBER GRO						
COMMUNITY/ AREA			0	COMMUNITY/ AREA			U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•		
			<mark></mark>					
			••					
		-						
			<mark></mark>					
			0.00				6.00	
Total DSEs 0.00			Total DSEs			0.00		
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th	e base ra	te fees for each subs	criber aroup	as shown in the boxes	above.			
Enter here and in block			U - F			\$		

LEGAL NAME OF OWNER Consolidated Com			Services,	, Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EAC				
THIR COMMUNITY/ AREA	TEENTH	SUBSCRIBER GROU	JP 0	FO COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
							····	and Syndicate
						•		Exclusivi
								Surcharg
								for
								Partially Distant
								Stations
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	pup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GROU	JP		SIXTEENTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+		
						•		
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block (riber group	II as shown in the boxe	es above.	\$		

FORM	SA3E. P	AGE 19.		

LEGAL NAME OF OW Consolidated C		LE SYSTEM: tions Enterprise	Services	, Inc		5	62696	Name
				ATE FEES FOR EA	CH SUBSCF			
SEV	VENTEENTH	SUBSCRIBER GRO	UP		EIGHTEENTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE	EA		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
-								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	NINTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	ΞΑ		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•	·····	
	·····							
					•••••	•		
						•	····	
][
				1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	urth Group	\$	0.00		
	-							
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	urth Group	\$	0.00	
Base Rate Fee: Add	d the base rat	te fees for each subs	criber group	as shown in the boxe	es above.			
Enter here and in blo						\$		

LEGAL NAME OF OWN Consolidated Cor			Services,	Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EA				
TWENTY-FIRST SUBSCRIBER GROUP					SUBSCRIBER GRO		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
	····				·····			Syndicated Exclusivity
	••••				•••••	+	••••	Surcharge
		-						for
								Partially
								Distant Stations
	••••				•••••	+		Stations
	<mark></mark>							
	••••					•		
Total DSEs		<u>I</u>	0.00	Total DSEs		<u> </u>	0.00	
								
Gross Receipts First C	Jroup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First C	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
TWEN	ITY-THIRD	SUBSCRIBER GRO	UP	TWEN	NTY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						++		
	····				·····			
						<u> </u>		
]				
					<mark></mark>	++		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	irth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add t	he base rat	te fees for each subs	criber group	as shown in the boxe	es above.			
Enter here and in bloc			. .			\$		

LEGAL NAME OF OWNER Consolidated Com			Services	, Inc		S	9YSTEM ID# 062696	Name
				TE FEES FOR EAC				
TWENTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			JP 0	TWE COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate and
								Syndicate
						•		Exclusivi
								Surcharg
								for
						+		Partially Distant
	•••••					+		Stations
						+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
TWENTY-S	EVENTH	SUBSCRIBER GROU	JP	TWEN	UP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						+		
						1		
						•		
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fourt	th Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name

SYSTEM ID#

FORM SA3E. PAGE 19	9.
LEGAL NAME OF OWNE Consolidated Con	R OF CABLE SYSTEM: nmunications Enterprise S
BI	OCK A: COMPUTATION OF
TWEN	TY-NINTH SUBSCRIBER GROU
COMMUNITY/ AREA	

Consolidated Cor	nmunica	tions Enterprise	Services,	Inc			062696	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		THIRTIETH SUBSCRIBER GROUP				•
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
					•••••			for Partially
		-						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	
THIR	TY-FIRST	SUBSCRIBER GROU	JP	THIR	RTY-SECOND	SUBSCRIBER GRC)UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
	···				·····			
					·····			
						_		
		1						
]]		[]		
	···				·····			
						+		
][Ι		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
					·			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th	he base rat	te fees for each subso	riber group	as shown in the boxe	es above.			
Enter here and in bloc	k 3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWNEF Consolidated Com			Services	, Inc		S	062696	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU		1	Y-FOURTH	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
						+		Syndicate Exclusivit
								Surcharge
								for
								Partially
						+		Distant Stations
					.	•		otationio
						•		
					••••••••••••••••••••••••••••••••••••••	+		
Fotal DSEs	Į	<u>.</u>	0.00	Total DSEs	- I		0.00	
		¢	0.00		d Croup	¢	0.00	
Gross Receipts First Gro	Jup	\$	0.00	Gross Receipts Secor	la Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
THIRT	Y-FIFTH	SUBSCRIBER GROU	JP	ТНІ	RTY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					.			
							<mark></mark>	
					<mark>.</mark>			
Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
		<u> </u>						
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

SYSTEM ID#

	A: COMPUTATION OF					
	TH SUBSCRIBER GRO)UP			SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		DOL	ONEE OIGH	DOL		DOL
					+	
					•	
					+	
						<mark></mark>
				_		
tal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$ 0.00	
Gross Receipts First Group \$ 0.00			· · · · · · · · · · · · · · · · · · ·		·	
						
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
	\$		Base Rate Fee Seco		\$ SUBSCRIBER GROU	
THIRTY-NIN	-		Base Rate Fee Seco	FORTIETH		
THIRTY-NIN	-	OUP		FORTIETH		UP
THIRTY-NIN	TH SUBSCRIBER GRO	0UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NIN	TH SUBSCRIBER GRO	0UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0
THIRTY-NIN	TH SUBSCRIBER GRO	0UP 0	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN DMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GRO	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN DMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NINT OMMUNITY/ AREA	TH SUBSCRIBER GRO		COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	UP 0 DSE
THIRTY-NIN OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	
THIRTY-NINT OMMUNITY/ AREA	TH SUBSCRIBER GRO		COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	
CALL SIGN DSE	TH SUBSCRIBER GRO	DUP 0 DSE	COMMUNITY/ AREA	FORTIETH	SUBSCRIBER GROU	

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

LEGAL NAME OF OWNER Consolidated Com			Services,	, Inc		SI	STEM ID# 062696	Name
				TE FEES FOR EACH				
-	Y-FIRST	SUBSCRIBER GROU		1	Y-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
							······	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	id Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	Y-THIRD	SUBSCRIBER GROU		1	Y-FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••							
							<mark></mark>	
							<mark></mark>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Consolidated Com			Services,	, Inc		SY	STEM ID# 062696	Name
				TE FEES FOR EACH				
FORT COMMUNITY/ AREA	TY-FIFTH	SUBSCRIBER GROU	IP 0	FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
						-		and Ourselise start
								Syndicated Exclusivity
								Surcharge
								for
								Partially Distant
						_		Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secor		\$	0.00	
	EVENTH	SUBSCRIBER GROU		FOR				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					<mark></mark>			
					<mark></mark>			
					<mark></mark>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add the	haeo rot	a face for each subse	riber group	as shown in the bayes	above			
Enter here and in block			ibei gioup		abuve.	\$		

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNE			Services,	, Inc		SY	STEM ID# 062696	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUI		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
								l I
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secor		\$	0.00	l
FIF1 COMMUNITY/ AREA	Y-FIRST	SUBSCRIBER GROL	JP 0	FIFT COMMUNITY/ AREA	P 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		l I
								l I
						•		
						-		
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	l
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNEF Consolidated Com			Services,	, Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EAG		RIBER GROUP		
FIFT COMMUNITY/ AREA	Y-THIRD	SUBSCRIBER GROL	<u>лр</u> О	FII COMMUNITY/ ARE	JP 0	9		
								Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F and
								Syndicated
								Exclusivity
					·····			Surcharge for
								Partially
						•		Distant Stations
								Otations
					·····			
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
FIFT	Y-FIFTH	SUBSCRIBER GROU	JP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•••••			
Total DSEs 0.00		0.00	Total DSEs			0.00		
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	es above.	\$		

Fee

Consolidated Cor								
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRC			I Y-EIGHTH	SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
								Comp
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	o Base R
	···		···					
	•••						·····	ar Sundi
	•••		•••		•••••••••••••••••••••••••••••••••••••••		·····	Syndi Exclu
					···			Surcl
					•••			f
						-		Part
								Dis
								Stat
][
					<mark></mark>			
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	¢	0.00	Gross Receipts Secor	ad Croup	¢	0.00	
	Bioup	\$	0.00	GIUSS Receipts Secur	lu Gloup	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
				Base Rate Fee Secor			•	
FIF		\$ SUBSCRIBER GRC	OUP			\$ SUBSCRIBER GRO	•	
				Base Rate Fee Secor			•	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF			OUP				•	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC	DUP 0	COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO	DUP 0	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC		COMMUNITY/ AREA	SIXTIETH	SUBSCRIBER GRO		
FIF COMMUNITY/ AREA CALL SIGN	TY-NINTH	SUBSCRIBER GRC	DUP 0 DSE	COMMUNITY/ AREA CALL SIGN	SIXTIETH DSE	SUBSCRIBER GRO	DUP 0 DSE 0 0.00	
FIF COMMUNITY/ AREA	TY-NINTH	SUBSCRIBER GRC		COMMUNITY/ AREA	SIXTIETH DSE	SUBSCRIBER GRO		
FIF COMMUNITY/ AREA CALL SIGN	TY-NINTH	SUBSCRIBER GRC	DUP 0 DSE	COMMUNITY/ AREA CALL SIGN	SIXTIETH DSE	SUBSCRIBER GRO	DUP 0 DSE 0 0.00	
FIF COMMUNITY/ AREA CALL SIGN	TY-NINTH DSE	SUBSCRIBER GRC	DUP 0 DSE 0 0.00 0.00	COMMUNITY/ AREA	SIXTIETH DSE	SUBSCRIBER GRO	DUP 0 DSE 0 0.00 0.00	
FIF COMMUNITY/ AREA CALL SIGN	TY-NINTH DSE	SUBSCRIBER GRC	DUP 0 DSE	COMMUNITY/ AREA CALL SIGN	SIXTIETH DSE	SUBSCRIBER GRO	DUP 0 DSE 0 0.00	
FIF COMMUNITY/ AREA CALL SIGN	TY-NINTH DSE	SUBSCRIBER GRC	DUP 0 DSE 0 0.00 0.00	COMMUNITY/ AREA	SIXTIETH DSE	SUBSCRIBER GRO	DUP 0 DSE 0 0.00 0.00	

