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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period		2019/01			
B	rate	Give the full legal name of the owner of the cable system. If the owner is a 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 owneringle statement of account and royalty fee payment covering the entire account covering the interest of the system's first filing. If not, enter the system's ID	ess of the cable system or on the last day of to counting perioa	em he accounting period should s	•
	L	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Merrimack County Telephone Company			
					6357520191 63575 2019/01
		525 Junction Rd			
		Madison, WI 53717-2152			
С		STRUCTIONS: In line 1, give any business or trade names used to in the already appear in space B. In line 2, give the mailing address of			
System	1	IDENTIFICATION OF CABLE SYSTEM: TDS Telecom, Inc.			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite number)			
		(City, town, state, zip code)			
D	Ins	tructions: For complete space D instructions, see page 1b. Identify	only the frst comn	nunity served below and rel	ist on page 1b
Area Served	wit	n all communities.	lo		
		CITY OR TOWN	STATE NH		
First Community	<u> </u>	Contoocook			
	E	elow is a sample for reporting communities if you report multiple character OR TOWN (SAMPLE)	annel line-ups in S	pace G. CH LINE UP	SUB GRP#
	Ald		MD	A	1
Sample		ance	MD	В	2
	Ge	ing	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.

FORIVI SAJE. PAGE 10.			OVOTEN ID#	T						
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#							
Merrimack County Telephone Company			63575							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.										
Note: Entities and properties such as hotels, apartments, condominiums, or mobile holow the identified city or town.	ome parks should b	e reported in pare	ntheses							
If all communities receive the same complement of television broadcast stations (i.e., all communities with the channel line-up "A" in the appropriate column below or leave on a partially distant or partially permitted basis in the DSE Schedule, associate each designated by a number (based on your reporting from Part 9).	the column blank.	f you report any st	ations							
When reporting the carriage of television broadcast stations on a community-by-community-by-community-by-designated by an alpha-letter(s) (based on your Space G reporting) at (based on your reporting from Part 9 of the DSE Schedule) in the appropriate column	nd a subscriber gro									
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#							
Contoocook	NH			First						
Antrim	NH			Community						
Henniker	NH									
Hillsborough	NH									
Hopkinton	NH									
Sutton	NH			See instructions for						
Warner	NH			additional information						
Bradford	NH			on alphabetization.						
Newbury	NH									
				Add rows as necessary.						
				1						

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Merrimack County Telephone Company

63575

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1			BLOCK 2		
	NO. OF				NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE		CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:						
 Service to first set 	5,065	\$20/mo				
Service to additional set(s)						
FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	5,065	\$8/mo				
Non-residential						
1	I		1 1""		1	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	14-19.99/mo	Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	\$0-49.95	Burglar protection				
 Additional set(s) 	\$0-\$49.95	Other services:				
• FM radio (if separate rate)		Reconnect	\$0-\$25			
Converter		Disconnect				
		Outlet relocation	19.98-39.96			
		 Move to new address 				

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Merrimack County Telephone Company 63575 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 [section Primary 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 ε 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 pasis 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 othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately: for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air i its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channe 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 noncommercia 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 you cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable syster 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 subjec of a written agreement entered into on or before June 30, 2009, between a cable system or an association representin the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa tion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a furthe explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA . BASIS OF 1. CALL 2. B'CAST 3. TYPE . DISTANT? 6. LOCATION OF STATION SIGN CHANNEL OF (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WMUR** 9.1 Ν Littleton, NH No WMUR-DT2 9.2 N-M No Littleton, NH WBZ 4.1 Ν No Boston, MA WBZ-DT2 4.2 N-M Boston, MA No WFXT 25.1 Ν No Boston, MA WFXT-DT2 25.2 N-M Boston, MA No ee instructions for WFXT-DT3 25.3 N-M No Boston, MA additional information or WBTS-LD 15.1 No Ν Boston, MA alphabetization. WLVI 56.1 No Cambridge, MA WENH 11.1 Е Durham, NH No WENH-DT2 11.2 E-M No Durham, NH WENH-DT3 11.3 E-M No Lawrence, MA **WGBH** 2.1 Boston, MA Ε No WGBX 44.1 No Boston, MA Ε WGBX-DT3 44.3 E-M No Boston, MA **WVTA** 41.1 Ε No Windsor, VT 60.1 WNEU ı No Merrimack, NH WHDH 7.1 No Boston, MA 7.2 WHDH-DT2 I-M No Boston, MA **WPXG** 21.1 No Concord, NH ı WSBK 38.1 No Boston, MA 1 WWJE-DT 50.1 No Derry, NH 26.1 WYCU-LD Boston, MA No

