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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$
07/29/2019	ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting	2019/1			
Period				
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a 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 accounting conducts the system's library for the system's ID.	ess of the cable system on the last day of the counting perion	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	West Kentucky Rural Telephone Coop.			
				06291120191
				062911 2019/1
	100 WK&T Technology Drive			
	Mayfield, KY 42066			
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the husines	es and operation of the syst	em unless these
С	names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite number)			
	(City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the fret comm	nunity served below and rel	ist on nage 1h
_	with all communities.	orny the fist confi	numity served below and ref	of page 15
Area Served	CITY OR TOWN	STATE		
First	Kirksey	KY		
Community	Below is a sample for reporting communities if you report multiple cha		nace G	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
	Alda	MD	A	1
Sample	Alliance	MD	В	2
	Gering	MD	В	3

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

D

Area

Served

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 062911 West Kentucky Rural Telephone Coop.

Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.

Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.

If all communities receive the same complement of television broadcast stations (i.e., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9).

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
(irksey	KY	В	5	First
Beulah	KY	Α	1	Community
razil	KY	D	2	
Frowns Grove	KY	Α	3	
Buchanan	KY	С	6	
Churchton	KY	F	4	See instructions for
clear Springs	KY	Α	3	additional informatio
oldwater	KY	В	5	on alphabetization.
ottage Grove	KY	С	6	
uba	KY	Α	3	
unningham	KY	A	7	
lexter	KY	В	5	Add rows as necessar
logwood	KY	Α	3	
)ublin	KY	Α	3	
aton	KY	D	2	
airdealing	KY	Α	12	
ancy Farm	KY	Α	3	
armington	KY	Α	3	
axon	KY	В	8	
olsomdale	KY	Α	3	
lardin	KY	Α	12	
larris Grove	KY	В	8	
lazel	KY	В	13	
lickory	KY	Α	3	
irbyton	KY	Α	7	
owes	KY	Α	3	
ynn Grove	KY	В	8	
	KY	В	8	
Jason Hall	KY	Е	9	
1elber	KY	Α	10	
lew Concord	KY	В	13	
ryorsburg	KY	Α	3	
uryear	KY	С	6	
edalia	KY	Α	3	
rimble	KY	F	4	
'iola	KY	Α	3	
Vest Plains	KY	Α	3	
Vest Viola	KY	Α	3	
Vingo	KY	Α	3	
orkville	KY	D	11	

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

West Kentucky Rural Telephone Coop.

SYSTEM ID#

062911

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOC	K 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	ı	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
Service to first set	3,121	\$	36.45	Expanded Service	2,732	\$	89.90
Service to additional set(s)	4,718	\$	4.95			[
• FM radio (if separate rate)							
Motel, hotel						1	
Commercial	10	\$	46.20			<u> </u>	
Converter						ļ	
Residential						<u> </u>	
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLO	CK 1		BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R/	λΤΕ
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel		Variety Tier	\$	6.95
 Pay cable—add'l channel 		Commercial		HD Tier	\$	14.95
Fire protection		Pay cable		Hispanic Tier	\$	12.95
•Burglar protection		Pay cable-add'l channel		НВО	\$	15.95
Installation: Residential		Fire protection		Showtime/TMC	\$	15.95
First set		Burglar protection		Starz/Encore	\$	15.95
Additional set(s)		Other services:				
• FM radio (if separate rate)		Reconnect				
Converter		Disconnect				
		Outlet relocation				
		 Move to new address 			<u> </u>	