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNE Consolidated Con			Services	Inc		5	062696	Nam
				TE FEES FOR EA				
	TY-FIRST	SUBSCRIBER GRO		SIXTY-SECOND SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Comput			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and
								Syndica
								Exclusi
								Surcha for
								Partia
								Dista
								Statio
							····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
	ry-third	SUBSCRIBER GRO				I SUBSCRIBER GRO		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						•		
Total DSEs			0.00	Total DSEs		11	0.00	
Gross Receipts Third G	noup	\$	0.00	Gross Receipts Fou	arm Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add th		te fees for each subs	criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EAC				
COMMUNITY/ AREA	Y-FIFIH	SUBSCRIBER GROU	<u>лр</u> О	COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
								Base Rate I
								and
					····		····	Syndicate Exclusivit
							••••	Surcharg
								for
								Partially
								Distant Stations
		_						••••••
						•	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SIXTY-S	EVENTH	SUBSCRIBER GROU	JP	SIX	(TY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	•••••							
							···	
							···-	
]				
					••••			
Total DSEs	<u> </u>		0.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
					- · r			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNE			Services,	, Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EAC				
SIXT COMMUNITY/ AREA	Y-NINTH	SUBSCRIBER GROU	JP 0	SEVENTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL		DOL	ONLE CICIL	DOL		DOL	Base Rate Fee
								and
								Syndicated
					••••			Exclusivity Surcharge
		-						for
								Partially
								Distant
								Stations
	•••••					+		
	LI		0.00	TILDOF		11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SEVEN	Y-FIRST	SUBSCRIBER GROU	JP	SEVEN	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
					••••	+		
		-						
			0.00			11	0.00	
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 the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	STEM ID# 062696	Name
COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		
SUBSCRIBER GROUP SEVENTY-FOURTH SUBSCRIBER GROUP		9
O COMMUNITY/ AREA	0	Computa
CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	of
		Base Rate
		and
		Syndica Exclusi
		Surcha
		for
		Partia
		Dista
		Statio
0.00 Total DSEs	0.00	
	0.00	
\$ 0.00 Gross Receipts Second Group \$		
\$ 0.00 Gross Receipts Second Group \$		
\$ 0.00 Gross Receipts Second Group \$ \$ 0.00 Base Rate Fee Second Group \$	0.00	
\$ 0.00 Base Rate Fee Second Group		
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP		
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA	<u> </u>	
\$ 0.00 Base Rate Fee Second Group \$ SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA CALL SIGN DSE CALL SIGN D CALL SIGN DSE CALL SIGN DSE CALL SIGN D CALL SIGN DSE CALL SIGN DSE CALL SIGN D DSE DSE D DSE DSE D DSE DSE D DSE DSE <	0 0 DSE	
s 0.00 Base Rate Fee Second Group s SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP 0 COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DSE CALL SIGN And	0 DSE	

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# onsolidated Communications Enterprise Services, Inc 062696							
	BLOCK A: (COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCR	RIBER GROUP		
SEVENT	/-SEVENTH	SUBSCRIBER GRO	DUP			I SUBSCRIBER GRC	UP	9
COMMUNITY/ AREA	۱		0	COMMUNITY/ AREA 0				_
CALL SIGN	Dee	CALL SIGN		CALL SIGN			DSE	Computa of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	D3E	Base Rate
								and
		-						Syndica
								Exclusiv
								Surchar
								for
								Partial
							•••••	Distan
					•••••			Station
		-						
		-						
		<u>_</u>						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
SEVE	NTY-NINTH	SUBSCRIBER GRO	OUP		EIGHTIETH	I SUBSCRIBER GRC	UP	
OMMUNITY/ AREA	٠		0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			•••••	•		
		1						
		-			•••••		•••••	
		-				•		
otal DSEs			0.00	Total DSEs			0.00	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	Irth Group	s	0.00	
	Group	\$			Irth Group	s		
Total DSEs Gross Receipts Third			0.00	Gross Receipts For	·		0.00	
		\$ \$			·	s		
ross Receipts Thirc			0.00	Gross Receipts For	·		0.00	
ross Receipts Thirc ase Rate Fee Thirc	l Group	\$	0.00	Gross Receipts For	irth Group		0.00	

LEGAL NAME OF OWNE Consolidated Com			Services,	Inc		S	YSTEM ID# 062696	Name
				TE FEES FOR EAC				
EIGH COMMUNITY/ AREA	IY-FIRST	SUBSCRIBER GROU	JP 0	EIGH COMMUNITY/ ARE/		SUBSCRIBER GRO	UP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	DOL	CALL SIGN	DOL	CALL SIGN	DGL		DGL	Base Rate Fee
								and
		_						Syndicated
								Exclusivity Surcharge
		-						for
								Partially
					•••••			Distant Stations
								otations
					<mark></mark>			
					••••			
						•		
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	
	ry-third	SUBSCRIBER GROU		EIGH				
COMMUNITY/ AREA			0	COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••			
		-						
					•••• <mark>•</mark> •••••			
		-						
					<mark></mark>			
					<mark></mark>			
			0.00				0.00	
Total DSEs			0.00	Total DSEs				
Gross Receipts Third G	Froup	\$	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	e base rat	te fees for each subsc	riber group	as shown in the boxe	s above.			
Enter here and in block			5 1			\$		

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	062696	Name
				TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GROU		11		I 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 Fee
								and
					····			Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
]]				
			0.00			11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	<u>\$</u>	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
EIGHTY-S	SEVENTH	SUBSCRIBER GROU	JP	EIGI	HTY-EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
					••••		·····	
]]				
							····	
					••••	•	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	_							
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OW Consolidated Co			Services	, Inc		S	YSTEM ID# 062696	Name
				ATE FEES FOR EA				
EIG COMMUNITY/ ARE/		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
		-][
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	-	\$	0.00	Base Rate Fee Sec		\$	0.00	
NIN COMMUNITY/ ARE/		SUBSCRIBER GRO	0P 0	COMMUNITY/ ARE) SUBSCRIBER GRO	9 9	
	`							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
		+						
			<mark></mark>			•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thire	d Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNEF Consolidated Com			Services	, Inc		S	062696	Name
				TE FEES FOR EACH				
	Y-THIRD	SUBSCRIBER GROU				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusivit
						+		Surcharg
		_						for
								Partially
								Distant Stations
						•		otations
							<mark></mark>	
Fotal DSEs	Į		0.00	Total DSEs		41	0.00	
			0.00		nd Croup	¢		
Gross Receipts First Gro	bup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINET	Y-FIFTH	SUBSCRIBER GROU	JP	NIN	ETY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						++		
]]		<u> </u>		
					•••	++		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

SYSTEM ID#

Consolidated Communic						
	COMPUTATION O		TE FEES FOR EAC		RIBER GROUP	UP
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					•	
					1	
					•	
otal DSEs	*:	0.00	Total DSEs		•••	0.00
					•	
Bross Receipts First Group	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
	\$				\$	
NINETY-NINTI				UNDREDTH		
NINETY-NINTI OMMUNITY/ AREA		DUP	ONE H	UNDREDTH		UP
NINETY-NINTI OMMUNITY/ AREA	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
COMMUNITY/ AREA	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI	H SUBSCRIBER GRO	DUP 0	ONE H		SUBSCRIBER GRO	UP 0
NINETY-NINTI COMMUNITY/ AREA	CALL SIGN	DUP 0 DSE	COMMUNITY/ AREA		CALL SIGN	UP 0 DSE 0
NINETY-NINTI COMMUNITY/ AREA	H SUBSCRIBER GRO		ONE HI COMMUNITY/ AREA		SUBSCRIBER GRO	

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

9

Computation

of Base Rate Fee

and

Syndicated

Exclusivity

Surcharge

for

Partially Distant

Stations

LEGAL NAME OF OV Consolidated C		tions Enterprise	Services,	Inc			SYSTEN 062
				TE FEES FOR EAG			
ONE HUN		SUBSCRIBER GRO				SUBSCRIBER GRC	UP
COMMUNITY/ ARE			0	COMMUNITY/ ARE			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	0
					·····		
					•••••	+	
			••••				
						++	
••••••							
						<u> </u>	
			<mark></mark>		·····		
					•••••	+	
						11	-
Total DSEs			0.00	Total DSEs			0
Gross Receipts Firs	st Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0
Base Rate Fee Firs	st Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0
	חסבה דעופה	SUBSCRIBER GRO	םו ור			SUBSCRIBER GRC	
COMMUNITY/ ARE		SOBSCIENCE ON	0	COMMUNITY/ ARE		SOBSCIENCE ORC	/01
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
					·····		
					·····		
			••••			+	••••• <mark> </mark> ••••••
]			
]			
Total DSEs			0.00	Total DSEs			0
						•	
Gross Receipts Thi	rd Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0
Gross Receipts Thi Base Rate Fee Thi		\$\$ \$	0.00	Base Rate Fee Fou		\$	0

Base Rate Fee: Add the **base rate fees** for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)

FORM SA3E. PAGE 19.

\$

Consolidated Communic						
BLOCK A ONE HUNDRED FIFT					IBER GROUP SUBSCRIBER GROL	IP
COMMUNITY/ AREA		0	COMMUNITY/ AREA		SOBSCINELY GROU	0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		DOL	ONLE CICIL	DOL		DOL
	•	••••				
		<mark></mark>				····
	••••					
otal DSEs		0.00	Total DSEs	+		0.00
Bross Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00
	Ψ]
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00
ase Rate Fee First Group ONE HUNDRED SEVENT	\$	DUP	Base Rate Fee Secon	d Group		JP
ase Rate Fee First Group ONE HUNDRED SEVENT	\$		Base Rate Fee Secon	d Group	\$	<u>I</u>
ase Rate Fee First Group ONE HUNDRED SEVENT OMMUNITY/ AREA	\$	DUP	Base Rate Fee Secon	d Group	\$	JP
ase Rate Fee First Group ONE HUNDRED SEVENT OMMUNITY/ AREA	\$	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
ase Rate Fee First Group ONE HUNDRED SEVENT OMMUNITY/ AREA	\$	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
ase Rate Fee First Group ONE HUNDRED SEVENT OMMUNITY/ AREA	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
ASE RATE Fee First Group	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
Base Rate Fee First Group	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA	d Group	SUBSCRIBER GROU	JP 0
Base Rate Fee First Group ONE HUNDRED SEVENT COMMUNITY/ AREA	\$ H SUBSCRIBER GRO CALL SIGN		Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA CALL SIGN	d Group	SUBSCRIBER GROU	JP 0 DSE
Base Rate Fee First Group ONE HUNDRED SEVENT COMMUNITY/ AREA CALL SIGN DSE	\$ H SUBSCRIBER GRO CALL SIGN	DUP 0 DSE 0	Base Rate Fee Secon ONE HUNDRE COMMUNITY/ AREA CALL SIGN	d Group	SUBSCRIBER GROU	JP 0 DSE

		COMPUTATION O SUBSCRIBER GRC		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	UP
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	201		202		201	0.112 0.011	
						_	
					<mark></mark>		
					<mark></mark>		
			•••		<mark></mark>		
					•		
					<mark></mark>	_	
					<mark></mark>		
	<mark></mark>		••••		<mark></mark>		
otal DSEs			0.00	Total DSEs	- I		0.00
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00
		· ·				· ·	
ase Rate Fee First G	-	\$	0.00	Base Rate Fee Secor		\$	0.00
ONE HUNDRED E	-	\$ SUBSCRIBER GRC	OUP	ONE HUNDRED		\$ SUBSCRIBER GROU	UP
ONE HUNDRED E	-						ا
ONE HUNDRED E	-		OUP	ONE HUNDRED			UP
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E	DSE	SUBSCRIBER GRC	0 0	ONE HUNDRED	TWELVTH DSE	SUBSCRIBER GROU	UP 0
ONE HUNDRED E COMMUNITY/ AREA		SUBSCRIBER GRC	DUP 0 DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN	TWELVTH DSE	SUBSCRIBER GROU	
ONE HUNDRED E COMMUNITY/ AREA		SUBSCRIBER GRC	DUP 0 DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN	TWELVTH DSE	SUBSCRIBER GROU	UP 0 DSE 0
ONE HUNDRED E COMMUNITY/ AREA	DSE DSE	SUBSCRIBER GRC	DUP 0 DSE	ONE HUNDRED COMMUNITY/ AREA CALL SIGN	TWELVTH	SUBSCRIBER GROU	UP 0 DSE 0
ONE HUNDRED E OMMUNITY/ AREA CALL SIGN	DSE DSE	SUBSCRIBER GRC	DUP 0 DSE 0 0.00 0.00	ONE HUNDRED COMMUNITY/ AREA CALL SIGN CALL SIGN	TWELVTH	SUBSCRIBER GROU	UP 0 DSE 0