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYS	STEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	nny			63575	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "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 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the	G, identify even the system during the ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(y television standard page (v) of the local servage (v) of the local se	period, except period, except period, except period, except period, except period, permitting the period paragraph. The period p	(1) stations carried to carriage of certal (e)(2) and (4))]; as a carried by your of the Special Statement of both on a substitution, see page (v) on program service the er-the-air designation of the television statistical program of the television of the television statistical program of the tele	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	a ram r ify n il rcial	Primary Transmitters: Television
Note: If you are utilizing				•	which the station is identifed. channel line-up.		
,	-	•	EL LINE-UP	•			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Merrimack Cou	inty Telepho	one Compa	ny		63575	ramo	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: * Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. * List the station here and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 provided the station on commercial educational nulticast). "If (for nedependent), "I-M" (for independent multicast),							
explanation of these the Column 6: Give the	ree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, giv	of the general in the state of the name of the name of the tree of	instructions locate 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.		
,			EL LINE-UP	•	<u> </u>		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Legarment of chritish		
	NUMBER	STATION		(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	iny		63575	Nume
PRIMARY TRANSMITTI	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute Dasis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules — but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of ilcense. 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 enterin						
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Note. If you are utilizing	ig multiple chai	•	•		charmer inte-up.	
	1	CHANN	EL LINE-UP	AD	I	
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOWBER	STATION		(II Distant)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Merrimack Cou	inty Telepho	one Compa	ny		63575	Name	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59](d)(2) and (4), 76.61 (e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for in							
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in the stations, the the name of the	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
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1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
SIGIV	NUMBER	STATION	(163 01 140)	(If Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	ny		63575	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program base Substitute program base Substitute Pasis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 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 splanation of local servi Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and station of the column station of a written agreement the cable system and station of the cable system and station of a written agreement the cable system and station of the cable syste	G, identify every system during the control of the	y television standard accounting in June 24, 194, or 76.63 (rd din the next) respect to any ations, or auth G—but do list titute basis. In the standard accounting the station account as treams must be the FCC in the station. Whether the station account a	period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the tition was carried ute basis station eport origination coording to its own be reported in the tition is a network), "N-M" (I educational), one general instruct 4, you must corraccounting period as and that is not some 30, 2009, be association represents to 76.6 per sociation re	(1) stations carried the carriage of certain (e)(2) and (4))]; as a carried by your content of the Special Statement of the Special	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in the stations, the the name of the	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
1. CALL	2. B'CAST	3. TYPE OF	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	STATION	(Yes or No)	(If Distant)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Merrimack Cou	inty Telepho	one Compa	ny		63575		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for inde							
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.		
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
	1	CHANN	EL LINE-UP	AG			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOMBLIX	STATION		(II Distant)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	nty Telepho	one Compa	ny		63575	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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		CHANN	EL LINE-UP	AH		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	ny		63575	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde						
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in r U.S. stations, the the name of the use a separate	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AI		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	(If Distant)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	ny		63575	
PRIMARY TRANSMITT In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program ba Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the	ERS: TELEVISIC G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regula in here in space only on a subs and also in spa information concorn orm. ch station's call associated with A-2". Simulcast e channel numb se. For example	y television standard programmer of the accounting of June 24, 1984, or 76.63 (rd in the next prespect to any attions, or auth G—but do list titute basis. Ince I, if the standard programmer of the astation account of the standard programmer of the standard program	ation (including period, except 81, permitting the referring to 76.6 paragraph. I distant stations orizations: It it in space I (the stion was carried ute basis station eport origination cording to its own be reported in the station was assigned to station was assigne	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designation of the television statistics.	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other and the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- an stream separately; for example con for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
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		CHANN	EL LINE-UP	AJ		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	ny		6357	5
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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		CHANN	EL LINE-UP	AK		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Merrimack Cou	nty Telepho	ne Compa	ıny		63575	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	N						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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								
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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.								
		CHANN	EL LINE-UP	AL				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Merrimack Cou	inty Telepho	one Compa	any		63575		
PRIMARY TRANSMITTE	ERS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M"							
carried the distant stat	ion on a part-tir	me basis beca	ause of lack of a	ctivated channel of	capacity.		
					payment because it is the subject stem or an association representing		
,			•	• .	ry transmitter, enter the designa- her basis, enter "O." For a further		
explanation of these th	ree categories	, see page (v)	of the general	instructions locate	d in the paper SA3 form. to which the station is licensed by the		
FCC. For Mexican or 0	Canadian statio	ns, if any, give	e the name of the	ne community with	which the station is identifed.		
Note: If you are utilizing	ig multiple char		·	•	cnannei line-up.		
	ı	CHANN	EL LINE-UP	AM			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Merrimack Cou	nty Telepho	ne Compa	iny		63575	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	N					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only 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), 07.6.61(e)(2)							
		CHANN	EL LINE-UP	AN			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	ne Compa	iny		63575	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consistence of	ne accounting June 24, 198 4), or 76.63 (r d in the next p espect to any tions, or auth G—but do list itute basis. ce I, if the sta erning substit sign. Do not r n a station acc streams must per the FCC h	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination coording to its own be reported in of as assigned to the	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service the er-the-air designation of the television statistics.	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel	G Primary Transmitters: Television
educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	e in each case von the cast), "E" (for not ese terms, see pation is outside to earea, see pation entered "Year ave entered "Year entered into or a primary transisimulcasts, also aree categories, e location of each canadian station canadian station canadian station entered enter	whether the stater "N" (for no oncommercial page (v) of the the local servinge (v) of the ges" in column on during the camulticast streen or before Jumitter or an associated "E". If yeep page (v) ch station. Fons, if any, give	etwork), "N-M" (' educational), of a general instructive area, (i.e. "congeneral instructive, you must confuse of lack of a seam that is not some 30, 2009, be association repressored the general in U.S. stations, is the name of the	for network multic r "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entictivated channel cubject to a royalty stween a cable systematic than the prima channel on any of instructions locate list the community with	es". If not, enter "No". For an ex- expaper SA3 form. estating the basis on which your ering "LAC" if your cable system capacity. expaper says to be a system or an association representing ery transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. et to which the station is licensed by the enter the station is identifed.	
		CHANN	EL LINE-UP	AO		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	ny		63575	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for inde						
explanation of these the Column 6: Give the	nree categories, e location of eac Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in the stations, the the name of the	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP			
1. CALL		3. TYPE	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	(If Distant)		
		0 11 11 11 11		(2.5.6)		
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Merrimack Country Telephone Company 63575 PRIMARY TRANSMITTERS: TELEVISION In General: In againet, 6, identify every television station, (including translator stations and low power felevision stations) activated by your calle system during the accounting period, except (f) stations carried only on a part-time basis under sending the stations and the part of the	FORM SA3E. PAGE 3.							
PRIMARY TRANSMITTERS: TELEUSION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules and suplained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in a disk on space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in tis community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational multicast). "E" (for noncommercial educational multicast). "E" (for noncommercial educational multicast). "For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e.					SYSTEM ID#	Name		
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(q)(2) and (4), 76.61(e)(2) and (4), 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 10 not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. It is the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station is an entwork station, an independent station, or a 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	Merrimack County T	Telephone Comp	any		63575			
Courted by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules an 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)); and (2) certain stations carried on a substitute program basis under specific FCC rules, regulations, or authorizations: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast streams associated with a station according to its over-the-air designation. For example, report multicast streams and secondary of the station. Column 2: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast streams and secondary in the station on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter 'N" (for network), 'N-M" (for network multicast), 'T' (for independent), '1-M" (for independent multicast), '2" (for noncommercial educational multicast), '1" (for stational professional professional educational station, so usatise the local service area, (i.e. "distant"), enter 'Yes' (for not, enter 'No". For an explanation of local service area, see page	PRIMARY TRANSMITTERS: TI	TELEVISION						
CHANNEL LINE-UP AQ 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE CHANNEL OF CHANNEL CHANNEL OF CHANEL OF CHANNEL OF CHANNEL OF CHANNEL OF CHANNEL OF CHANNEL OF CHAN	carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specife 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, WC 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, "I-M" (for independent multicast), "E" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. 'distant'), enter "Yos". If no							
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE	Note. If you are utilizing muit		•	•	charmer inte-up.			
	SIGN CH	CAST 3. TYPE HANNEL OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Merrimack Cou	inty Telepho	one Compa	ny		63575		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational) for							
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (v) ch station. Fo ns, if any, givennel line-ups,	of the general in r U.S. stations, the the name of the use a separate	instructions locate list the community ne community with space G for each	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
	1	CHANN	EL LINE-UP	AR			
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)			
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	ne Compa	ıny		63575	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the	system during the consine effect or 6.61(e)(2) and (6.61(e)(2)	ne accounting June 24, 198 4), or 76.63 (r d in the next p espect to any tions, or auth G—but do list citute basis. ce I, if the sta erning substit sign. Do not r n a station acc streams must per the FCC h e, WRC is Cha	period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination cording to its own be reported in or as assigned to the effect of the same as assigned to the effect of t	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the television statistical statement of the second program service the second program service that the second	and low power television stations) Id only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local service Column 5: If you have cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the	entering the le cast), "E" (for no case terms, see pation is outside ce area, see paave entered "Ye ne distant static ion on a part-tricion of a distant entered into or a primary transsismulcasts, also aree categories, e location of eaccanadian statio	tter "N" (for no concommercial coage (v) of the the local services" in column on during the amulticast steem or before Jumitter or an associated "E". If you see page (v) ch station. Fo	etwork), "N-M" ('educational), of general instructional, of general instructional, of general instructional accounting perioduse of lack of a sam that is not some 30, 2009, be association repressor action repressor actions, in the general in the	for network multic or "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, sod. Indicate by entictivated channel or ions ions ions ions ions ions ions ions	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing the transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AS		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.						,
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Merrimack Cou	inty Telepho	one Compa	ny		63575	
PRIMARY TRANSMITTI In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis is basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate	ers: TELEVISIC G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regula In here in space only on a subs and also in spa iformation concurr inthes station's call associated with L-2". Simulcast is channel numb	y television standard programmer of the accounting of June 24, 1984, or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. In the standard programmer of the station account of the station account of the station. The station account of the station.	ation (including period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried ute basis station eport origination cording to its own be reported in the same I (the stion was assigned to same I 4 in Wash ation is a netwo	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This ork station, an indext of the television, and the television of television of the television of te	and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the state basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example son for broadcasting over-the-air in any be different from the channel expendent station, or a noncommercial	G Primary Transmitters: Television
(for independent multi- 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 tion "E" (exempt). For explanation of these th Column 6: Give the	cast), "E" (for no ese terms, see ation is outside ce area, see pa ave entered "Yi he distant station on a part-tiricion of a distant tatent entered into or a primary trans simulcasts, also aree categories e location of ea Canadian statio	oncommercial page (v) of the the local servage (v) of the es" in column on during the ame basis becamulticast streen or before Jumitter or an aspenter "E". If esee page (v) ch station. Fons, if any, give	e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting peri ause of lack of a eam that is not s ane 30, 2009, be association repre you carried the of the general if r U.S. stations, e the name of the	or "E-M" (for nonco- ctions located in the distant"), enter "Ye- ions located in the mplete column 5, sod. Indicate by enta- ictivated channel of subject to a royalty etween a cable sys- senting the primal channel on any of instructions locate list the community me community with	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the m which the station is identifed.	
		CHANN	EL LINE-UP	AT		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:			SYSTEM ID#	Name			
Merrimack County Te	lephone Compa	any		63575	Nume			
PRIMARY TRANSMITTERS: TEL	EVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.63 (refering to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E"								
FCC. For Mexican or Canadian Note: If you are utilizing multiple			•					
Note. If you are utilizing multiple	• •	•		Charmer inte-up.				
	CHANN	EL LINE-UP	AU					
1. CALL 2. B'CA	-	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN CHAI	NNEL OF BER STATION	(Yes or No)	CARRIAGE (If Distant)					
NOW	BER STATION		(II Distant)					