Primary Transmittres: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) acrared by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rolles and regulations in effect on June 24, 1981, permitting the carringe of certain network programs (sections 75,96)(d/c) and (4), 76.3 (fel/c) and (5), 76.3 (fel/c) and (6), 76.	LEGAL NAME OF OV	VNER OF CABLE S'	YSTEM:			SYSTEM ID#	
In General: In agact G, identify every felevision station (including translator stations and low power television stations) activities of the station of the	West Kentuck	ky Rural Tele	phone Coo	p.		062911	Name
Column 1: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in scommunity of the station is an etwork. Station, an independently, 1-Millional station at station as a station was carried on the station of the station is continued as the station of the station is continued the station is an etwork. The station is continued the station is continued the station is continued the station is continued to the station is continued the station is continued to the station as a station was carried only on a substitute basis and also in space 1, if the station was carried by the station was carried only on a substitute basis and also on some other basis. For turner 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 seath multicast stream associated with a station according to its over-the-air designation. For example, report multi-assist streams multi-assist streams must be reported in column 1 (filst each stream separately, for example column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in stocemular to the station of the s	PRIMARY TRANSMIT	TERS: TELEVISION	ON	<u>-</u>			
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 A 1. CALL	rn General: In space carried by your cable and regularies and regularies. Substitute Basis passis under specific I on the station was carried that the station was carried basis. For further in the paper SA3 Column 1: List each multicast stream as "WETA-simulcast). Column 2: Give 1 ts community of lice to which your cable Column 3: Indicated actional station, I for independent multicated the distant of local set Column 4: If the column 5: If you cable system carried the distant stream as the column 5: If you cable system carried the distant stream as the column 5: If you cable system carried the distant stream as the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the distant stream and the column 5: If you capted the col	e G, identify ever e system during to ations in effect of 76.61(e)(2) and (asis, as explaines Stations: With FCC rules, regulation here in space and also in space and station's call massociated with FA-2". Simulcast the channel numbers. For example system carried the in each case of the compact of the in each case of the compact of the in each case of the interval in each ca	y television st he accounting in June 24, 19 (4), or 76.63 (i.d. in the next) respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitute sign. Do not I h a station ac streams must ber the FCC he, WRC is Chane station. Whether the sign page (v) of the the local sendage (v) of the es" in column on during the me basis beca	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations controlled the station stations: t it in space I (the station was carried that basis station report origination coording to its over the station is a network of the station is a network, "N-M" (I educational), controlled the station is a network of the station is a network of the general instruct of the station is a network of the general instruct of the station is a network of the general instruct of the station is a network of the general instruct of the station is a network of the station is a network of the general instruct of the station is a network of the general instruct of the station is a network of t	(1) stations carried e carriage of cert 1(e)(2) and (4))]; is carried by your one Special Statement of both on a substitute, see page (v) on program service er-the-air designation of the television statington, D.C. This book station, an indefor network multiple or "E-M" (for noncontribute) or "E-M" (for noncontribute) or the television statington, D.C. This book station, an indefor network multiple or "E-M" (for noncontribute) or "E-M" (for noncontribute), and indicated in the distant"), enter "Ytions located in the plete column 5, and Indicate by enactivated channel	ed only on a part-time basis under rain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multish stream separately; for example ation for broadcasting over-the-air in may be different from the channel exast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. Ses". If not, enter "No". For an example stating the basis on which your tering "LAC" if your cable system capacity.	Primary Transmitters:
CHANNEL LINE-UP A	of a written agreeme the cable system and	nt entered into o d a primary trans	n or before Ju mitter or an a	ine 30, 2009, be ssociation repre	etween a cable sy esenting the prima	stem or an association representing ry transmitter, enter the designa-	
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name West Kentucky Rural Telephone Coop. 062911 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) **KBSI-DT** 22 I-M Cape Girardeau. MO **KBSI-HD** 22.1 Cape Girardeau. MO Cape Girardeau. MO KFVS-DT N-M 12 KFVS-HD 12.1 Ν Cape Girardeau. MO Paducah, KY **WDKA** 49 1 WKMU 41 Ε Murray, KY **WKPD** Ε 41 0 Paducah, KY Yes WKRN-DT N-M Nashville, TN 27 Ν WKRN-HD 27.1 Nashville, TN **WQWQ-LP** 9 1 Paducah, KY WSIL-DT 34 N-M Harrisburg, IL WSIL-HD 34.1 Ν Harrisburg, IL WSMV-DT 10 N-M Nashville, TN WSMV-HD 10.1 Ν Nashville, TN WTVF-DT 25 N-M Nashville, TN WTVF-HD 25.1 Ν Nashville, TN

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

Paducah, KY

Paducah, KY

WPSD-DT

WPSD-HD

32

32.1

N-M

Ν

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name West Kentucky Rural Telephone Coop. 062911 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WKRN-DT 27 N-M Nashville, TN WKRN-HD 27.1 Ν Nashville, TN **WNAB-DT** Nashville, TN 23 ı WNPT-DT 8 Ε Yes 0 Nashville, TN WPSD-DT 32 N-M Paducah, KY WPSD-HD 32.1 Ν Paducah, KY WSMV-DT 10 N-M Nashville, TN WSMV-HD Nashville, TN 10.1 Ν WTVF-DT 25 N-M Nashville, TN WTVF-HD 25.1 Ν Nashville, TN **WUPX-DT** 21 ı Yes 0 Morehead, KY WZTV-DT 15 I-M Nashville, TN WZTV-HD 15.1 ı Nashville, TN