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 062696								
E	BLOCK A:		BASE RA	TE FEES FOR EAC		RIBER GROUP		
		SUBSCRIBER GRO		ONE HUNDRED FO	-			
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE/	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee
	····						·····	
						•		and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
							·····	Stations
		-					·····	otations
	•••				••••• <mark>•</mark> ••••••		····	
	••••				·····		····	
	<mark>.</mark>				<mark></mark>		····	
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 Seco	ond Group	\$	0.00	
ONE HUNDRED F	IFTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			·····		····	
					·····		·····	
					·····		·····	
							<mark></mark>	
][
			.		••••			
	••••	•	.		•••• <mark>•</mark> •••••	•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Bossinta Faur	rth Group	¢	0.00		
	Group	\$	0.00	Gross Receipts Four	rui Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		
1						-		

LEGAL NAME OF OW Consolidated C		ELE SYSTEM: ations Enterprise	Services	, Inc		S	YSTEM ID# 062696	Name
	BLOCK A:	COMPUTATION OI	BASE RA	ATE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		ONE HUNDRED E	EIGHTEENTH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA 0			0	COMMUNITY/ ARE	A		0	•
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
	202						202	Base Rate Fe
								and
								Syndicated
				-				Exclusivity
					•••••	+		Surcharge for
								Partially
								Distant
		 				 		Stations
			<mark></mark>		·····		<mark></mark>	
		+	• <mark>•</mark>			++		
		+				+		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Second Group		\$ 0.00		
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
			•		•••••	+		
		+				++		
			<mark>. </mark>					
			<mark></mark>		•••••	++		
		•	• • • • • • • • • • • • • • • • • • •			11		
Total DSEs			0.00	Total DSEs		· ·	0.00	
Gross Receipts Thir	Gross Receipts Third Group \$		0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
				11				
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxe	es above.	\$		
		Space - (page /				Ŷ		

FORM SA3E. PAGE 19.

LEGAL NAME OF OWNER Consolidated Com			Services	, Inc		S	62696 OK	Name
				TE FEES FOR EAC				
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROU	JP 0			SUBSCRIBER GROU	P	9
• • •				COMMUNITY/ AREA				Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
					<mark></mark>	+		Syndicate Exclusivi
								Surcharg
								for
								Partially
					<mark></mark>	+		Distant Stations
								otation
		_						
					<mark></mark>			
					<mark></mark>			
					<mark></mark>	•		
otal DSEs	I		0.00	Total DSEs			0.00	
Gross Receipts First Gro		¢	0.00	Gross Receipts Seco				
	bup	\$	0.00	GIUSS Receipts Seco	nu Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TWEN	ry-third	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-FOURTH	SUBSCRIBER GROU	P	
OMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					···			
		_						
					<mark></mark>			
					<mark></mark>			
					<mark></mark>			
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts Third Gr	roup	\$	0.00	Gross Receipts Fourt	in Group	\$	0.00	
Base Rate Fee Third Gr	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Consolidated Com			Services,	, Inc		S	062696	Name
				TE FEES FOR EAC				
ONE HUNDRED TWEN	ITY-FIFTH	SUBSCRIBER GROUP		1		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rat
								and
								Syndica
								Exclusiv
								Surcha for
								Partial
								Distar
								Station
							<mark></mark>	
						•	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	oup	<u>•</u>						
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
E HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-EIGHTH	I SUBSCRIBER GROUP	>	
COMMUNITY/ AREA			0	COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
					····			
]				
			0.00	Tatal DOC-		11	0.00	
Total DSEs 0.00			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	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 Enter here and in block			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Consolidated Com			Services,	, Inc		S	6YSTEM ID# 062696	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		ONE HUNDR		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	COMMUNITY/ AREA 0				A		0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
					•••••	+		
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIF	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TH	IRTY-SECONE	SUBSCRIBER GROUP	P	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						+		
						•		
							·····	
							·····	
								
					•••••	++	·····	
						++		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxe	es above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

FORM SA3E. PAG

LEGAL NAME OF OWNER Consolidated Com			Services,	, Inc		S	9YSTEM ID# 062696	Name
BLO	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED THIRT	Y-THIRD	SUBSCRIBER GROUP		1		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA				COMMUNITY/ ARE			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
					·····			Base Rate Fe
						+		and Syndicated
								Exclusivity
								Surcharge
								for
						•		Partially Distant
					••••	•		Stations
					••••	•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Dese Dete Fre First Ore			0.00	Base Bate Free Oce			0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Sec		\$	0.00	
	TY-FIFTH	SUBSCRIBER GROUP	0					
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					••••	•		
					<mark></mark>		<mark></mark>	
					••••			
							<mark></mark>	
					••••			
Total DSEs			0.00	Total DSEs			0.00	
		0.00	Gross Receipts Fou	rth Group	\$	0.00		
		·						
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER Consolidated Com			Services,	, Inc		S	YSTEM ID# 062696	Name
			BASE RA	TE FEES FOR EAC				
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TH		I SUBSCRIBER GROUP		9
COMMUNITY/ AREA	COMMUNITY/ AREA				4		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
						+		Exclusivity Surcharge
	•••••					+		for
								Partially
								Distant
								Stations
]				
Total DSEs		. <u> </u>	0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROUP		1		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
					•••• <mark>•</mark> ••••••			
		-				++		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	s above.	\$		

	FORM	SA3E.	PAGE	19.
--	------	-------	------	-----

LEGAL NAME OF OWNE Consolidated Con			Services	, Inc		S	062696	Name
				TE FEES FOR EAC				
	RTY-FIRST	SUBSCRIBER GROUP		1		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatior
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
]				
						11		
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		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-THIRD	SUBSCRIBER GROUP		1		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<mark></mark>	
					••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	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 Enter here and in block			riber group	as shown in the boxes	s above.	¢		

FORM SA3E. PAG

LEGAL NAME OF OWNER Consolidated Com			Services	, Inc		S	VSTEM ID# 062696	Name
			BASE RA	TE FEES FOR EAC				
	TY-FIFTH	SUBSCRIBER GROUP	-			I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatior
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
						+		
Total DSEs	<u> </u>		0.00	Total DSEs	-	1	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTH	I SUBSCRIBER GROUP	>	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
						+		
							<mark></mark>	
						++		
]						
							····	
			0.00			11	0.00	
Total DSEs			0.00	Total DSEs		. <u> </u>	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 Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Consolidated Co		LE SYSTEM: tions Enterprise	e Services,	Inc		S	9YSTEM ID# 062696	Name	
				TE FEES FOR EAC					
		SUBSCRIBER GRO		1		SUBSCRIBER GRO	UP	9	
COMMUNITY/ ARE/	Α		0	COMMUNITY/ AREA	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computa of	
								Base Rate	
						•		and	
					<mark></mark>	•		Syndica	
					••••	•		Exclusiv Surcha	
						•		for	
								Partial	
								Distar	
								Station	
					····				
	·····	•					·····		
		-				•••			
otal DSEs		11	0.00	Total DSEs		-11	0.00		
	-								
ross Receipts First	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
ONE HUNDRED F	FIFTY-FIRST	SUBSCRIBER GRO	DUP	ONE HUNDRED FIF	TY-SECONE	SUBSCRIBER GRO	UP		
OMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	A		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<mark></mark>	•			
						•			
						•			
			<mark></mark>			•	·····		
							·····		
					••••		·····		
]					
otal DSEs			0.00	Total DSEs			0.00		
Bross Receipts Thire	d Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
ase Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
				11					
			scriber group	as shown in the boxes	s above.	¢			
nter here and in blo	JUK 3, IIIIe 1,	space L (page /				φ			

LEGAL NAME OF OWN Consolidated Co			Services,	Inc		S	VSTEM ID# 062696	Na	
				TE FEES FOR EACH					
ONE HUNDRED FI		SUBSCRIBER GRO		ONE HUNDRED FIFT	Y-FOURTH	SUBSCRIBER GRO		ç	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Compu o	
								Base Ra	
								an	
	····		<mark></mark>					Syndi	
	····		···					Exclu: Surch	
			···			•		fo	
	••••					•		Parti	
								Dist	
								Stati	
			<mark></mark>		<mark>.</mark>				
			<mark></mark>				<mark></mark>		
	<mark></mark>		<mark></mark>				<mark></mark>		
Fotal DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00		
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRED FI	FTY-FIFTH	SUBSCRIBER GRO)UP	ONE HUNDRED FI	FTY-SIXTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
			<mark></mark>						
			···						
	••••		•••		•	++	••••		
						•			
]]					
			<mark></mark>						
			<mark></mark>				<mark></mark>		
			<mark></mark>		<mark>.</mark>		····		
	····		<mark></mark>		• <mark>•</mark> ••••••	++	····		
Fotal DSEs			0.00	Total DSEs			0.00		
	_				_				
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00		
				Ш					
			scriber group	as shown in the boxes	above.	¢			
Enter here and in bloo	JN J, IIIIE T, S	space L (page 7)				\$			

EGAL NAME OF OWNE			Services,	Inc			62696 OK	
							D	
ONE HUNDRED FIFTY	-SEVENTH	SUBSCRIBER GROU	0	COMMUNITY/ ARE		I SUBSCRIBER GROU	0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
			0.00			ļļ	0.00	
tal DSEs			0.00	Total DSEs			0.00	
ss Receipts First G	roup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
e Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED FI	FTY-NINTH	SUBSCRIBER GROU	JP	ONE HUND	RED SIXTIETH	I SUBSCRIBER GROU	P	
MMUNITY/ AREA			0	COMMUNITY/ AREA 0				
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					·····			
			····					
		-						
al DSEs			0.00	Total DSEs			0.00	
ss Receipts Third C	Group	\$	0.00	Gross Receipts For	urth Group	\$	0.00	
se Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
e Rate Fee: Add th r here and in block			scriber group	as shown in the boxe	es above.			