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name		
Merrimack Cou	inty Telepho	one Compa	ny		63575	Name		
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute Passis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: **Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. **List the station here, and also in space I, if the station was carried by your cable system on a substitute program basis, For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for in								
tion "E" (exempt). For explanation of these the Column 6: Give the	simulcasts, also nree categories e location of ea Canadian statio	o enter "E". If , see page (v) ch station. Fo ns, if any, givennel line-ups,	you carried the of the general in U.S. stations, the the name of the stations is the stations.	channel on any ot instructions locate list the community ne community with space G for each	her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.			
4 0411	a D'CACT				C LOCATION OF STATION			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
0.0.1	NUMBER	STATION	(100 01 110)	(If Distant)				
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	•							
	•							
		<u> </u>			ļ			
	<u> </u>							

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Merrimack Cou	inty Telepho	one Compa	ny		63575				
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute basis stations: with respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 1. 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. 1. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 multicast), "" (for independent), "I-M" (for independent multicast). "E" (for noncommercial educational in the paper SA3 form.									
of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designa-									
	1	CHANN	EL LINE-UP	AW					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE					
	NUMBER	STATION		(If Distant)					
	•								
					<u> </u>				
	∔	 			4				

ACCOUNTING PERIOD: 2019/01 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63575 **Merrimack County Telephone Company** 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). AM or FM CALL SIGN LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION N/A

FORM SA3E. PAGE 5.								PERIOD: 2019/0
LEGAL NAME OF OWNER OF Merrimack County Tel						S	YSTEM ID# 63575	Name
	-						03373	
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG					ı
In General: In space I, ident								ı
substitute basis during the a explanation of the programm								Substitute
1. SPECIAL STATEMEN								Carriage: Special
 During the accounting per broadcast by a distant sta 		ır cable system	carry, on a substitute basi	s, any nonnet			XNo	Statement and
Note: If your answer is "No		rest of this pag	ge blank. If your answer is "	Yes," you mu				Program Log
log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS						
In General: List each subs	titute progra	ım on a separa		vherever pos	sible, if their m	eaning is		
clear. If you need more spa Column 1: Give the title			al pages. ision program (substitute p	rogram) that,	during the acc	ounting		
period, was broadcast by a under certain FCC rules, re	distant stat	ion and that yo	ur cable system substituted	d for the prog	ramming of and	other statio	on	
SA3 form for futher informa	tion. Do no	t use general o	ategories like "movies", or					
titles, for example, "I Love I Column 2: If the prograr			.76ers vs. Bulls." r "Yes." Otherwise enter "N	0."				
			sting the substitute programe community to which the		nsed by the FC	Cor in		
the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is iden	itified).	·		
first. Example: for May 7 gi	•	when your sys	tem carried the substitute p	orogram. Use	numerals, with	the monti	n	
Column 6: State the time to the nearest five minutes.			gram was carried by your o				,	
stated as "6:00-6:30 p.m."	·			·	·			
to delete under FCC rules a			was substituted for progra					
gram was substituted for preffect on October 19, 1976		that your syste	em was permitted to delete	under FCC r	ules and regula	ations in		
				\^// 15	N CUDOTITU	TE		
S	SUBSTITUT	E PROGRAM			EN SUBSTITU IAGE OCCUR		7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —	≣S TO	DELETION	
	Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	TROW —	10		
					_			
					_			
					_			
					<u> </u>			
					_			
					_			

ACCOUNTING PERIOD: 2019/01 FORM SA3E. PAGE 6.

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Merrimack County Telephone Company

SYSTEM ID#

63575

J

Part-Time Carriage Log

PART-TIME CARRIAGE LOG

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

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

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

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

DATES AND HOURS OF PART-TIME CARRIAGE											
CALL SIGN	WHEN	CARRIAGE OC				CALL SIGN	WHEN	WHEN CARRIAGE OCCURRED			
OALL GIGIT	DATE	HO FROM	URS	TO		OALL GIGIT	DATE	FROM	IOUF	RS TO	
			_						_		
					-						
			=								
			=								
									_		
			_						_		
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			_						_		
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			_								
					1						

LEG	SA3E. PAGE 7. AL NAME OF OWNER OF CABLE SYSTEM:	;	SYSTEM ID# 63575	Name						
	rrimack County Telephone Company		03075							
Ins all a (as pag	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)									
COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account.										
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\!$	e entered on line 1 of								
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered on line 2 in blo	ock							
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be entered on line								
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	e is 1.064 percent of the								
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.	Ψ 1,5	10,011.04							
	This is your minimum fee.	\$	10,816.75							
Block 2										
Block 3	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$								
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00							
	Line 3. Add lines 1 and 2 and enter here	\$	-							
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	\$	10,816.75	Cable systems						
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.		0.00	submitting additional deposits under						
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing						
	Line 4. FILING FEE									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$	11,541.75	appropriate form for submitting the additional fees.						
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of the		additional 1665.						