FORM SA3E. PAGE 3.					0.00===================================	
LEGAL NAME OF OWN			n		SYSTEM ID# 062911	Name
West Kentucky			·μ.		002311	
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	G, identify every system during the ions in effect of 3.61(e)(2) and (sis, as explaine	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie ne carriage of certa 1(e)(2) and (4))]; a	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For	Stations: With a CC rules, regular here in space only on a substant also in space only on a substant also in space only on a substant also in space only on a substant associated with a space of the control of the con	respect to any ations, or auth G—but do listitute basis. Incell, if the state erning substitute is a station act at a station act at a station act at a station. In a station act at a station act at a station. In a station act at a station act at a station. In a station act at a sta	r distant stations orizations: at it in space I (the ation was carried tute basis station report origination cording to its own be reported in origination is a network), "N-M" (I educational), or e general instructive area, (i.e. "or general instructive 4, you must cor accounting period ause of lack of a sam that is not some 30, 2009, be ssociation repreyou carried the	de Special Statement of both on a substiffus, see page (v) on program service er-the-air designate column 1 (list each the television statistington, D.C. This light of the television statisting the color in the television statistic to the television of the television statistic to a royalty etween a cable system of the television of television of the television of television of the television of	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further	Television
Column 6: Give the	e location of ea Canadian statio	ch station. Fo	r U.S. stations, e the name of th	list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed. channel line-up.	
	1	CHANN	EL LINE-UP	D		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
WBBJ-DT	43	N			Jackson, TN	
WJKT	39	I			Jackson, TN	
WLJT	47	Е			Lexington, TN	
WREG	28	N			Memphis, TN	
WSMV-DT	10	N-M	Yes	0	Nashville, TN	
WSMV-HD	10.1	N	Yes	Е	Nashville, TN	
WTVF-DT	25	N-M	Yes	0	Nashville, TN	
		Ì				

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast), For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) **KBSI-HD** 22.1 Cape Girardeau. MO Т **KBSI-DT** 22 I-M Cape Girardeau. MO Cape Girardeau. MO KFVS-DT N-M 12 12.1 Ν KFVS-HD Cape Girardeau. MO **WBBJ-HD** Ν 43.1 Jackson, TN **WBBJ-DT** 43 Ν Jackson, TN **WDKA** 49 Paducah, KY ı Murray, KY **WKMU** 41 Ε **WKPD** 41 Ε Yes 0 Paducah, KY WPSD-DT 32 N-M Paducah, KY WPSD-HD 32.1 Ν Paducah, KY WQWQ-LP 9 Paducah, KY ı Harrisburg, IL

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

Ε

0

Harrisburg, IL

Nashville, TN

Nashville, TN

WSIL-HD

WSIL-DT

WTVF-HD

WTVF-DT

34.1

34

25.1

25

Ν

N-M

Ν

N-M

Yes

Yes

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2019/
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
West Kentucky	Rural Telep	ohone Coo	p.		062911	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas	ystem during the ons in effect or i.61(e)(2) and (sis, as explaine	ne accounting n June 24, 198 4), or 76.63 (r d in the next p	period, except 81, permitting the referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program	G Primary Transmitters: Television
basis under specifc FC Do not list the station station was carried List the station here, basis. For further in	CC rules, regulate here in space only on a substand also in spatformation conc	itions, or auth G—but do list titute basis. ice I, if the sta	orizations: t it in space I (that tion was carried	e Special Stateme	ent and Program Log)—if the ute basis and also on some other f the general instructions located	Television
each multicast stream	h station's call associated with	n a station acc	cording to its over	er-the-air designat	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example	
					on for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate	stem carried the in each case v	ne station. whether the st	ation is a netwo	rk station, an inde	ependent station, or a noncommercial ast), "I" (for independent), "I-M"	
(for independent multic For the meaning of the	cast), "E" (for no	oncommercial page (v) of the	l educational), o e general instruc	r "E-M" (for nonco ctions located in th	mmercial educational multicast). ne paper SA3 form.	
planation of local servi	ce area, see pa	age (v) of the	general instructi	ons located in the	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your	
carried the distant stati	on on a part-tir	ne basis beca	ause of lack of a	ctivated channel o	ering "LAC" if your cable system capacity. payment because it is the subject	
the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	a primary transi simulcasts, also ree categories e location of ea	mitter or an as o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the of the general i r U.S. stations,	senting the primar channel on any ot nstructions locate list the community	stem or an association representing ry transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form.	
Note: If you are utilizin		, ,, ,		,	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	F		
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)	c. 200/mon or cirkness	
KFVS-DT	12	N-M			Cape Girardeau. MO	
WBBJ-DT	43	N			Jackson, TN	
WBBJ-HD	43.1	N			Jackson, TN	
WJKT	39	I			Jackson, TN	
WLJT	47	Е			Lexington, TN	
WREG	28	N			Memphis, TN	
WSMV-DT	10	N-M	Yes	0	Nashville, TN	
WSMV-HD	10.1	N	Yes	E	Nashville, TN	
			-			