LEGAL NAME OF OWNE Consolidated Con			Services,	Inc		S	VSTEM ID# 062696	Name	
BL				TE FEES FOR EACH					
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA	Mattoo	n, Arcola, etc		COMMUNITY/ AREA	COMMUNITY/ AREA Effingham				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and Syndicated	
								Exclusivity	
								Surcharge	
								for Derticilly	
								Partially Distant	
		-				-		Stations	
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$ 648,	048.74	Gross Receipts Secon	d Group	<u>\$</u> 1	38,487.41		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon		\$	0.00		
		SUBSCRIBER GROU	JP			SUBSCRIBER GRO	UP		
COMMUNITY/ AREA	Straspl	urg		COMMUNITY/ AREA	Artnur, G	Jays, windsor			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
				WTWO	0.25				
				WTHI	0.25				
							<mark></mark>		
Total DSEs			0.00	Total DSEs			0.50		
Gross Receipts Third G	Group	<u>\$</u> 10,	330.49	Gross Receipts Fourth	n Group	\$	63,883.39		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	1,197.81		
							,		
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$	1,197.81		

FORM SA3E. F	AGE 19.
--------------	---------

LEGAL NAME OF OWNE Consolidated Con			Services,	Inc		SY	STEM ID# 062696	Name
BI	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROUP	D C	0
COMMUNITY/ AREA	Assum	ption, Atwood, B	ulpitt, et	COMMUNITY/ AREA	& Stewardson		9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
		-				-		Exclusivity
								Surcharge
		-						for
		-				-		Partially
		-				+	<mark>.</mark>	Distant
							<mark></mark>	
	<mark></mark>					-		Stations
						-	<mark>.</mark>	
	<mark></mark>						<mark>.</mark>	
	<mark>.</mark>						<mark></mark>	
	<mark></mark>						<mark>.</mark>	
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$</u> 143,	120.08	Gross Receipts Second Group \$ 23,992.70				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<mark>.</mark>	
	<mark></mark>						<mark>.</mark>	
							<mark>.</mark>	
							<mark>.</mark>	
							<mark>.</mark>	
	<mark>.</mark>						<mark>.</mark>	
	<mark>.</mark>						<mark>.</mark>	
						-	<mark>.</mark>	
							<mark>.</mark>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	<u>\$</u> 327,	282.54	Gross Receipts Fourth	Group	\$ 25	6,035.33	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
							,	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		
	, o, into 1, -	opuloo E (pugo /				•		

Consolidated Con		LE SYSTEM: tions Enterprise	Services,	Inc		5	VSTEM ID# 062696	Name
BI	OCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRC			UP	•		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CALL DIGN	DOL	OALL OIGH	DOL	CALL DIGIN	DOL	OALE OION	DOL	Base Rate Fe
			···			++		and
						•	····	
						•	····	Syndicated
								Exclusivity
							····•	Surcharge
							····•	for
						•		Partially
								Distant
							<mark></mark>	Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
E	LEVENTH	SUBSCRIBER GRC	UP		TWELVTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
]				
						Π		
]				
][
]				
otal DSEs	-		0.00	Total DSEs		••	0.00	
	-	¢			th Crown	<u>^</u>	0.00	
ross Receipts Third C	oup	\$	0.00	Gross Receipts Four	ιι σιουρ	\$	0.00	
ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
aco Pato Foo: Add th	a hace re	to foos for each subs	criber group	as shown in the boxes	above			
		space L (page 7)	enner group	as shown in the boxes	abuve.	\$		

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		SY	STEM ID# 062696	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
THIF	RTEENTH	SUBSCRIBER GROU	JP	FO	JRTEENTH	SUBSCRIBER GROU	Р	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
						•		Partially
								Distant
								Stations
					<mark></mark>			
					• <mark>•</mark> ••••••			
							.	
Total DSEs	<u>ا</u> ـــــــــــا	<u>I</u>	0.00			11	0.00	
				Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GROU	JP	95	SIXTEENTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark>.</mark>			
					<mark>.</mark>			
					•			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Dees Data Dees Addition	• • • • • • •	for for such and			ah ay a			
Base Rate Fee: Add th Enter here and in block			nber group	as shown in the doxes	anove.	\$		

LEGAL NAME OF OWNE			Services	, Inc		S	YSTEM ID# 062696	Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						•		for Dortiolly
						•		Partially Distant
						•		Stations
	<mark></mark>							
	<mark></mark>						<mark></mark>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NI	NTEENTH	SUBSCRIBER GRO	UP	Т	WENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
						•		
	······							
	<mark>.</mark>		. .					
	<mark></mark>						<mark></mark>	
	<mark></mark>		<mark>.</mark>		•••	++		
	··				•	•		
Total DSEs			0.00	Total DSEs		••	0.00	
	_							
Gross Receipts Third (∍roup	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
	_]]	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				Ш				
Base Rate Fee: Add th	ne base rat	te fees for each subso	criber group	as shown in the boxes	above.			
Enter here and in block						\$		
								1

LEGAL NAME OF OWNE Consolidated Cor			Services	, Inc		S	O62696	Name	
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR				
		SUBSCRIBER GROU				SUBSCRIBER GRO	UP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹		0	9 Computation	
	CALL SIGN DSE								
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe	
	<mark></mark>				····	+		and	
					····	++		Syndicated	
					····	•		Exclusivity	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
	<mark></mark>								
	<mark></mark>				<mark>.</mark>				
	<mark></mark>								
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
		[T		
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
TWEN	TY-THIRD	SUBSCRIBER GROU	JP	TWEN	TY-FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	۹ 		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					<mark></mark>				
	<mark></mark>				····	+			
	···								
					••••				
[
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00		
]]		
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Page Pate Free Add		to food for each aut	vribor areas						
Base Rate Fee: Add the Enter here and in block			nnei group			\$			

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S1	*STEM ID 062696	Name
				TE FEES FOR EACH	ISUBSCR	IBER GROUP		
TWEN	TY-FIFTH	SUBSCRIBER GROU	JP	TWEI	NTY-SIXTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	J Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
						•	.	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	d Group	\$	0.00	
TWENTY-S	SEVENTH	SUBSCRIBER GROU		TWENT	Y-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark></mark>	+		
	<u> </u>		0.00			11	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

				TE FEES FOR EAC				
		SUBSCRIBER GRO			UP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	A		0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
CALL SIGN	DSE	CALL SIGN	DGE	CALL SIGN	DGE	CALL SIGN	DSE	Base Rate F
		+						and
	••••	+				•		Syndicate
	····	+				•		Exclusivit
		+						Surcharg
		+						for
		+						Partially
								Distant
		+						Stations
						•		
][
][
otal DSEs			0.00	Total DSEs			0.00	
	_							
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GRO	OUP	THIR	TY-SECOND	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	۹		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						•		
	<mark></mark>	<u> </u>						
	<mark></mark>							
		11	1					
			<mark></mark>		••••		••••••	
otal DSEs			0.00	Total DSEs			0.00	
	Group				th Group			
	Group	<u>\$</u>	0.00	Total DSEs Gross Receipts Four	th Group	<u>\$</u>	0.00	
otal DSEs iross Receipts Third	Group	<u>\$</u>			th Group	<u></u>		
	-	<u>s</u>				<u>\$</u> \$		
ross Receipts Third	-		0.00	Gross Receipts Four			0.00	
oss Receipts Third	-		0.00	Gross Receipts Four			0.00	
oss Receipts Third Ise Rate Fee Third	Group	\$	0.00	Gross Receipts Four	th Group		0.00	

	munica	tions Enterprise	Services,	Inc			062696	Name
BL	OCK A: (BASE RA	TE FEES FOR EAC	HSUBSCF	RIBER GROUP		
THIRT	Y-THIRD	SUBSCRIBER GRO	UP	THIR	TY-FOURTH	I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9 Computatio			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
		_				•		Syndicate
			<mark></mark>			•		Exclusivit
								Surcharge
						•	·····	for Dortiolly
		-	•					Partially Distant
								Stations
							····	otations
		-						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oun	\$	0.00	Gross Receipts Second Group \$ 0.00				
	oup	\$	0.00	Gluss Receipts Sect		<u>+</u>	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THIR	Y-FIFTH	SUBSCRIBER GRO	UP	TH	IIRTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						•		
							·····	
			.					
							····	
		-						
		_][
			0.00	Total DSEs			0.00	
otal DSEs			Gross Receipts Four	th Group	\$	0.00		
	roup		0.00			-		
	roup	\$	0.00					
otal DSEs ross Receipts Third G ase Rate Fee Third G		\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ross Receipts Third G				Base Rate Fee Four	th Group	\$		

				TE FEES FOR EACH		9			
	SEVENTH	SUBSCRIBER GRO		THIR					
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate F	
								and	
								Syndicated	
								Exclusivit	
								Surcharge	
								for	
								Partially	
								Distant	
								Stations	
			<mark></mark>			+	····-		
			<mark></mark>			•			
			····		•••	•			
						11			
otal DSEs			0.00	Total DSEs	Total DSEs 0.00				
ross Receipts First C	Group	\$	0.00	Gross Receipts Seco	Gross Receipts Second Group \$ 0.00				
ase Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
THIR									
THIRTY-NINTH SUBSCRIBER GROUP			DUP		FORTIETH	SUBSCRIBER GRO	UP		
OMMUNITY/ AREA		SUBSCRIBER GRU		COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0		
OMMUNITY/ AREA		SUBSCRIBER GRU	0UP 0	COMMUNITY/ AREA		SUBSCRIBER GRO			
			0				0		
	DSE	CALL SIGN		COMMUNITY/ AREA		SUBSCRIBER GRO			
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
			0				0		
CALL SIGN				CALL SIGN			0 DSE		
CALL SIGN			0 DSE	CALL SIGN	DSE		0 DSE		
CALL SIGN				CALL SIGN	DSE		0 DSE		
OMMUNITY/ AREA		CALL SIGN	0 DSE	CALL SIGN	DSE	CALL SIGN	0 DSE		
CALL SIGN	Group	CALL SIGN	0 DSE	CALL SIGN	DSE	CALL SIGN	0 DSE		
CALL SIGN	Group	CALL SIGN	0 DSE	CALL SIGN	DSE	CALL SIGN	0 DSE		
CALL SIGN	Group	CALL SIGN	0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CALL SIGN	DSE	CALL SIGN	0 DSE		

		Services,	Inc	Name			
)CK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
						JP	-
		0	COMMUNITY/ AREA 0				9 Computation
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
							Syndicated
							Exclusivity
							Surcharge
							for
							Partially
							Distant
							Stations
					•		
		0.00	Total DSEs 0.00				
up	\$	0.00	Gross Receipts Second Group \$ 0			0.00	
up	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
-THIRD	SUBSCRIBER GROU	JP	FORT	Y-FOURTH	SUBSCRIBER GROU	JP	
		0	COMMUNITY/ AREA				
DSE		DSF	CALL SIGN	DSF		DSE	
DOL	O/ LE OIOIN	DOL		DOL	O/ LE OIOIN	DOL	
					+		
					•		
							
						<mark></mark>	
					+		
		I					
		0.00	Total DSEs			0.00	
oup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
				•			
ase Rate Fee Third Group \$ 0.00			Base Rate Fee Fourth Group \$ 0.00			0.00	
oup	\$	0.00	Buse Rule Fee Fourt	. oroup	÷	0.00	
pup	\$	0.00		. 0.00p	•	0.00	
bup	5	0.00			· · · · · · · · · · · · · · · · · · ·	0.00	
	nunica DCK A: C /-FIRST DSE USE up up	DCK A: COMPUTATION OF (-FIRST SUBSCRIBER GROU DSE CALL SIGN 	nunications Enterprise Services,	nunications Enterprise Services, Inc DCK A: COMPUTATION OF BASE RATE FEES FOR EACH (FIRST SUBSCRIBER GROUP) 0 COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN Up 0.000 Sors Receipts Secon THIRD SUBSCRIBER GROUP FORT O COMMUNITY/ AREA DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE <td< td=""><td>nunications Enterprise Services, Inc DK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCR CHIRST SUBSCRIBER GROUP FORTY-SECOND DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE UP </td><td>nuncations Enterprise Services, Inc CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP CFIRST SUBSCRIBER GROUP COMUNITY / AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN UP CALL SIGN DSE CALL SIGN DSE CALL SIGN up S 0.00 Gross Receipts Second Group S up S 0.00 Base Rate Fee Second Group S THIRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY / AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN UP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN <td>0626966 DCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORT-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA </td></td></td<>	nunications Enterprise Services, Inc DK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCR CHIRST SUBSCRIBER GROUP FORTY-SECOND DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE UP	nuncations Enterprise Services, Inc CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP CFIRST SUBSCRIBER GROUP COMUNITY / AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN UP CALL SIGN DSE CALL SIGN DSE CALL SIGN up S 0.00 Gross Receipts Second Group S up S 0.00 Base Rate Fee Second Group S THIRD SUBSCRIBER GROUP FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY / AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN UP CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN <td>0626966 DCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORT-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA </td>	0626966 DCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP FORT-SECOND SUBSCRIBER GROUP COMMUNITY/ AREA