		SYSTEM ID#								
Name	Merrimack County Telephone Company	63575								
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations									
Champala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
Channels	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 381									
	and nonbroadcast services									
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about this statement of account.)									
Individual to Be Contacted										
for Further	Name Stephanie Weber Telephone (608) 664-4721									
Information	Name Cooperation (Cooperation Cooperation									
	Address 525 Junction Rd									
	Address 525 Junction Rd (Number, street, rural route, apartment, or suite number)									
	Madison, WI 53717									
	(City, town, state, zip)									
	Email finance@tdstelecom.com Fax (optional)									
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.									
0										
Certifcation	• I, the undersigned, hereby certify that (Check one, 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 syst	em								
	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/ Sharon Tisdale									
	/s/ Sharon Tisdale									
	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 t									
	"F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings	•								
	Typed or printed name: Sharon Tisdale									
	Tu Andrea Transcours									
	Title: Assistant Treasurer (Title of official position held in corporation or partnership)									
	(The of official position field in corporation of partite strip)									
	Date: August 24, 2040									
	Date: August 21, 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#						
Merrimack County Telephone Company 63575	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO						
YES. Enter the total here and list the satellite carrier(s) below						
Name Mailing Address Mailing Address Mailing Address						
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For 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						
Line 3 Multiply line 2 by the number of days late and enter the sum here						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.						
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.						
Owner Address						
First community served Accounting period ID number						

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

ACCOUNTING PERIOD: 2019/01

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 local stations are not counted at all in computing DCEs	

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.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, d E le zone

	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	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

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

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

ACCOUNTING PERIOD: 2019/01

DSE SCHEDULE. PAG	E 11. (CONTINUED)										
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575										
I											
	SUM OF DSEs OF CATEGORY "O" STATIONS:										
	Add the DSEs of each station										
	Enter the sum here and in line	0.00									
	Instructions:										
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
Commutation	of space G (page 3).	t for each indep	andant station, give the DSI	= 00 "1 0": for	anch natwork or nancom						
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	mercial educational etation, giv	0 110 B0E 40	CATEGORY "O" STATION	IS: DSFs							
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	OALL GIGIT	BOL	O/ IEE OIOIV	DOL	O/ILL OIOIT	DOL					
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
						(**************************************					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 6											
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Li Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper										
Capacity		CATEGORY LAC STATIONS: COMPUTATION OF DSEs										
	1. CALL SIGN	2. NUMBE OF HOL CARRIE SYSTEM	R 3 JRS D BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAGI VALUE	5. TYPE	6. DS	iΕ				
			÷		=	<u>x</u>	<u>=</u>					
						x x						
						x						
			÷		=	x	<u> </u>					
			÷ -		=		<u>=</u>					
			÷	:	=	x	= = =					
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule,											
Computation of DSEs for Substitute-Basis Stations	space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted											
		SUI	BSTITUTE-E	BASIS STATION	S: COMPUTA	TION OF DSEs						
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAYS IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE				
		÷		=		÷		=				
		÷		=		÷		=				
		÷		=		÷		=				
		÷				÷		=				
	Add the DSEs	s OF SUBSTITUTE-BASI of each station. Im here and in line 3 of pa		edule,	▶	0.00						
5 Total Number of DSEs	number of DSE 1. Number o 2. Number o	ER OF DSEs: Give the am s applicable to your system f DSEs from part 2 ● f DSEs from part 3 ● f DSEs from part 4 ●		ooxes in parts 2, 3, and	4 of this schedule	and add them to provide	0.00 0.00 0.00					
	TOTAL NUMBE	ER OF DSEs				>		0.00				

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/01

LEGAL NAME OF C			ıy				S	YSTEM ID# 63575	Name
Instructions: Blod In block A: • If your answer if schedule. • If your answer if	"Yes," leave the re	emainder of p		7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
			BLOCK A: 1	ELEVISION M	ARKETS				Computation of
		schedule—[•					gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	s of distant st and regulatione DSE Sche	ations listed in ons prior to Jui dule. (Note: TI	part 2, 3, and 4 one 25, 1981. For fund letter M below r	f this schedul	e that your sys	ed stations, see the	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carria 76.61(b)(c)] B Specialty stati C Noncommeric D Grandfathered instructions for E Carried pursus *F A station pre	ules and regued pursuant to as defined all educations distation (76.) or DSE schedant to individuationally carries JHF station w	lations cited b to the FCC ma d in 76.5(kk) (7 al station [76.5 65) (see parag lule). ual waiver of F ed on a part-tin vithin grade-B	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su CC rules (76.7) ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (e)	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s une 25, 198	76.63(a) referring 76.61(e)(1 stations in the		
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			worksheet 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	
							<u> </u>		
	•						•		
								0.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule				-	
Line 2: Enter the	sum of permitte	ed DSEs from	m block B ab	ove				-	
Line 3: Subtract (If zero, I	line 2 from line 1 leave lines 4–7 b			•		rate.		0.00	
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3					<u>-</u>	carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 ar	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

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

	owner of CABLE ounty Telephor	ne Compa						(STEM ID# 63575	Name
				SION MARKETS	S (CONTIN	UED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
		•••••							
								••••••	
					·····				
								••••••	
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			L <mark></mark>						