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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.							ACCOUNTING	PERIOD: 2019/1
LEGAL NAME OF OWNER OF West Kentucky Rural							SYSTEM ID# 062911	Name
SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOG					
In General: In space I, identi substitute basis during the ad explanation of the programm	counting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or a	uthoriza	itions. For a further	 Substitute
1. SPECIAL STATEMENT				e general instr	uctions loc	ated in t	the paper SA3 form.	Carriage:
During the accounting per broadcast by a distant state	iod, did you			s, any nonne	twork telev	ision pro		Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you mu	ıst comple	te the p		Program Log
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 broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o tion. Do no ucy" or "NE n was broad sign of the s idcast static adian static th and day /e "5/7." es when the Example: a er "R" if the ind regulatic ogramming	am on a separa attach addition nnetwork televion and that your authorization t use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your syste a substitute pro a program carri	al pages. ision program (substitute pour cable system substitute so See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instructio "basketball". lo." m. station is lice station is idenorogram. Use cable system. 15 p.m. to 6:2 mming that ye; enter the let	during the ramming ons located List spec List spec nsed by the stiffied). numerals List the till 8:30 p.m. our system ter "P" if the	e account another than the programmer of the account with the mes account about the account was read that account was read listed.	or, in e month curately be equired pro	
9	IIRSTITLIT	E PROGRAM	1		EN SUBS		T. REASON	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES	FOR DELETION TO	
						_		
						_		
						_		
						_		
						_		
						_		

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

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
West Kentucky Rural Telephone Coop.
SYSTEM ID#
062911

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

<u> </u>		DATES	AND HOURS (OF P	ART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN	CARRIAGE OCCU			CALL SIGN	WHEN CARRIAGE OCCURRED			
	DATE	HOUR FROM	TO			DATE	FROM	OUR	TO
								_	
								_	
								_	
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								_	
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								_	
		_						_	

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
	st Kentucky Rural Telephone Coop.			062911	Name
Ins all a (as pag	OSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's seculentified in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts.	ondary	transmis e this am	sion service	K Gross Receipts
• Cor • Cor • If your fee • If your	(RIGHT ROYALTY FEE Ictions: Use the blocks in this space L to determine the royalty fee you owe: Inplete block 1, showing your minimum fee. Inplete block 2, showing whether your system carried any distant television stations. In block 2, showing whether your system carried any distant television stations. In block 3 blank. Enter the air from block 1 on line 1 of block 4, and calculate the total royalty fee. In block 1 on line 1 of block 4, and calculate the total royalty fee. In system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should book 3 below.	e ente	red on line	e 1 of	
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entere	d on line 2	2 in block	
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	entered o	on line	
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fe system's gross receipts for the accounting period.)64 perce	nt of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$	687,957.30	
	This is your minimum fee.	\$		7,319.87	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and complete the DSE schedule.	nn 4, y od?	ou must o	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		\$	652.54	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			386.98	
	Line 3. Add lines 1 and 2 and enter here	\$		1,039.52	
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		\$	7,319.87	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.	r		0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		8,044.87	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of t	the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Name	West Kentucky Rural Telephone Coop. 06291
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 and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)
Be Contacted for Further Information	Name Patti Taylor Telephone
	Address 100 WK&T Technology Drive (Number, street, rural route, apartment, or suite number)
	Mayfield, KY 42066 (City, town, state, zip)
	Email ptaylor@wk.net Fax (optional)
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	X /s/ Tiffany Myers
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.
	Typed or printed name: Tiffany Myers
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)
	Date: July 29, 2019