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696								
				TE FEES FOR EACH	SUBSCR	RIBER GROUP		
FOR	TY-FIFTH	SUBSCRIBER GROU	IP	FO	RTY-SIXTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					··	+		Exclusivity Surcharge
						•		for
								Partially
								Distant
								Stations
					<mark>.</mark>		.	
]				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	IP	FOR	IY-EIGHTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					··			
						•		
					<mark></mark>			
]				
					<mark>.</mark>			
							• • •	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$ 0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
				Ш				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

				ATE FEES FOR EAC				
FORTY-NINTH SUBSCRIBER GROUP								
COMMUNITY/ AREA	OMMUNITY/ AREA 0			COMMUNITY/ ARE/	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
			•••		••••			
						•		
	.							
		_						
al DSEs			0.00	Total DSEs			0.00	
ss Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
e Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO		
/MUNITY/ AREA	11-11831	SUBSCRIBER GRU	000			SUBSCRIBER GRU	0P 0	
			<u> </u>					
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			•••		••••			
						•		
			••					
						-		
al DSEs			0.00	Total DSEs			0.00	
	Эroup	<u>\$</u>	0.00	Total DSEs Gross Receipts Fou	rth Group	<u>\$</u>	0.00	
tal DSEs oss Receipts Third () Jroup				rth Group	<u>\$</u>		
	·	<u>\$</u>				<u>s</u>		
oss Receipts Third (·		0.00	Gross Receipts Fou			0.00	
ss Receipts Third (·		0.00	Gross Receipts Fou			0.00	
s Receipts Third (• Rate Fee Third (Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

EGAL NAME OF OWN			Services,	Inc	SYSTEM ID# 062696			
E	BLOCK A:	COMPUTATION C	H SUBSCF					
		SUBSCRIBER GRO				I SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computatio
CALL SIGN DSE		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						•		Base Rate F
								and
								Syndicate
								Exclusivit
						•		Surcharge
		 -						for
								Partially
								Distant
								Stations
						•		
						•		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	oroup	•	0.00					
ase Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTY-FIFTH	SUBSCRIBER GRO	OUP	F	FIFTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
					¬			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ON LEE OF ONLY	DOL	ON LE OTOTA	DOL		DOL	O/ LE CICIT	DOL	
						•		
						••		
][
]][
otal DSEs			0.00	Total DSEs			0.00	
	<u> </u>				"			
ross Receipts Third	Group	\$	0.00	Gross Receipts Four	rtn Group	\$	0.00	
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
ase Rate Fee: Add Inter here and in bloo			scriber group	as shown in the boxes	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Consolidated Communications Enterprise Services, Inc 062696								
BL	OCK A: 0	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	I SUBSCR	IBER GROUP			
FIFTY-S	EVENTH	SUBSCRIBER GROU	JP	FIF	TY-EIGHTH	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	9 Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
					<mark></mark>			Syndicated	
					•••••••••••••••••••••••••••••••••••••••			Exclusivity Surcharge	
								for	
								Partially	
					<mark></mark>			Distant	
					<mark></mark>			Stations	
					<mark></mark>				
					<mark></mark>		.		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
FIFT	Y-NINTH	SUBSCRIBER GROU	JP		SIXTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					···				
					•••••••••••••••••••••••••••••••••••••••				
									
					<mark></mark>				
					••				
					<mark></mark>				
					<mark></mark>				
T () D C =					1				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00		
	· P*	<u> </u>	5.00			<u> </u>	0.00		
Bass Bots Fars Add th	. he	a face for each and	ribor eres	oo obours in the hear	abova				
Base Rate Fee: Add the Enter here and in block			nber group	as shown in the boxes	above.	\$			

EGAL NAME OF OWN		tions Enterprise	Services,	Inc			062696	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	HSUBSCF			
SI	XTY-FIRST	SUBSCRIBER GRO	OUP	SIX	TY-SECONE	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivit
								Surcharge
								for
								Partially
								Distant
								Stations
	<mark></mark>							
	<mark></mark>							
	<mark></mark>							
						11		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	Cloup	•				÷		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
SI	XTY-THIRD	SUBSCRIBER GRO	OUP	SIX	TY-FOURTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
					`			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
oross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
	Sidup	*	0.00		an Croup	<u>*</u>	0.00	
ase Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
BEO Pato Foo: Add	the base ra	te fees for each sub	scriber group	as shown in the boxes	s above.			
nter here and in blo						\$		

EGAL NAME OF OWNER			Services	, Inc			062696
				TE FEES FOR EAC			
	Y-FIFTH	SUBSCRIBER GRO		1		I SUBSCRIBER GRO	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						•	
					<mark></mark>		
						•	
						•	
							·····
					<mark></mark>		
						1	
tal DSEs			0.00	Total DSEs			0.00
oss Receipts First Gro	up	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
se Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
SIXTY-SE	EVENTH	SUBSCRIBER GRO	UP	SIX	TY-EIGHTH	I SUBSCRIBER GRO	UP
MMUNITY/ AREA			0	COMMUNITY/ AREA			0
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					<mark></mark>		
					<mark></mark>		
					<mark></mark>		·····
			·		<mark></mark>		
					<mark></mark>		
tal DSEs			0.00	Total DSEs			0.00
oss Receipts Third Gro	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00
ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00
se Rate Fee: Add the	base rat	e fees for each subs	criber groun	as shown in the boxes	above.		
						\$	
here and in block 3	s, line 1, s	pace L (page 7)					

Р								
				TE FEES FOR EACH				
	TY-NINTH	SUBSCRIBER GRO		1	VENTIETH	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computatio of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
					<mark></mark>			
	<mark></mark>	•			<mark></mark>			
	<mark></mark>		<mark></mark>		<mark></mark>		····-	
			<mark></mark>		<mark></mark>			
	<mark></mark>		••••		<mark></mark>			
		11				11		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
ase Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
SEV/EN								
JEVEN	ITY-FIRST	SUBSCRIBER GRO	DUP	SEVENT	Y-SECOND	SUBSCRIBER GRO	UP	
	ITY-FIRST	SUBSCRIBER GRO		1	Y-SECOND	SUBSCRIBER GRO		
	ITY-FIRST	SUBSCRIBER GRO	0UP	SEVENT COMMUNITY/ AREA	Y-SECOND	SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA	DSE	SUBSCRIBER GRO		1	Y-SECOND	SUBSCRIBER GRO		
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA				COMMUNITY/ AREA			0 DSE	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
OMMUNITY/ AREA				COMMUNITY/ AREA	DSE		0 DSE	
OMMUNITY/ AREA		CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE	
OMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE	
OMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE	
OMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN	DSE	CALL SIGN	0 DSE	
OMMUNITY/ AREA	DSE	CALL SIGN	0 DSE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMMUNITY/ AREA CALL SIGN	DSE DSE	CALL SIGN	0 DSE	

				TE FEES FOR EAC				
SEVE	NTY-THIRD	SUBSCRIBER GRO	UP	SEVEN	TY-FOURTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE/	Α		0	9
								Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Dece Dete
					·····		••••	Base Rate
					····		····	and
					····		····	Syndicate
					····		····-	Exclusivi
					<mark>.</mark>	•	·····	Surcharg
					<mark>.</mark>	+	••••	for
					<mark></mark>		••••	Partially
					<mark>.</mark>	+	••••	Distant
					<mark></mark>		••••	Stations
					····		••••	
					••••		<mark></mark>	
					••••		<mark></mark>	
							····	
							····	
						ļ <u>ļ</u>		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
000 1 000 pto 1 mot	oreap	÷			ond oroup	÷		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	and Crown	\$	0.00	
		·	0.00	Buse hate i ce oco	Shu Group	φ	0.00	
SEVE	NTY-FIFTH	SUBSCRIBER GRO				Ľ		
		SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	I SUBSCRIBER GRO		
		SUBSCRIBER GRO			ENTY-SIXTH	Ľ	UP	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA		SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	Ľ	UP	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 		0UP 0	SEV COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0	
OMMUNITY/ AREA	· 			COMMUNITY/ ARE/	ENTY-SIXTH	I SUBSCRIBER GRO	UP 0 DSE	
OMMUNITY/ AREA				COMMUNITY/ ARE/ COMMUNITY/ ARE/ CALL SIGN		I SUBSCRIBER GRO	UP 0 DSE	
OMMUNITY/ AREA				COMMUNITY/ ARE/		I SUBSCRIBER GRO	UP 0 DSE	
OMMUNITY/ AREA		CALL SIGN		COMMUNITY/ ARE/ COMMUNITY/ ARE/ CALL SIGN		SUBSCRIBER GROU CALL SIGN CALL SIGN	UP 0 DSE	
CALL SIGN CALL SIGN CALL SIGN	Group	CALL SIGN	DUP 0 DSE 0 0.00 0.00	COMMUNITY/ ARE/ COMMUNITY/ ARE/ CALL SIGN	ENTY-SIXTH	SUBSCRIBER GROU CALL SIGN CALL SIGN	UP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0	
OMMUNITY/ AREA	Group	CALL SIGN		COMMUNITY/ ARE/ COMMUNITY/ ARE/ CALL SIGN	ENTY-SIXTH	SUBSCRIBER GROU CALL SIGN CALL SIGN	UP 0 DSE	
DMMUNITY/ AREA	Group	CALL SIGN	DUP 0 DSE 0 0.00 0.00	COMMUNITY/ ARE/ COMMUNITY/ ARE/ CALL SIGN	ENTY-SIXTH	SUBSCRIBER GROU CALL SIGN CALL SIGN	UP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0	
DMMUNITY/ AREA	Group	CALL SIGN	DUP 0 DSE 0 0.00 0.00 0.00	COMMUNITY/ ARE/ COMMUNITY/ ARE/ CALL SIGN	ENTY-SIXTH	SUBSCRIBER GROU CALL SIGN CALL SIGN	UP 0 DSE 0 0 0 0 0 0 0 0 0 0 0 0	

LEGAL NAME OF OWNE			Services	, Inc		S	STEM ID# 062696	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GROU		11	TY-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DGE	CALL SIGN	DGE	Base Rate Fee
					•			and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
	<mark></mark>					-		Partially
								Distant Stations
								Stations
						-		
]]		[
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
SEVEN	TY-NINTH	SUBSCRIBER GROU	IP	E	EIGHTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
	<mark></mark>							
	••••••••				•			
	•				•			
		-				-		
]				[
	<mark></mark>							
	··							
	<mark></mark>				<mark>.</mark>			
	<mark></mark>				.			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
	oroup	·						
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
	(J, III C I, S	proce - (paye 1)				*		