	LEGAL NAME OF OWN	IER OF CABLE	SYSTEM:							S	YSTEM ID#
Name	Merrimack Cou	nty Teleph	one Company								63575
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	A—Part-time spe 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of a CC rules and ecialty program (d)(1),76.61(e) rogramming: (e)(3)). Carriage under all instructions the station's I e the DSE figures. B, column 3 displayments of the programming of the polyments of the polyment	1981, under former ach distant station nis station for a sing period and year arriage on which the regulations cited the mining: Carriage, (1), or 76.63 (refectoriage under FC certain FCC rules in the paper SA3 OSE for the currentures listed in columns of part 6 for this stou give in columns	er FCC rules go- identifed by the igle accounting in which the can the station was co- lelow pertain to on a part-time b rring to 76.61(e C rules, section regulations, or form. t accounting pe ins 2 and 5 and ation. 2, 3, and 4 mus	ver let pe rria carri asi)(1 s 7 au lis	ning part-time ter "F" in colun riod, occurring ge and DSE or ried by listing o see in effect on is, of specialty ()). Thorizations. For d as computed at the smaller of	and subnn 2 of pletweed courred one of the June 2 program 61(e)(3 or further in parts of the two	ostitute carripart 6 of the n January 1 (e.g., 1981) ue following 4, 1981, nming unde h), or 76.63 (er explanations 2, 3, and 4 of figures he	age. DSE schedule, 1978 and Jun'1) letters r FCC rules, se referring to on, see page (von of this schedulere. This figure	ene 30, 1 ections vi) of the ale should b	981 ne enterei
		PERMITT	ED DSE FOR STA	ATIONS CARRI	FD	ON A PART-T	ΓΙΜΕ ΔΝ	ND SUBSTI	TUTE BASIS		
1	1. CALL SIGN	2. PRIC	OR 3. AC	COUNTING PERIOD		4. BASIS C)F	5. PF	RESENT DSE	6. P	ERMITTED DSE
										•••••	
					••••						
7 Computation of the	,	"Yes," comple	npleted. ete blocks B and C locks B and C blar		· pa	art 8 of the DSB	E sched	lule.			
Syndicated			BLOC	K A: MAJOR	TI	ELEVISION	MARK	ET			
Exclusivity Surcharge	Is any portion of the complete	-		or television ma	ke	t as defned by s			rules in effect J	lune 24,	1981?
	BLOCK B: Ca	arriage of VHI	F/Grade B Contou	r Stations			BI OCI	K C: Compi	itation of Exem	nt DSE	<u> </u>
	Is any station listed in commercial VHF station in part, over the cal	block B of pa ion that places ble system? tation below wit	art 6 the primary st s a grade B contou th its appropriate pe	ream of a ır, in whole			on listed the cab rule 76	d in block B ble system p 3.159)	of part 7 carrie prior to March 3 with its appropri	ed in any 31, 1972	commu- ? (refe
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SI	GN	DSE	CALL SIG	SN	DSE
									-		
								ļ			
			TOTAL DSEs	0.00				<u> </u>	TOTAL DS	SEs	0.00

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company	SYSTEM ID# 63575	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	1,016,611.94	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? 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 Dis 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	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 Dis 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name			EM ID#
		Merrimack County Telephone Company	63575
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		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
		Symmonical Explanation of Samuel Samu	··········
8 Computation of	You m 6 was In blo	ctions: nust 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. cock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	were lo	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)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7) Base Rate Fee ▶ .\$	0.00
		Base Rate Fee	<u> </u>

		PERIOD: 2019/01
	AME OF OWNER OF CABLE SYSTEM: SYSTEM ID# mack County Telephone Company 63575	Name
	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	
4		8
	A. Enter 0.01064 of gross receipts (the amount in section 1) **Section 1.1**	
	<u></u>	•
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$	Computation of
		Base Rate Fee
	C. Multiply line B by 3.000 and enter here \$	
	D. Enter 0.00330 of gross receipts	
	(the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs	
	(the figure in section 2) and enter here►	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your base rate fee.	
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in	
Space		9
	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude s from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this	Computation
-	on, you must:	of Base Rate Fee
First: [Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same	and
	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
	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	Partially
	mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, cable system is wholly located outside all major television markets, complete block A only.	Distant Stations, and
•	Identify a Subscriber Group for Partially Dictant Stations	for Partially

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you 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.

Permitted Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63575 **Merrimack County Telephone Company** 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.

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

LEGAL NAME OF OWNE						S	YSTEM ID#	Name
werrinack County	y reiepno	one Company					63575	
В				TE FEES FOR EAC			LID	
COMMUNITY/ AREA	FIRST	SUBSCRIBER GROU	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GRO	0	9
COMMUNITY AREA				COMMUNITY ARE	A			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
			ļ					Exclusivity
								Surcharge
								for Partially
					•••••			Distant
					••••			Stations
								
			-					
			}					
Total DSEs			0.00	Total DSEs		=	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	ΙΡ		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>					
								
		-	†		•••••	+		
			 		••••			
								
								
					····	<u> </u>		
			†		····	H		
			†					
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third (eroup.	¢	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	2.0up	\$	0.00		Gloup	<u>L</u>	3.00	
Base Rate Fee: Add th	ne base r at	e fees for each subsc	riber aroun	as shown in the hove	s above			
Enter here and in block			g.oup	as onewn in the boxes	. 40010.	\$	0.00	

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
						-		Syndicated
						 		Exclusivity Surcharge
								for
								Partially
								Distant
						-		Stations
	····					-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u>.</u>					-		
						 		
	····		····					
						-		
						-		
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
[TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
	<mark>.</mark>							Syndicated
			<u></u>					Exclusivity Surcharge
	····							for
								Partially
								Distant
								Stations
	····		···					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
	<mark></mark>					<u> </u>		
	····	-	<u></u>					
		-						
	<mark>.</mark>		<u></u>					
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$		

	43575 63575	3				E SYSTEM: one Company		Merrimack County
		IBER GROUP	SUBSCR	TE FEES FOR EACI	BASE RA	COMPUTATION O	_OCK A: (Bl
9	JP	SUBSCRIBER GROU	JRTEENTH		JP	SUBSCRIBER GRO	RTEENTH	
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I								
and								
Syndicate						-		
Exclusivit			<u></u>					
Surcharg	<u></u>		<u></u>		<u></u>	-		
for Partially	<u></u>		. 		<u>.</u>			
Distant	····		<u>-</u>					
Stations			•••••••••••••••••••••••••••••••••••••••			-		
			<u> </u>					
			<u></u>					
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTEENTH	:	JP	SUBSCRIBER GRO	FTEENTH	FI
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u></u>			-		
	0.00			Total DSEs	0.00			Fotal DSEs
			Group				Proup	
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
I	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
					·····	-		and
						-		Syndicated
								Exclusivity
								Surcharge
								for
								Partially
		-	<u></u>					Distant
			<u></u>		·····	-		Stations
								
		H	···			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	¢	0.00	Cross Bossints Soc	and Croup	¢	0.00	
Gioss Receipts Filst	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-	<u></u>			-		
		H			•••••	-	••••	
			<u></u>			-	<u></u>	
		-	 			-	<u></u>	
	····		 				···-	
			···					
Total DSEs			0.00	Total DSEs	'		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER OF TWENTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP T	RIBER GROUP 0 Computati
COMMUNITY/ AREA 0 COMMUNITY/ AREA	0 Computati
	Computati L SIGN DSE of
	L SIGN DSE of
	Base Rate
	and
	Syndicate Exclusivi
	Surcharg
	for
	Partially
	Distant
	Stations
Total DSEs Total DSEs	0.00
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$	0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$	0.00
TWENTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSC	RIBER GROUP
COMMUNITY/ AREA	0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CAL	L SIGN DSE
	······
Total DSEs Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$	0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00

						LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575							
PUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	RIBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (Bl						
	SUBSCRIBER GROU	NTY-SIXTH	Ħ	JP	SUBSCRIBER GROU	TY-FIFTH							
0 COMMUNITY/ AREA 0 Com			COMMUNITY/ AREA	0			COMMUNITY/ AREA						
			iii	DSE	CALL SIGN	DSE	CALL SIGN						
Base													
Syn					-								
Exc													
Sur					-								
Pa		·····											
D													
St					-								
			Total DSEs	0.00			otal DSEs						
0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G						
0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G						
CRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP	SUBSCRIBER GROU	Y-EIGHTH	TWEN	JP	SUBSCRIBER GRO	SEVENTH	TWENTY-S						
0 COMMUNITY/ AREA 0	COMMUNITY/ AREA 0						COMMUNITY/ AREA						
LL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	_	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN						
	OALL SIGIV	DSE	CALL SIGN										
	OALL GIGIT	DSE	CALL SIGN			· ····							
	CALL GIGIT	DSE	CALL SIGN										
	OALL GION	DSE	CALL SIGN										
	OALL GIGN	DSE	CALL SIGN										
	OALL GION	DSE	CALL SIGN										
	OALL GION	DSE	CALL SIGN										
	OALL GION	DSE	CALL SIGN										
	OAL GION	DSE	CALL SIGN										
	OALL GION	DSE	CALL SIGN										
	OAL GION	DSE	CALL SIGN										
		DSE	CALL SIGN										
		DSE	CALL SIGN										
		DSE	CALL SIGN										
0.00 Total DSEs 0.00		DSE		0.00			Fotal DSEs						
			Total DSEs		S	Group							
			Total DSEs		\$	Group	Fotal DSEs Gross Receipts Third C						

	EGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575								
				TE FEES FOR EAC					
		SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Α		0	_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
OALL GIGIN	DOL	OALL GIGIT	DOL	OALL GIGIV	DOL	OALL GIGIT	DOL	Base Rate Fee	
								and	
								Syndicated	
						<u> </u>		Exclusivity	
					<u>.</u>	-		Surcharge	
		-				 		for Partially	
	•••••	H			••••			Distant	
								Stations	
		-				-			
						 			
Total DSEs			0.00	Total DSEs		!!	0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO		ii		SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	·····								
					·····	-	<u></u>		
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		_				<u> </u>			
						H			
						H			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.	\$			

63575 Name	EGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575							
ASE RATE FEES FOR EACH SUBSCRIBER GROUP	ACH SUBSCE	TE FEES FOR EAC	BASE RA	COMPUTATION OF	_OCK A: (BL		
THIRTY-FOURTH SUBSCRIBER GROUP O COMMUNITY/ ARFA O 9				SUBSCRIBER GRO	TY-THIRD			
O COMMUNITY/ AREA Computa	REA	COMMUNITY/ AREA	0			COMMUNITY/ AREA		
DSE CALL SIGN DSE CALL SIGN DSE of			DSE	CALL SIGN	DSE	CALL SIGN		
Base Rat								
and				-				
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Surcha	·····				·			
for								
Partia								
Dista								
Station				-				
				-				
0.00 Total DSEs		Total DSEs	0.00			Total DSEs		
0.00 Gross Receipts Second Group \$ 0.00	econd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G		
0.00 Base Rate Fee Second Group \$ 0.00	econd Group	Base Rate Fee Seco	0.00	\$	roup	3ase Rate Fee First Gr		
THIRTY-SIXTH SUBSCRIBER GROUP	THIRTY-SIXTH	TH	JP	SUBSCRIBER GRO	TY-FIFTH	THIR		
0 COMMUNITY/ AREA 0	COMMUNITY/ AREA 0					COMMUNITY/ AREA		
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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				-				
			·		·			
0.00 Total DSEs		Total DSEs	0.00			Fotal DSEs		
	ourth Group				Group	Fotal DSEs		
	ourth Group		0.00	\$	Group	Total DSEs Gross Receipts Third G		

LEGAL NAME OF OWN Merrimack Count						S	YSTEM ID# 63575	Name
				TE FEES FOR EAC				
	-SEVENTH	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL GIGIT	DOL	OALL GIOIN	DOL	GALL SIGIV	DOL	CALL SIGIV	DOL	Base Rate Fee
			····					and
								Syndicated
								Exclusivity
						-		Surcharge
	<u></u>							for
	····	_				-		Partially Distant
		H				-		Stations
		=				-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
THIF	RTY-NINTH	SUBSCRIBER GRO	UP		FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
						-		
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	<u></u>		<mark></mark>			-		
	<u></u>		<mark></mark>				<u></u>	
			<u></u>				<u> </u>	
	···		···					
Total DSEs		_	0.00	Total DSEs	'		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 63575	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	TY-FIRST	SUBSCRIBER GRO		l l		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGIV	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
					•••••			and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
			···		·····	-		Partially Distant
	···		······································		•••••			Stations
	<u></u>		<u>-</u>					
Total DSEs	_		0.00	Total DSEs		11	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·							
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	
	TY-THIRD	SUBSCRIBER GRO		Ti .		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					·····	-	<u></u>	
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	<mark></mark>							
	<mark></mark>		<u></u>		····	-		
	<u>-</u>		<u>-</u>			-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
							<u> </u>	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Merrimack Count						S	YSTEM ID# 63575	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
	RTY-FIFTH	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
								Partially Distant
						-		Stations
		-				-		
	<u></u>		<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
					·····	-		
					·····	-		
	···				•••••	-		
	 [<u></u>		·····		<u> </u>	
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNE Merrimack County						S	YSTEM ID# 63575	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
		-						Syndicated
						-	<u></u>	Exclusivity
						-		Surcharge for
						-		Partially
		-						Distant
		-						Stations
						-		
					···	-	····	
					···		<u></u>	
			•					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	roup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
FIF	TY-FIRST	SUBSCRIBER GRO	JP	FIFT	Y-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						H		
						-		
		-			···	<u> </u>		
						-		
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		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Froup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575							
K A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
HIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	9						
0 COMMUNITY/ AREA 0	3 Computati						
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of						
Ba	ase Rate						
	and						
	Syndicate Exclusivi						
	Surcharg						
	for						
	Partially						
	Distant						
	Stations						
\$ 0.00 Gross Receipts Second Group \$ 0.00							
\$ 0.00 Base Rate Fee Second Group \$ 0.00							
FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP							
0 COMMUNITY/ AREA 0							
SE CALL SIGN DSE CALL SIGN DSE							
0.00 Total DSEs 0.00							