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
West Kentucky Rural Telephone Coop.	062911	
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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic of include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct paper SA3 form.	ons in the	Concerning Gross Receipts Exclusion
During the accounting period did the cable system exclude any amounts of gross receipts for secondary tremade by satellite carriers to satellite dish owners?	ansmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under the payment of an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form	• •	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(inter	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 please list below the owner, address, first community served, accounting period, and ID number as given i filing.		
Owner Address		
First community served Accounting period ID number		

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

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

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

FORMULAS FOR COMPUTING A STATION'S DSE

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

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

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

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

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

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

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

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

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

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

EXAMPLE:

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

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



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

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

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

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

DSE SCHEDULE. PAG	SE 11. (CONTINUED)										
1	LEGAL NAME OF OWNER OF CABL	E SYSTEM:			S	STEM ID#					
1	West Kentucky Rural To	elephone Cod	p.			062911					
	SUM OF DSEs OF CATEGOR										
	Add the DSEs of each station										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.00						
	Instructions:			-		_					
2	In the column headed "Call	Sign": list the cal	I signs of all distant stations	s identified by t	he letter "O" in column 5						
Computation	of space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or nonco										
of DSEs for	mercial educational station, given			_ 00,							
Category "O"											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	WKPD	0.250									
	WNPT-DT	0.250									
	WSMV-DT	0.250									
	WTVF-DT	0.250									
Add rows as	WUPX-DT	1.000									
necessary.											
Remember to copy											
all formula into new											
rows.											
						<u> </u>					
						l					
1	L	.1		L		l					

Name		WNER OF CABLE SYSTEM:	Соор.				S'	YSTEM ID# 062911			
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v	at the call sign of all distar : For each station, give the correspond with the inform : For each station, give the : Divide the figure in colu- at least to the third deciments.	ne number of hours nation given in spa ne total number of I mn 2 by the figure nal point. This is the tation, give the "typ umn 4 by the figure	your cable system ce J. Calculate or nours that the state in column 3, and ge "basis of carriagoe-value" as "1.0."	n carried the static ly one DSE for ea on broadcast ove give the result in d e value" for the sta For each network give the result in	on during the accounting the station. r the air during the accounting to a column 4. The accounting the accoun	ounting period. his figure must cational station,				
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBER OF HOU CARRIE SYSTEM	RS CDBY S	IUMBER OF HOURS TATION ON AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	E			
						x					
			÷ ÷		:	X X					
			÷			x x	=				
			÷ ÷			x	=				
			÷ ÷	=		x	=				
	Add the DSEs of	OF CATEGORY LAC Soft each station. m here and in line 2 of page		le,		0.00					
Computation of DSEs for Substitute-Basis Stations	Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I	e the call sign of each start by your system in substite to n October 19, 1976 (and or more live, nonnetwone). For each station give the light of the figure should correst interest the number of days Divide the figure in column of this is the station's DSE (tution for a program as shown by the let brk programs during number of live, nor pond with the infor in the calendar ye; n 2 by the figure in	n that your system ter "P" in column that optional carri metwork program mation in space I. ar: 365, except in column 3, and giv	was permitted to 7 of space I); and age (as shown by the scarried in substitute a leap year.	delete under FCC rules the word "Yes" in column to tution for programs that umn 4. Round to no les	2 of were deleted s than the third	m).			
		SUE	BSTITUTE-BAS	SIS STATIONS	S: COMPUTAT	ΓΙΟΝ OF DSEs					
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE			
		÷		=		÷		= =			
		÷		=		÷		=			
				=		÷		=			
		÷		=		÷		=			
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. m here and in line 3 of pa		le,		0.00					
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the among applicable to your system DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		s in parts 2, 3, and	4 of this schedule	and add them to provide	2.00 0.00 0.00				
	TOTAL NUMBE	R OF DSEs						2.00			