LEGAL NAME OF OWNE Consolidated Con			Services	, Inc		SY	STEM ID# 062696	Name
-				TE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		1	-SECOND	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
EIGHT	ry-third	SUBSCRIBER GROU	IP	EIGHT	Y-FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						-		
						-		
Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER Consolidated Com			Services,	Inc		5	YSTEM ID# 062696	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	I SUBSCR	IBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	-
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computatior
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
					<mark></mark>		<mark></mark>	Distant
					<mark></mark>		<mark></mark>	Stations
					<mark></mark>		<mark></mark>	
					<mark></mark>		····	
					<mark></mark>	++	••••	
					•••••••••••••••••••••••••••••••••••••••	•	····	
					<mark></mark>		••••	
						<u> </u>		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
								
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
EIGHTY-S	EVENTH	SUBSCRIBER GRO	UP	EIGH ⁻	TY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
					<mark></mark>		<mark></mark>	
					<mark></mark>		<mark></mark>	
					<mark></mark>	+	<mark></mark>	
					<mark></mark>		····	
					<mark></mark>	+	••••	
					•	+	••••	
					<mark></mark>		••••	
						11		
			0.00	Tatal DOC-	-1		0.00	
otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
				11				

FORM SA3E. PAGE 19

LEGAL NAME OF OWN			Services,	Inc		S	YSTEM ID# 062696	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
EIGHTY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				NINTIETH SUBSCRIBER GROUP COMMUNITY/ AREA 0				9 Computation
	DOL	OALL OIGH	DOL	CALL DIGIN	DOL		DOL	Base Rate Fe
	····						•••	and
	•••• <mark>••••</mark> ••••••		•••				••••	
							••••	Syndicated
							••••	Exclusivity
								Surcharge
							····	for
	<mark></mark>		<mark></mark>					Partially
		-					<mark></mark>	Distant
	<mark></mark>						<mark></mark>	Stations
							<mark></mark>	
						-		
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Group \$ 0.00				Base Rate Fee Second Group \$ 0.00				
NINI	ETY-FIRST	SUBSCRIBER GRC	UP	NINETY	-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
ONEE OIOIT	DOL	OF ALL OTOTA	DOL	ON LEE OFOIN	DOL	ON LEE OIGHT	DOL	
						•		
			···				••••	
		-					•••	
		-					•••	
	····					++	•••	
	••••		<mark></mark>				••••	
	····	-					••••	
	••••		<mark></mark>				····	
	<mark></mark>		<mark></mark>				<mark></mark>	
	····		<mark></mark>				<mark></mark>	
			<mark></mark>				<mark></mark>	
	<mark></mark>							
			<mark></mark>				<mark></mark>	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Group		\$ 0.00		Gross Receipts Fourth Group		\$ 0.00		
TOSS NECCIPIS TIIIU	Croup	Ψ	0.00		Group	Ψ	0.00	
ase Rate Fee Third Group		\$ 0.00		Base Rate Fee Fourth Group \$ 0.			0.00	
		۱ <u>ــــــــــــــــــــــــــــــــــــ</u>			•	L		
		. .		and the second in the st	- b			
ase Rate Fee: Add t nter here and in bloc			criber group	as shown in the boxes a	above.	\$		
	,					•		

onsolidated Con	nmunica	tions Enterprise	Services,	Inc			062696	Name
B	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCF			
NINETY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0				NINETY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0				•
								9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
						•	·····	Syndicate
	<mark></mark>				·····		·····	Exclusivit
	<mark></mark>					•	·····	Surcharg
	<mark></mark>				····	•	·····	for Dortiolly
	··		•		••••			Partially Distant
	<mark></mark>		···		····			Stations
	··		•••		••••	•		otations
	.							
	 							
otal DSEs			0.00	Total DSEs			0.00	
			Gross Receipts Second Group \$ 0.00			0.00		
loss Receipts First G	Toup	<u>\$</u>	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Group \$ 0.00				Base Rate Fee Seco				
NINE	TY-FIFTH	SUBSCRIBER GRC	UP	NINETY-SIXTH SUBSCRIBER GROUP				
COMMUNITY/ AREA 0				COMMUNITY/ ARE/				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>		<mark></mark>		····			
	<mark></mark>		<mark></mark>		····	•		
	··		••		••••			
	<mark></mark>				•••• <mark> </mark> •••••			
	·							
	<mark>.</mark>							
		[]]				
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third C	Group	\$ 0.00		Gross Receipts Fourth Group \$		\$	\$ 0.00	
	• • v v	- <u>-</u>			croup	<u>*</u>		
	Base Rate Fee Third Group			Base Rate Fee Fourth Group				
ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
ase Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	

	Iumcai	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 062696							
				TE FEES FOR EAC					
	VENTH	SUBSCRIBER GRO				SUBSCRIBER GRC			
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						++			
						++			
						+			
tal DSEs			0.00	Total DSEs			0.00		
oss Receipts First Grou	up	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00		
e Rate Fee First Grou	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00		
NINETY	-NINTH	SUBSCRIBER GRO	UP	ONE H	UNDREDTH	SUBSCRIBER GRC	UP		
MMUNITY/ AREA			0	COMMUNITY/ AREA			0		
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	·								
			0.00	Total DSEs			0.00		
		s	0.00	Total DSEs Gross Receipts Four	th Group	<u>s</u>	0.00		
tal DSEs oss Receipts Third Gro	Jup				th Group	s			
		<u>s</u>			·	<u>s</u>			
oss Receipts Third Gro			0.00	Gross Receipts Four	·		0.00		
e Rate Fee Third Gro	bup base rate	\$ e fees for each subs	0.00	Gross Receipts Four	th Group		0.00		
Receipts Third Gro	bup base rate	\$ e fees for each subs	0.00	Gross Receipts Four Base Rate Fee Four	th Group		0.00		

LEGAL NAME OF OWNE Consolidated Com			Services,	, Inc		S	YSTEM ID# 062696	Name
ONE HUNDRE COMMUNITY/ AREA	דאין ט דואטד.	SUBSCRIBER GROU	JP 0	ONE HUNDRE		SUBSCRIBER GROU	JP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
						-		Exclusivity
								Surcharge for
								Partially
								Distant
					···			Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	D THIRD	SUBSCRIBER GROU	JP 0	1		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA				COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
						-		
						+		
							····	
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
		<u>.</u>				<u>•</u>		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th			riber group	as shown in the boxes	above.			
Enter here and in block	3, line 1, s	space L (page 7)				\$		

LEGAL NAME OF OWN Consolidated Co			Services	, Inc		S	VSTEM ID# 062696	Name
				TE FEES FOR EAC				
ONE HUNDI COMMUNITY/ AREA		SUBSCRIBER GRO	JP 0	ONE HUNE		SUBSCRIBER GRO	UP 0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
								for Partially
						-		Distant
								Stations
	···						•••••	
						-		
							<mark></mark>	
				· · · · · · · · · · · · · · · · · · ·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GROU	JP	ONE HUNDR	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
							<mark></mark>	
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloc			riber group	as shown in the boxes	s above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#consolidated Communications Enterprise Services, Inc062696							
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUND	RED NINTH	SUBSCRIBER GRO	UP	ONE HUNI	DRED TENTH	SUBSCRIBER GRO	UP	•
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
								Exclusivity
								Surcharge
								for
						•		Partially
							·····	Distant
					·····	•		Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	0.00	
ONE HUNDRED	ELEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	ED TWELVTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						••		
						•		
						-		
		+						
						•	·····	
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	urth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				11				
			criber group	as shown in the boxe	es above.			
Enter here and in blo	ock 3, line 1,	space L (page 7)				\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696							
				TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	URTEENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	•••••••••••••••••••••••••••••••••••••••						····	
	··							
							••••	
Total DSEs			0.00	Total DSEs		···	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	·		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>				••••		····	
	······							
	<mark></mark>							
	··						····	
	<mark></mark>						<mark></mark>	
	··							
							••••	
			[
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
1	, ,							

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696								
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NTEENTH	SUBSCRIBER GROUP		11	GHTEENTH	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
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secon	0.00			
Base Rate Fee First G	-	\$	0.00	Base Rate Fee Secon		\$	0.00	
-	NTEENTH	SUBSCRIBER GROU		11	VENTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
					.			
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	r							
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
								
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696								Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED T		SUBSCRIBER GROUP				SUBSCRIBER GROU	P	•
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
						•		
						•	<mark></mark>	and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
				•		•		Stations
	••••••	+		•	·····	•	·····	Stations
				•	·····	•	·····	
					<mark></mark>	•		
					<mark></mark>			
Total DSEs			0.00	Total DSEs	·		0.00	
Gross Receipts Firs	Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee Firs		\$	0.00	Base Rate Fee Sec		\$	0.00	
ONE HUNDRED TV	VENTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	ENTY-FOURTH	SUBSCRIBER GROU	P	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		+				•		
						•	·····	
		+		•		•	••••••	
	•••••	+		•		•	•••••• <mark>•</mark> ••••••	
				•		•	·····	
							·····	
					<mark></mark>	•		
		4			<mark></mark>			
]						
Total DSEs			0.00	Total DSEs			0.00	
Gross Ressints This	rd Group	¢	0.00	Gross Respire For	uth Group	¢	0.00	
Gross Receipts Thi	iu Gioup	\$	0.00	Gross Receipts Fou	aran Group	\$	0.00	
Base Rate Fee Thi	rd Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Ad Enter here and in bl		te fees for each subso	riber group	as shown in the boxe	es above.	\$		
Liner here and in D	IUUN 3, IIIIE I,	share r (hade 1)				Φ		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696								
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROUP		11	ENTY-SIXTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DGL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						_		Surcharge
						_		for Partially
	······				•	 		Distant
						-		Stations
						_		
						_		
	<mark></mark>						<mark></mark>	
	<mark></mark>						<mark></mark>	
	ļļ		L					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	ITY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
					•	-		
						-		
	<mark></mark>							
	<mark></mark>						<mark></mark>	
	<mark></mark>							
	•							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		
1		-						

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP		11	THIRTIETH	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 Exclusivity
					··			Surcharge
								for
						_		Partially
								Distant Stations
								Stations
Total DSEs	ĮĮ		0.00	Total DSEs	_ <u> </u>	<u> </u>	0.00	
	0110	¢.	0.00		d Croup	e	0.00	
Gross Receipts First Gr	oup	<u>\$</u>	0.00	Gross Receipts Secor	la Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED THIR	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						_		
					<mark></mark>	-		
					<mark></mark>		<mark></mark>	
					<mark></mark>	-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ו Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696								
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	J Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
					···			Exclusivity Surcharge
						_		for
						_		Partially
						-		Distant
								Stations
						_		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	- OUD	¢.	0.00	Gross Receipts Secon	ad Group	¢.	0.00	
Gloss Receipts First Gi	oup	\$	0.00	Gloss Receipts Secon	la Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED THI	RTY-SIXTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
						-		
]				
					<mark></mark>			
							•••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		
	, . . ., .							