LEGAL NAME OF OW Merrimack Cour						S	YSTEM ID# 63575	Name
	BLOCK A: 0	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	RIBER GROUP		
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA	٩		0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DOE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
								and
			••••					Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	·····		<mark></mark>					Distant
	·····		<mark></mark>					Stations
	·····		····		·····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Croup	¢	0.00	Cross Bossints Soc	and Croup	¢	0.00	
Gioss Receipts Filst	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO				I SUBSCRIBER GROU	JP	
COMMUNITY/ ARE/	A		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u></u>	
	·····		<mark></mark>					
			····		·····			
			····			- 	····	
			····			+		
		•						
Total DSEs	•		0.00	Total DSEs	,		0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575								
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
		SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
								Surcharge	
			<u></u>			-		for	
								Partially Distant	
	····					-		Stations	
						-		Otations	
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First (\$	0.00	Base Rate Fee Sec		\$	0.00		
		SUBSCRIBER GRO		11		SUBSCRIBER GROU			
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-				-			
	····					-			
	····					-			
						-			
						-			
			 			-	<u> </u>		
			···						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$			

image county relephone company	LEGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575							
BLOCK A: COMPUTATION OF	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP				
SIXTY-FIFTH SUBSCRIBER GRO		11		I SUBSCRIBER GROU		9		
/MUNITY/ AREA	0	COMMUNITY/ ARE	Α		0	Comput		
ALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
						Base Rat		
						and		
			·····			Syndica Exclusi		
	-					Surcha		
						for		
						Partia		
						Dista		
						Statio		
	·							
I DSEs	0.00	Total DSEs			0.00			
ss Receipts First Group \$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
e Rate Fee First Group \$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SIXTY-SEVENTH SUBSCRIBER GRO	UP	SI	XTY-EIGHTH	I SUBSCRIBER GROU	JP			
/MUNITY/ AREA	0	COMMUNITY/ AREA 0						
ALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN				
				CALL SIGN	DSE			
				CALL SIGN	DSE			
				CALL SIGN	DSE			
				CALL SIGN	DSE			
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				CALL SIGN	DSE			
				CALL SIGN	DSE			
				CALL SIGN	DSE			
I DSEs	0.00	Total DSEs		CALL SIGN	0.00			
	0.00	Total DSEs Gross Receipts Fou	rth Group	\$				
			rth Group		0.00			

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
[BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
						-		for
	····							Partially Distant
	••••					-		Stations
	••••					-		
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVE	NTY-FIRST	SUBSCRIBER GRO	DUP	SEVEN	ITY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

IGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base	9										
IITY/ AREA O COMMUNITY/ AREA Complete IGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base	9										
IGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base	Э		SUBSCRIBER GROU	-FOURTH			SUBSCRIBER GROU	Y-THIRD			
IGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	of	1				DSE		1	CALL SIGN		
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		0.00			Total DSEs	0.00			Total DSEs		
ceipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00		0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First G		
e Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00		0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G		
SEVENTY-FIFTH SUBSCRIBER GROUP SEVENTY-SIXTH SUBSCRIBER GROUP		Р	SUBSCRIBER GROU	ITY-SIXTH		JP	SUBSCRIBER GROU	TY-FIFTH	SEVEN		
IITY/ AREA 0 COMMUNITY/ AREA 0		0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
IGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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		0.00			Total DSEs	0.00		1	Total DSEs		
ceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G		
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e Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00		0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G		

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# errimack County Telephone Company 63575									
				TE FEES FOR EAC						
SEVENTY-	-SEVENTH	SUBSCRIBER GRO		SEVE	NTY-EIGHTH	SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
								Syndicated		
								Exclusivity		
								Surcharge		
	···					-		for Partially		
	···					-		Distant		
	···							Stations		
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First 0	uss Receipts First Group \$ 0.00				Gross Receipts Second Group \$ 0.00					
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
SEVEN	ITY-NINTH	SUBSCRIBER GRO)UP		EIGHTIETH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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		-								
										
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add t Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$				

	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# rrimack County Telephone Company 63575									
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP				
	HTY-FIRST	SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DOL	CALL SIGN	DOL	CALL SIGIN	DOL	CALL SIGN	DOL	Base Rate Fee		
								and		
						-		Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
		-	<u></u>					Distant		
		-						Stations		
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Total DSEs			0.00	Total DSEs			0.00			
Gross Pacaints First (Gross Receipts Second Group \$					
Oloss Necelpis i list (oss Receipts First Group \$ 0.00			Gross Neceipts Sec	ona Group	•	0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
EIGH	HTY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$				

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee
			••••			-		and
						-		Syndicated
								Exclusivity
								Surcharge
								for
								Partially
	····							Distant
	····					-		Stations
						-		
	••••					-		
Total DSEs			0.00	Total DSEs			0.00	
	Croup	•		Cross Bassints Sas				
Gioss Receipts Filst	oss Receipts First Group \$ 0.00			Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		iii —		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	••••		••••					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

	SAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# rrimack County Telephone Company 63575									
				TE FEES FOR EAC						
	ITY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
								and		
		-						Syndicated		
							<u></u>	Exclusivity Surcharge		
		-			·····	-		for		
	···	-						Partially		
								Distant		
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
•	·				·					
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NINE	ETY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECOND	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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	<u></u>						<u> </u>			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
	1"	·-				·				
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add t Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$				

LEGAL NAME OF OWN Merrimack Count						S	YSTEM ID# 63575	Name		
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP				
		SUBSCRIBER GRO		tt -		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee		
	····		···			-	<u></u>	and		
						-		Syndicated		
								Exclusivity		
								Surcharge		
								for		
								Partially		
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First (Gross Receipts Second Group \$ 0.00					
·	•				•					
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NIN	ETY-FIFTH	SUBSCRIBER GRO	UP	N	NETY-SIXTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs	•		0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
-	-			· ·	•					
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$				

	SAL NAME OF OWNER OF CABLE SYSTEM: Perrimack County Telephone Company 63575									
				TE FEES FOR EAC						
		SUBSCRIBER GRO				SUBSCRIBER GROU		9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of		
CALL GIGIT	DOL	OALL GIGIT	DOL	OALL GIGIT	DOL	CALL SIGIV	DOL	Base Rate Fee		
								and		
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NINE	ETY-NINTH	SUBSCRIBER GRO	UP	ONE I	HUNDREDTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$				

	SAL NAME OF OWNER OF CABLE SYSTEM: Perrimack County Telephone Company 63575									
				TE FEES FOR EAC						
ONE HUNDI	RED FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
						-		and		
								Syndicated		
						<u> </u>		Exclusivity		
						-		Surcharge for		
			····			-		Partially		
	····		···					Distant		
						-		Stations		
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
ONE HUNDF	RED THIRD	SUBSCRIBER GRO	UP	ONE HUNDR	ED FOURTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ ARE						
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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		-								
			<u></u>							
						-				
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxe	es above.	\$				

	EGAL NAME OF OWNER OF CABLE SYSTEM: Merrimack County Telephone Company 63575								
				TE FEES FOR EACH					
ONE HUNDRE	D FIFTH	SUBSCRIBER GROU		ONE HUND	RED SIXTH	SUBSCRIBER GROU	Р	٥	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and	
							<u></u>	Syndicated	
						-		Exclusivity Surcharge	
							<u></u>	for	
								Partially	
						-		Distant	
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oss Receipts First Group \$ 0.00				nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
	EVENTH	SUBSCRIBER GROU	JP	Ti .		SUBSCRIBER GROU	Р		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$			