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

LEGAL NAME OF C							S'	YSTEM ID# 062911	Name
Instructions: Bloc In block A: • If your answer if			art 6 and part	7 of the DSF sche	edule blank ar	nd complete n	art 8. (page 16) of	the	6
schedule.				7 Of the DOL Sont	sadic blank ar	ia complete pi	arro, (page 10) or	u ic	
If your answer if	"No," complete blo			TELEVISION M.	ARKETS				Computation of
Is the cable syster effect on June 24,	1981?	outside of all r	major and sma		fined under s			gulations in	3.75 Fee
	lete blocks B and		O NOT COM	FEETE THE KEWI	AINDLICOLI	AINT O AIND 7			
		BLOC	K B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	and regulations and regulations	ons prior to Ju dule. (Note: Ti	part 2, 3, and 4 of ne 25, 1981. For fu he letter M below r Act of 2010.)	urther explana	tion of permitt	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati	ules and reguled pursuant to on as defined	lations cited b o the FCC ma I in 76.5(kk) (7	asis on which you delow pertain to thour pertain to thour pertain to thour pertain to thour pertains (76.59(d)(1), 76.61(d), 7	ese in effect or 6.57, 76.59(b e)(1), 76.63(a	n June 24, 198), 76.61(b)(c), ı) referring to 7	76.63(a) referring	j tc	
	D Grandfathered instructions for E Carried pursua *F A station pre	d station (76.6 or DSE sched ant to individu viously carrie JHF station w	65) (see paragule). Jal waiver of F d on a part-tir ithin grade-B	graph regarding su FCC rules (76.7) ne or substitute ba contour, [76.59(d)(bstitution of g	randfathered s		(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on page	e 14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WKPD	С	0.25							
WNPT-DT WSMV-DT	C	0.25 0.25							
WTVF-DT	D D	0.25							
WUPX-DT	С	1.00							
		1						2.00	
		B	LOCK C: CC	MPUTATION OF	3 75 FFF				
Line 1: Enter the	total number of						II-		
Line 2: Enter the	sum of permitte	ed DSEs fror	n block B ab	ove			1.		
Line 3: Subtract (If zero, l				r of DSEs subject 7 of this schedu		rate.	u-		
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375	and enter su	ım here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ne 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									YSTEM ID#	::
Name	West Kentucky	Rural Tele	phone Coop).						062911	
Worksheet for Computating the DSE Schedule for Permitted 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 accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division.										
		PERMITT	ED DSE FOR S	TATIONS CARR	FΓ	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
	1. CALL	2. PRI		ACCOUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	۲
	SIGN	DSE		PERIOD		CARRIAGE		DSE	0.1	DSE	
											Ī
					ļ						
					ļ						
					ļ						
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					ļ						
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					ļ						
					ļ						
										••••••	•••
7 Computation of the	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple	ete blocks B and	,	e pa	art 8 of the DSE sched	ule.	·			_
Syndicated			BLC	CK A: MAJOR	Τ	ELEVISION MARK	ET				
Exclusivity											
Surcharge	• Is any portion of the o	cable system v	vithin a top 100 r	najor television ma	rke	et as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8				
			F/Grade B Cont			BLOCK	C: Compu	tation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF stati or in part, over the cal	on that place: ble system?	s a grade B con	tour, in whole		Was any station listed nity served by the cab to former FCC rule 76	le system p .159)	rior to March 3	31, 1972	? (refe	
	Yes—List each si			permitted DSE		Yes—List each st			ate permi	ileu DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
					$ \ $		 				
							ļ				
		ļ			$\ \ $		 				
							 				
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: West Kentucky Rural Telephone Coop.	SYSTEM ID# 062911	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	687,957.30	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS	s c	
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	_	
	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		
Section 4a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			TEM ID#
	'	West Kentucky Rural Telephone Coop.	062911
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _ \$	
Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
		Syndicated Exclusivity Curonalige.	······································
	Instruc	ctions:	
8		ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.	
	• In blo	ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	-	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
		(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank.	
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ _\$	
		D. Enter 0.00704 of more receipts	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		0. Outbook 4.000 from total DOF-	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here ▶ \$	
		D. Initiaply line b by line c and citter field	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7) Base Rate Fee	0.00
		Dase nate ree	<u></u> '.

GAL N	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
West	Kentucky Rural Telephone Coop. 062911	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
	C. Multiply line B by 3.000 and enter here \$	Base Rate Fee
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)	
	Base Rate Fee ▶ \$ 0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall	
instead Space	be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in G.	9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude	Computation
	s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this on, you must:	of
		Base Rate Fee
station	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.	Syndicated Exclusivity
	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Surcharge for
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However,	Partially Distant
:c	cable system is wholly located outside all major television markets, complete block A only.	Stations, and
T your (, , , , , , , , , , , , , , , , , , , ,	for Partially

carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- · Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 062911 West Kentucky Rural Telephone Coop. Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE West Kentucky Ru						•	062911	Name
BI	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	Р		SECOND	SUBSCRIBER GRO	DUP	0
COMMUNITY/ AREA	Beulah			COMMUNITY/ AREA	Brazil, E	aton		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	\$ 123,	832.31	Gross Receipts Secon	d Group	\$	20,638.72	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	P					
COMMUNITY/ AREA		Grove & Others		COMMUNITY/ AREA	Churcht	on, Trimble		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WSMV-DT	0.25			
				-				
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third G	Group	\$ 6,	879.57	Gross Receipts Fourth	Group	\$	34,397.87	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	91.50	
Base Rate Fee: Add th Enter here and in block			iber group	as shown in the boxes a	bove.	\$	652.54	