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696								Name
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY	-SEVENTH	SUBSCRIBER GROUP		11	RTY-EIGHTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	-		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DGE	CALL SIGN	DSE	Base Rate Fee
					•			and
						_		Syndicated
								Exclusivity
						_		Surcharge
								for Partially
								Distant
								Stations
						-		
					<mark></mark>		<mark></mark>	
	<mark></mark>				<mark></mark>	-	<mark></mark>	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
	•				•			
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-NINTH	SUBSCRIBER GROU		11	FORTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•			
					•••	-	<mark></mark>	
						-		
	<mark></mark>				<mark></mark>		<mark></mark>	
	···							
Total DSEs			0.00	Total DSEs			0.00	
	_							
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	n Group	\$	0.00	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fourt	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		
	-,	(P~30 /)				•		

EGAL NAME OF OWNE			Services	, Inc		S	62696 OK22696
		COMPUTATION OF SUBSCRIBER GROUP				IBER GROUP SUBSCRIBER GROUI	P
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE		
					····		
		-		•			
otal DSEs			0.00	Total DSEs			0.00
oss Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ise Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
	RTY-THIRD	SUBSCRIBER GROUP		11		SUBSCRIBER GROU	
OMMUNITY/ AREA			0	COMMUNITY/ ARE/	4		0
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
					····		
Total DSEs 0.00			Total DSEs			0.00	
oss Receipts Third C	∃roup	\$	0.00	Gross Receipts Four	rth Group	\$	0.00
ase Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00
ase Rate Fee: Add th	ne base rat	e fees for each subsc	riber group	as shown in the boxes	s above.		
nter here and in block	< 3, line 1, s	space L (page 7)				\$	

LEGAL NAME OF OW Consolidated C		LE SYSTEM: tions Enterprise	Services	, Inc		5	62696 OK2696	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG		RIBER GROUP		
ONE HUNDRED	FORTY-FIFTH	SUBSCRIBER GROU	IP	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROU	Р	9
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	A		0	-
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
0.112 0.011	202		202		202		502	Base Rate I
								and
								Syndicate
								Exclusivit
								Surcharg
								for Dortiolly
								Partially Distant
						•		Stations
			<mark></mark>					
		<u> </u>				11		
Fotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Sec	cond Group	\$	0.00		
Base Rate Fee First	t Group	¢	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	-	<u><u><u></u></u></u>						
		SUBSCRIBER GROU		11		I SUBSCRIBER GROU		
COMMUNITY/ ARE	A		0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
		-						
			···			•		
				1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Thin	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				11				
			scriber group	as shown in the boxe	es above.	¢		
Enter here and in blo	ook 5, line 1,	share r (hade 1)				φ		

LEGAL NAME OF OWNER OF CABLE SYSTEM:SYSTEM ID#Consolidated Communications Enterprise Services, Inc062696							Name	
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D FIFTIETH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
							•••••	
							••••	
		•						
Total DSEs			0.00	Total DSEs	•	···	0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	TY-SECOND	SUBSCRIBER GROU	JP	
		0	COMMUNITY/ AREA 0			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
							<mark></mark>	
							<mark></mark>	
	···				••••		•••• <mark>•</mark> ••••••	
							•••••	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		
1	,							

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name
BL ONE HUNDRED FIFT				ATE FEES FOR EACH			IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially Distant
								Stations
				•				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED F	IFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Consolidated Com			Services	, Inc		S	YSTEM ID# 062696	Name
-			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY-	SEVENTH	SUBSCRIBER GROUP	-	11	TY-EIGHTH	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 Exclusivity
								Surcharge
								for
						-		Partially
								Distant Stations
								Stations
Total DSEs	Į		0.00	Total DSEs	<u> </u>	<u> </u>	0.00	
Gross Receipts First Gr	20110	¢.	0.00	Gross Receipts Secor	d Group	\$	0.00	
GIUSS Receipts Filst GI	oup	\$	0.00	Gloss Receipts Secol		<u>ə</u>	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secor	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<mark>.</mark>	-	····	
							<mark></mark>	
					<mark>.</mark>	-	····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	iroup	\$	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 th Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696					
	-	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a					
Computation		Second 50 major tolovision market					
of Base Rate Fee	First 50 major television market INSTRUCTIONS:	Second 50 major television market					
and Syndicated Exclusivity Surcharge	Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entered the schedule of the schedule	the VHF Grade B contour stations that were classified as					
for Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to sho						
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP					
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs					
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group						
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	sial VHE Grade B contour stations listed in block A part 9 of
Syndicated Exclusivity Surcharge for Partially	 Step 1: In line 1, give the total DDEs by subscriber group for comments this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for 	or the VHF Grade B contour stations that were classified as r zero. DSEs used to compute the surcharge.
Distant Stations		res applicable to the particular group. You do not need to show
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20. SYSTEM ID#
Name	Consolidated Communications Enterprise Services, Inc	062696
		SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation	First 50 major television market	Second 50 major television market
of Base Rate Fee		
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	cial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	
for Partially Distant Stations	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	DSEs used to compute the surcharge.
	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 1: 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 subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE First Group	SURCHARGE Second Group
	First Group	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 total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge	subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696					
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a					
Computation of	First 50 major television market	Second 50 major television market					
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of					
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	zero.					
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.						
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 DOEs	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696					
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP					
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a					
Computation of	First 50 major television market	Second 50 major television market					
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of					
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	r zero.					
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 						
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation					
	SURCHARGE First Group	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: Eiler the Exempt DSEs					
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group					
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7						

P BLCCR B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 levelation market and the station is not example in Pint 7, you mutation compute a Syndicated Subscription Syndicated Subscription Syndicated Subscription Syndicated Subscription Syndicated Subscription Sub	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696					
9 If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in Federa on June 24, 1981: 								
Computation of	9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market	station is not exempt in Part 7, you mustalso compute a					
and Syndicated Exclusivity Sige 1: In line 1, give the total DSEs by subscriber group for he VHF Grade B contour stations listed in block A, part 9 of this subscriber group lost in block C, part 7 of this schedule. In making this schedule in one enter zero. Sige 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Sige 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Sige 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Sige 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Stations TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs in bottor of DSEs for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SVNDICATED EXCLUSIVITY SURCHARGE Strue 1: Enter the VHF DSEs	-		Second 50 major television market					
Exclusivity Surcharge for Partially Distant Step 2: In line 2, gue the total number of DSEs by subcrack ine 2 from line 1. This is the total number of DSEs used to compute the surcharge computation. Use provide the surcharge for each subscriber group using the formuta outlined in block 0, set of th this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. Image: the surcharge for each subscriber group wing the formuta outlined in block 0, set of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. Image: the total number of DSEs is the total number of DSEs is for this subscriber group subject to the surcharge computation			al VHF Grade B contour stations listed in block A, part 9 of					
Partially Distant Stations Step 4: Compute the surcharge for each subscriber group using the formula outlined in block 0, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. Image: Step 4: Compute the surcharge for each subscriber group using the formula outlined in block 0, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. Image: Step 4: Compute the surcharge for each subscriber group as the surcharge for each subscriber group as the surcharge for each subscriber group as the surcharge computation	Exclusivity Surcharge	Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.					
Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Partially Distant	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show						
Line 2: Enter the Exempt DSEs		TWENTY-FIRST SUBSCRIBER GROUP	TWENTY-SECOND SUBSCRIBER GROUP					
Line 2: Enter the Exempt DSEs		Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs					
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE First Group SUBTY-THIRD SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation First Group Line 1: Enter the VHF DSEs. Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation subject to the surcharge computation subject to the surcharge computation this subscriber group subject to the surcharge computation subject to the surcharge computation								
SURCHARGE First Group SURCHARGE First Group Second Group 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge					
Line 1: Enter the VHF DSEs		SURCHARGE	SURCHARGE					
Line 2: Enter the Exempt DSEs. Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown		TWENTY-THIRD SUBSCRIBER GROUP	TWENTY-FOURTH SUBSCRIBER GROUP					
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARGE Third Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown								
SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE Third Group		Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge					
		SURCHARGE	SURCHARGE					

9 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUD If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: □ First 50 major television market □ Second 50 major television market ■ Syndicated Exclusivity Surcharge In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 3: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If an all number of DSEs used to compute the surcharge. Step 3: In line 3, subtract line 2 from line 1 This is the total number of DSEs used to compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs is the total number of DSEs for this subscriber group subject to the surcharge computation Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	FORM SA3E. PAGE 20. SYSTEM ID# 062696
9 Computation of Base Rate Fee and Syndicated Exclusivity Surcharge. Indicate which market and the station is not exempt in Part 7, you mustalso compute a syndicated Exclusivity Surcharge. Indicate which major television market and proton of your cable system is located in as defined by section 76.6 of FCC rules in effect on June 24, 1991: Syndicated Exclusivity Surcharge. Indicate which market Second 50 major television market NSTRUCTIONS: Stream 2005 by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations. It at were classified as the 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 the schedule. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. It is 2: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SynDiCATED EXCLUSIVITY SynDiCATED EXCLUSIVITY SURCHARGE First Group.	
of	lso compute a
and Syndicated Exclusivity Surcharge for Partially Distant Stations Step 1: In line 1, give the total DSEs by subscriber group for the VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 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 for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation SYNDICATED EXCLUSIVITY SURCHARCE First Group SYNDICATED EXCLUSIVITY SURCHARCE First Group SYNDICATED EXCLUSIVITY SURCHARCE First Group Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 2	
Exclusivity Surcharge for Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 3: SVNDICATED EXCLUSIVITY SURCHARGE Subtract line 2 from line 1 and enter here. This USESCRIBER GROUP SYNDICATED EXCLUSIVITY SURCHARGE TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP SYNDICATED EXCLUSIVITY SUBCHARGE Subtract line 2 from line 1 and enter here. This is the	ock A, part 9 of
Partially Distant Stations Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. Image: TweINTY-FIFTH SUBSCRIBER GROUP TWEINTY-SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 1: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation Line 3: Subtract line 2 form line 1 and enter here. This is the SYNDICATED EXCLUSIVITY SURCHARGE \$ SYNDICATED EXCLUSIVITY SURCHARGE Line 1: Enter the VHF DSEs \$ Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs \$ Line 1: Enter the VHF DSEs SYNDICATED EXCLUSIVITY SURCHARGE \$ SynDICATED EXCLUSIVITY SURCHARGE \$ Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs . Line 3: Subtract line 2 from line 1 and enter here. This is the Line 3: Subtract line 2 from line 1 and enter here. This is the	re classified as
Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
Line 2: Enter the Exempt DSEs	IBER GROUP
Line 2: Enter the Exempt DSEs	
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
SURCHARGE SURCHARGE First Group \$ TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs	
Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs	\$
Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the Line 3: Subtract line 2 from line 1 and enter here. This is the	RIBER GROUP
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	
this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation -	
SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group	\$
SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	\$