LEGAL NAME OF OWNE West Kentucky Re						S	YSTEM ID# 062911	Name
В				ATE FEES FOR EA				
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA		iter, Dexter, Kirk			***************************************	Grove, Buchana		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WNPT-DT	0.25			Base Rate Fee
				WUPX-DT	1.00			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	<u></u>							
Total DSEs			0.00	Total DSEs			1.25	
Gross Receipts First G	iroup	\$ 240	,785.06	Gross Receipts Sec	cond Group	\$	6,879.57	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	cond Group	\$	85.26	
	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Cunnin	gham, Kirbyton		COMMUNITY/ ARE	A Faxon, F	I.Grove, L.Grove	, Lville	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WKPD	0.25			
		_						
	<mark></mark>		.					
	. 						<u></u>	
Total DSEs			0.00	Total DSEs			0.25	
Gross Receipts Third (Group	\$ 123	3,832.31	Gross Receipts Fou	ırth Group	\$	20,638.72	
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	54.90	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	es above.	\$		

CALL SIGN DSE CALL SI	9
DMMUNITY/ AREA Mason Hall COMMUNITY/ AREA Melber CALL SIGN DSE Dase R KPD 0.25 TVF-DT 0.25 Syndi Exclu Surch	9
Compute	9
CALL SIGN DSE CALL SI	9 Computation
TVF-DT 0.25 syndi	of
Syndi Exclu Surct	≀ate Fe
Exclu	nd
Surch	licated
	tially
	stant
	tions
tal DSEs Total DSEs	
oss Receipts First Group \$ 6,879.57 Gross Receipts Second Group \$ 6,879.57	
se Rate Fee First Group \$ 36.60 Base Rate Fee Second Group \$ 0.00	
ELEVENTH SUBSCRIBER GROUP TWELVTH SUBSCRIBER GROUP	
DMMUNITY/ AREA Yorkville COMMUNITY/ AREA Fairdealing, Hardin	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	
SMV-DT 0.25	
TVF-DT 0.25	
tal DSEs 0.50 Total DSEs 0.00	
20 707 70	
oss Receipts Third Group \$ 68,795.73 Gross Receipts Fourth Group \$ 20,638.72	
se Rate Fee Third Group \$ 365.99 Base Rate Fee Fourth Group \$ 0.00	

LEGAL NAME OF OWNE West Kentucky Ru						S	YSTEM ID# 062911	Name
BI	LOCK A: C	COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
THIF	RTEENTH	SUBSCRIBER GRO	OUP	F	OURTEENTH	SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA				COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WKPD	0.25							Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
		-						Distant
	<u> </u>					. -		Stations
		-						
	-							
	-							
	-							
	-							
Total DSEs	<u> </u>		0.25	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$	6,879.58	Gross Receipts Sec	ond Group	\$		
0.000 : 1000.pto :	. • • •			l c. see . tees.pte ees	oa	<u>,</u>		
Base Rate Fee First G	roup	\$	18.30	Base Rate Fee Sec	ond Group	\$	0.00	
FI	FTEENTH	SUBSCRIBER GRO	DUP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	-						
	-							
	<u> </u>		····					
						-		
	-							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
								
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$		

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE West Kentucky R			•			S	062911	Name
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EA	CH SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	^
COMMUNITY/ AREA	Beulah			COMMUNITY/ ARE				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WTVF-DT	0.25			Base Rate Fe
				WSMV-DT	0.25	_		and
								Syndicated
								Exclusivity
								Surcharge
								for
							······	Partially Distant
	···						·······	Stations
	<u></u>	-						Otationo
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First G	Group	\$ 123	,832.31	Gross Receipts Se	cond Group	\$	20,638.72	
Base Rate Fee First G	iroup	\$	0.00	Base Rate Fee Se	cond Group	\$	386.98	
	•			+			•	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Brown	s Grove & Others		COMMUNITY/ ARE	EA Churcht	on, Trimble		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_				_		
						_		
				-				
	<u></u>					_		
			·					
	<u> </u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 6	,879.57	Gross Receipts Fo	urth Group	\$	34,397.87	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Foo	urth Group	\$	0.00	
Base Rate Fee: Add the			criber group	as shown in the box	es above.	•	386 98	
Enter here and in block	k 3, line 1,	space L (page 7)				\$	386.98	

LEGAL NAME OF OWNE West Kentucky R							062911	Name
В				TE FEES FOR EAC				
		SUBSCRIBER GRO				I SUBSCRIBER GRO		9
COMMUNITY/ AREA	Coldwa	ater, Dexter, Kirk	sey	COMMUNITY/ AREA	Cottage	e Grove, Buchana	n, Puryear	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivit
								Surcharge
								for
								Partially
								Distant
					<u></u>			Stations
	-							
	-							
	-		···		····			
	-							
Total DSEs		<u> </u>	0.00	Total DSEs		11	0.00	
Gross Receipts First G	roup	\$ 240),785.06	Gross Receipts Seco	nd Group	\$	6,879.57	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
:	SEVENTH	SUBSCRIBER GRO	UP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	Cunnin	igham, Kirbyton		COMMUNITY/ AREA	Faxon,	H.Grove, L.Grove	e, Lville	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
0.122 0.0.1	202	07.22 0.0.1	302	07.22 07011	202	57.22 5.5.t	332	
		-						
	<u></u>	 						
	<u></u>		<mark> </mark>					
	<u> </u>							
						-		
	-		<mark></mark>					
Γotal DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third (Group	<u>\$</u> 123	3,832.31	Gross Receipts Fourt	h Group	\$	20,638.72	
			0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Foo Third (roun							
Base Rate Fee Third (Group	\$	0.00	Dase Nate Fee Fourt	ПОТОИР	<u></u>	0.00	

Nonpermitted 3.75 Stations

	TENTH SUBSCRIBER GROUP	Computation of Base Rate Fand Syndicate Exclusivity Surcharge for
COMMUNITY/ AREA Mason Hall CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL	Melber	Computation of Base Rate Fand Syndicate Exclusivit
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN Total DSE Total DSEs Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Computation of Base Rate Fand Syndicate Exclusivit
Total DSEs O.00 Formula First Group Some state Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA	DSE CALL SIGN DSE	Base Rate F and Syndicate Exclusivit
Total DSEs Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA COMMUNITY/ AREA		Base Rate F and Syndicate Exclusivit Surcharg
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Syndicate Exclusivit Surcharge
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Exclusivit
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Exclusivit
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Surcharge
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Partially
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Distant
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		Stations
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
Gross Receipts First Group \$ 6,879.57 Gross Receipts Secon Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA	0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Secon ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA	Group \$ 6,879.57	_
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA	Group \$ 6,879.57	_
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA Yorkville COMMUNITY/ AREA		
COMMUNITY/ AREA Yorkville COMMUNITY/ AREA	Group \$ 0.00	
	WELVTH SUBSCRIBER GROUP	
CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL	Fairdealing, Hardin	
CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN		
	DSE CALL SIGN DSE	
	·····	
	·····	
	······	
Total DSEs		
Total DSEs Total DSEs		=
Gross Receipts Third Group \$ 68,795.73 Gross Receipts Fourth	0.00	
		_
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth	\$ 20,638.72	-
	\$ 20,638.72	

Name	YSTEM ID# 062911							LEGAL NAME OF OWNE West Kentucky Ru
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
_	JP	I SUBSCRIBER GROU	JRTEENTH	FO	JP	SUBSCRIBER GROU		
9 Computation	0			COMMUNITY/ AREA				COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant						-		
Stations						-		
								
							 	
							 	
1	0.00	11		Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	,879.58	\$ 6,	oup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
=	•							
-	•	\$ I SUBSCRIBER GROU				SUBSCRIBER GROU		FIF
-	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	COMMUNITY/ AREA
-	JP				JP			FIF
=	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
= - - -	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
-	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
-	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	FIF COMMUNITY/ AREA
	JP 0	I SUBSCRIBER GROU	IXTEENTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TEENTH	CALL SIGN
	JP 0 DSE	I SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	FIF COMMUNITY/ AREA

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name West Kentucky Rural Telephone Coop. 062911 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name West Kentucky Rural Telephone Coop. 062911 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name West Kentucky Rural Telephone Coop. 062911 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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