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
	• •	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	r zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure 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 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group
	subject to the surcharge computation	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for Partially	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enterestep 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge formati	zero. DSEs used to compute the surcharge.
Distant Stations		es applicable to the particular group. You do not need to show
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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: Ender the Exempt boost : Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Sum dia stand	Step 1: In line 1, give the total DSEs by subscriber group for commerci	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of I 	zero.
for Partially Distant Stations	 Step 3: In the 5, subtract line 2 from line 1. This is the total number of a Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	mula outlined in block D, section 3 or 4 of part 7 of this
	THIRTY-SEVENTH SUBSCRIBER GROUP	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRTY-NINTH SUBSCRIBER GROUP	FORTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commerc	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur your actual calculations on this form. 	mula outlined in block D, section 3 or 4 of part 7 of this
	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 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group
	subject to the surcharge computation	subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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: Einer the Exempt bols: . Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur 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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the
	total number of DSEs for	total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE
	First Group	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 total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE Third Group	SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
	• · ·	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for Partially	 INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none entere Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge for each subscriber group using the formation of the surcharge formation of the surcharge formation of the surcharge for each subscriber group using the formation of the surcharge formation of the su	r the VHF Grade B contour stations that were classified as zero. DSEs used to compute the surcharge.
Distant Stations		es applicable to the particular group. You do not need to show
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	FIFTY-FIRST SUBSCRIBER GROUP	FIFTY-SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and Syndicated Exclusivity Surcharge	 Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter 	r the VHF Grade B contour stations that were classified as zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for	
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 DOEs	Line 2: Liner the Lempt DSLS
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	zero.
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figur 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 and enter here. This is the	Line 3: Subtract line 2 from line 1 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 computation	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY
	SURCHARGE	SURCHARGE
	Third Group	Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the for	
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	SIXTY-SEVENTH SUBSCRIBER GROUP	SIXTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
		VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerc	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of	zero.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the fo schedule. In making this computation, use gross receipts figur your actual calculations on this form.	mula outlined in block D, section 3 or 4 of part 7 of this
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of 	zero.
for Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the fo	-
	SEVENTY-THIRD SUBSCRIBER GROUP	SEVENTY-FOURTH SUBSCRIBER GROUP
		SEVENTH CONTROLSON DEN CROOL
	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 total number of DSEs for	and enter here. This is the total number of DSEs for
	this subscriber group	this subscriber group
	subject to the surcharge computation	subject to the surcharge
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge
	computation	computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of	First 50 major television market	Second 50 major television market
Base Rate Fee	INSTRUCTIONS:	
and	Step 1: In line 1, give the total DSEs by subscriber group for commerci	al VHF Grade B contour stations listed in block A, part 9 of
Syndicated Exclusivity Surcharge for	 this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. 	
Partially Distant Stations	 Step 4: Compute the surcharge for each subscriber group using the for schedule. In making this computation, use gross receipts figure your actual calculations on this form. 	mula outlined in block D, section 3 or 4 of part 7 of this
	SEVENTY-SEVENTH SUBSCRIBER GROUP	SEVENTY-EIGHTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs	Line 1: Enter the VHF DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SEVENTY-NINTH SUBSCRIBER GROUP	EIGHTIETH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a	
Computation	First 50 major television market	Second 50 major television market	
of Base Rate Fee			
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter the bit is a 2 for the schedule. If none enter	zero.	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	
	subject to the surcharge	subject to the surcharge	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	
	subject to the surcharge computation	subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television marke by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a	
Computation	First 50 major television market	Second 50 major television market	
of Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter the line 2 or schedule line 2 formulae 1. This is the total number of	zero.	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	
	this subscriber group subject to the surcharge computation	this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI		
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	station is not exempt in Part 7, you mustalso compute a	
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercia	al VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 2, gubtract line 2 from line 1. This is the total number of I	zero.	
Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group	
	NINETY-FIRST SUBSCRIBER GROUP	NINETY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	FORM SA3E. PAGE 20. SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television market by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a	
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for commerc	ial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group fo Exempt DSEs in block C, part 7 of this schedule. If none enter the line 2, exhtent line 2 fore line 4. This is the total number of	zero.	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the total number of DSEs for this subscriber group	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group	
	subject to the surcharge computation	subject to the surcharge	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
		IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and th Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	e station is not exempt in Part 7, you mustalso compute a	
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and Sum dia stard	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter	r zero.	
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the	Line 3: Subtract line 2 from line 1 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 computation	subject to the surcharge	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA3E. PAGE 20.	
Name	Consolidated Communications Enterprise Services, Inc 0		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	SIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television marked by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and Sundicated	Step 1: In line 1, give the total DSEs by subscriber group for commerce	cial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.		
for Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDERED FIRST SUBSCRIBER GROUP	ONE HUNDERED SECOND SUBSCRIBER GROUP	
		Line 1: Enter the VHF DSEs	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF 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 this subscriber group	total number of DSEs for this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 total number of DSEs for	and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE Third Group	SURCHARGE Fourth Group \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Consolidated Communications Enterprise Services, Inc 06269		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market ☐ Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, I	part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHP Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDRED FIFTH SUBSCRIBER GROUP ONE HUNDRED SIXTH SUBSCRIBE		
	Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM II Consolidated Communications Enterprise Services, Inc 06265		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market ☐ Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A	a part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	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		
	ONE HUNDRED NINTH SUBSCRIBER GROUP ONE HUNDRED TENTH SUBSCRI	BER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$		
	ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCR	RIBER GROUP	
	Line 1: Enter the VHF 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 \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM Consolidated Communications Enterprise Services, Inc 062		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUS	IVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for commerce	ial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for	r the VHF Grade B contour stations that were classified as	
Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none enter		
for Partially	Step 3: In line 3, subtract line 2 from line 1. This is the total number of Step 4: Compute the surcharge for each subscriber group using the for	· •	
Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.		
	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 total number of DSEs for	and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for	
	this subscriber group	this subscriber group	
	subject to the surcharge computation	subject to the surcharge	
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY	
	SURCHARGE	SURCHARGE	
	Third Group	Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	ch subscriber group as shown)	

Name	Legal NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID Consolidated Communications Enterprise Services, Inc 062690		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	First 50 major television market		
Base Rate Fee	INSTRUCTIONS:		
and Syndicated Exclusivity Surcharge for Partially Distant	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in bloc 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 Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of par schedule. In making this computation, use gross receipts figures applicable to the particular group. You do r 	e classified as rt 7 of this	
Stations	your actual calculations on this form.		
	ONE HUNDRED SEVENTEENTH SUBSCRIBER GROUP ONE HUNDRED EIGHTEENTH SU	BSCRIBER GROUP	
	Line 1: Enter the VHF DSEs		
	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 2: Enter the Exempt DSES Line 2: Enter the Exempt DSES	- \$	
	subject to the surcharge subject to the surcharge computation - SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$	<u> </u>	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown	\$	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM IC Of Consolidated Communications Enterprise Services, Inc 06269		
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
of	☐ First 50 major television market ☐ Second 50 major television	n market	
Base Rate Fee	INSTRUCTIONS:		
and Syndicated Exclusivity Surcharge for Partially Distant Stations			
	ONE HUNDRED TWENTY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWEN	NTY-SECOND SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSE		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt D	DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	is is the Es for up harge	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$ Second Group Second Group		
	ONE HUNDRED TWENTY-THIRD SUBSCRIBER GROUP ONE HUNDRED TWEN	NTY-FOURTH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSE		
	Line 2: Enter the Exempt DSEs	DSEs	
	Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from and enter here. This is the and enter here. This is the and enter here. This is the total number of DSEs for total number of DS this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation -	is is the Es for up harge	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVI SURCHARGE SURCHARGE Third Group \$		
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Consolidated Communications Enterprise Services, Inc 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP	
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of		Second 50 major television market
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1 give the total DSEs by subscriber group for commercia	al VHE Grade B contour stations listed in block A part 9 of
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 	
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SURCHARGE First Group	SURCHARGE Second Group
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for eac in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of		0 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHE Grad	e B contour stations listed in block A part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDRED TWENTY-NINTH SUBSCRIBER GROUP	NE HUNDRED THIRTIETH SUBSCRIBER GROUP	
		nter the VHF DSEs	
	Line 2: Enter the Exempt DSEs Line 2: En	nter the Exempt DSEs	
	and enter here. This is theandtotal number of DSEs fortotthis subscriber groupthsubject to the surchargesubject	ubtract line 2 from line 1 nd enter here. This is the tal number of DSEs for is subscriber group ubject to the surcharge computation	
	SURCHARGE	TED EXCLUSIVITY RGE econd Group	
	ONE HUNDRED THIRTY-FIRST SUBSCRIBER GROUP ONE	HUNDRED THIRTY-SECOND SUBSCRIBER GROUP	
		nter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	nter the Exempt DSEs	
	and enter here. This is theandtotal number of DSEs fortotthis subscriber groupthsubject to the surchargesubject	ubtract line 2 from line 1 and enter here. This is the tal number of DSEs for is subscriber group ubject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SYNDICA SURCHARGE SURCHAR	TED EXCLUSIVITY RGE urth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
of	☐ First 50 major television market ☐ Second 50 major television market		
Base Rate Fee	INSTRUCTIONS:		
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP ONE HUNDRED THIRTY-FOU		
		KITI SOBSCRIBER GROOP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$	s	
	ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIX	TH SUBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupsubject to the surchargecomputation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group	s	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	\$	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market ☐ Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS: Stan 1: In line 1 give the total DSEs by subscriber group for commerce	ial V/HE Grade B contour stations listed in block A part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each in the boxes above. Enter here and in block 4, line 2 of space L (page 7)		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	First 50 major television market	Second 50 major television market	
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1 give the total DSEs by subscriber group for commerce	ial VHE Grade B contour stations listed in block A part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market ☐ Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commerc	ial VHF Grade B contour stations listed in block A. part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DDES by Subscriber group for confine call of in Chade D contour stations instead in Dick 7, part of the transformation of the Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP	ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP	
	ONE HUNDRED FORTT-FIFTH SUBSCRIBER GROUP	ONE HUNDRED FOR TH-SIXTH SUBSCRIDER GROUP	
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs	
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs	
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ea in the boxes above. Enter here and in block 4, line 2 of space L (page 7	ch subscriber group as shown)	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation of	☐ First 50 major television market ☐ Second 50 major television market		
Base Rate Fee and	INSTRUCTIONS: Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in bloc	ck A. part 9 of	
Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH SUBS		
	Line 1: Enter the VHF 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 subject to the surcharge computation	<u> </u>	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group	\$	
	ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-SECOND SUB	SCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF 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 subject to the surcharge computation -	-	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group \$	\$ <mark></mark>	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	\$	

		FORM SA3E. PAGE 20.	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
Computation	First 50 major television market	Second 50 major television market	
of Base Rate Fee	INSTRUCTIONS:		
and	Step 1: In line 1, give the total DSEs by subscriber group for comme	rcial VHF Grade B contour stations listed in block A, part 9 of	
Syndicated Exclusivity Surcharge for	this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group in Exempt DSEs in block C, part 7 of this schedule. If none enter Step 3: In line 3, subtract line 2 from line 1. This is the total number of the schedule is the total number of the schedule.	er zero.	
Partially Distant Stations	 Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	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 this subscriber group	total number of DSEs for this subscriber group	
	subject to the surcharge	subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY 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 and enter here. This is the	Line 3: Subtract line 2 from line 1 and enter here. This is the	
	total number of DSEs for	total number of DSEs for	
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge	
	computation	computation	
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for e in the boxes above. Enter here and in block 4, line 2 of space L (page		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Consolidated Communications Enterprise Services, Inc	SYSTEM ID# 062696	
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP		
9 Computation	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:		
of	First 50 major television market		
Base Rate Fee	INSTRUCTIONS:		
and Syndicated Exclusivity Surcharge for Partially Distant Stations	 Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form. 		
	ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH		
		SUBSCITIBLIN 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 subject to the surcharge computation		
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group \$	\$	
	ONE HUNDRED FIFTY-NINTH SUBSCRIBER GROUP ONE HUNDRED SIXTIETH SU	JBSCRIBER GROUP	
	Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs		
	Line 2: Enter the Exempt DSEs		
	Line 3: Subtract line 2 from line 1Line 3: Subtract line 2 from line 1and enter here. This is theand enter here. This is thetotal number of DSEs fortotal number of DSEs forthis subscriber groupthis subscriber groupsubject to the surchargesubject to the surchargecomputation	<u>-</u>	
	SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group	. \$	
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	ş	