Name	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# rrimack County Telephone Company 63575									
	IP	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GRO				
9	0			COMMUNITY/ AREA						
Computation of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate F and										
Syndicated										
Exclusivity Surcharge										
for										
Partially Distant						-				
Stations										
	0.00			Total DSEs	0.00		•	Total DSEs		
	0.00	\$	d Group	Gross Receipts Secor	0.00	<u></u>				
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G		
	JP	SUBSCRIBER GROU	TWELVTH	ONE HUNDRED	JP	SUBSCRIBER GRO	LEVENTH	ONE HUNDRED EI		
	0		COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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	0.00			Total DSEs	0.00			Total DSEs		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G		

	GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# errimack County Telephone Company 63575									
				TE FEES FOR EAC						
ONE HUNDRED TH	IIRTEENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	9		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fee		
						-		and		
						 		Syndicated		
								Exclusivity		
	·····							Surcharge for		
	·····					-		Partially		
								Distant		
								Stations		
			<u></u>							
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First					and Group	\$	0.00			
Oloss Receipts Filst	Oloup	\$	0.00	Gross Receipts Sec	ona Group	Ψ	0.00			
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00			
		SUBSCRIBER GRO		11		SUBSCRIBER GROU				
COMMUNITY/ AREA			0	COMMUNITY/ ARE	0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00			
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$				

LEGAL NAME OF OWNE Merrimack County						S	YSTEM ID# 63575	Name
				TE FEES FOR EAC				
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO		t e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OF ILL OF OTT	BOL	OF IEE OF OTT	BOL	OF ILL OTOTA	502	OF ILLE STORY	562	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
						-		for
	·							Partially Distant
						-		Stations
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
								
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED NII	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Merrimack Count						S	YSTEM ID# 63575	Name
				TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWE	NTY-FIRST	SUBSCRIBER GRO		ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
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		-				-		Partially
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		+						Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWE	NTY-THIRD	SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 63575	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-FIFTH	SUBSCRIBER GROU	Р	 		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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	<u></u>	-			·····			Syndicated
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENTY	-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
					•			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Third (Base Rate Fee: Add the Enter here and in block	ne base rat	te fees for each subs				\$ \$	0.00	

SYSTEM ID# 63575 Name						LEGAL NAME OF OWNE Merrimack County
OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
				SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED TWEN
Computati		COMMUNITY/ AREA	0			COMMUNITY/ AREA
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0.00 Base Rate Fee Second Group \$ 0.00	nd Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
UP ONE HUNDRED THIRTY-SECOND SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED THIR		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIS
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	h Group	Gloss Receipts Fourti	0.00	\$	iroup	Gross Receipts Third G

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GROU		tt -		SUBSCRIBER GROUP).	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED THIRT		SUBSCRIBER GROU		TI .		I SUBSCRIBER GROUP)	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	_
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU	Р	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

	ABLE SYSTEM: phone Company				S	YSTEM ID# 63575	Name
BLOCK A	A: COMPUTATION C	OF BASE RA	TE FEES FOR EAG	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FORTY-FIR	ST SUBSCRIBER GROU		H		O SUBSCRIBER GROUP		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORTY-THI	RD SUBSCRIBER GROU	JP	ONE HUNDRED FO	RTY-FOURTH	H SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		0.00	Total DSEs			0.00	
Total DSEs					•	0.00	
Fotal DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	iπn Group	\$	0.00	
	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROU	Р	ONE HUNDRED	FORTY-SIXTH	SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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Total DSEs			0.00	Total DSEs		,	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED F	ORTY-EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE						S	YSTEM ID# 63575	Name
				TE FEES FOR EAC				
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO		t e		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.122.010.1	202	0,120,011	202	07.22 0.0.1	202	07.22 0.011	302	Base Rate Fee
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Total DSEs	•		0.00	Total DSEs	<u>'</u>		0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Merrimack Coun						S	YSTEM ID# 63575	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-FIFTH	SUBSCRIBER GRO	DUP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Merrimack Count						S	YSTEM ID# 63575	Name
E	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-SEVENTH	SUBSCRIBER GROU		ii —		H SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED F	IFTY-NINTH	SUBSCRIBER GROU	Р	ii —		H SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t			scriber group	as shown in the boxe	es above.	\$		

		one Company					63575	
				TE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	0	9
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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otal DSEs			0.00	Total DSEs			0.00	
Fross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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otal DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee: Add	the base ra	te fees for each subs	scriber aroun	as shown in the hove	s above			

Name	63575	CABLE SYSTEM: SYSTEM I lephone Company 635						
				TE FEES FOR EACH				BI
9	IP 0	SUBSCRIBER GROU	SIXTH	COMMUNITY ADDA		SUBSCRIBER GRO	FIFTH	COMMUNITY/ADEA
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	EIGHTH		UP	SUBSCRIBER GRO	SEVENTH	;
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	_	\$	Group			\$	Group	

TION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP					E
			SUBSCRIBER GROU		
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ER GROUP TWELVTH SUBSCRIBER GROUP	TWELVTI	JP	SUBSCRIBER GROU	ELEVENTH	E
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GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	DSE	CALL SIGN		
GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	DSE	CALL SIGN		
GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	DSE	CALL SIGN		
GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	DSE	CALL SIGN		
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GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE		CALL SIGN		
GN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE		CALL SIGN		
O.00 Total DSEs CALL SIGN DSE			CALL SIGN		Total DSEs
0.00 Total DSEs	otal DSEs	0.00			
	otal DSEs	0.00	\$		Total DSEs Gross Receipts Third
0.00 Total DSEs	otal DSEs ross Receipts Fourth Group	0.00		Third Group	

Name	NAME OF OWNER OF CABLE SYSTEM: nack County Telephone Company 63575							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicated					<mark>.</mark>			
Exclusivity					-			
Surcharge for								
Partially		-					<u> </u>	
Distant		-						
Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		\$ SUBSCRIBER GROU				SUBSCRIBER GROU		
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	JP			5	UP			FII
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	FII COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	XTEENTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	FTEENTH	CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	DSE	SUBSCRIBER GROU	DSE	COMMUNITY/ AREA
	DSE DSE O.00	SUBSCRIBER GROU	DSE	CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs

	NAME OF OWNER OF CABLE SYSTEM: mack County Telephone Company 63575							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTEENTH			SUBSCRIBER GRO	ITEENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated		-	<u>.</u>					
Exclusivity	····				-			
Surcharge for	····		<u>.</u>					
Partially	••••		<u> </u>		•			
Distant	•••••••••••••••••••••••••••••••••••••••	-						
Stations								
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	0.00	11		Total DCFs	0.00		ļ ļ	Total DCFa
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	VENTIETH	Т	UP	SUBSCRIBER GRO	ITEENTH	NIN
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	_	CALL SIGN	DSE	l	O DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
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	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		CALL SIGN
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
	0 DSE	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE		DSE	CALL SIGN Total DSEs

Name	GAL NAME OF OWNER OF CABLE SYSTEM: errimack County Telephone Company 63575							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	-SECOND			SUBSCRIBER GROU	ITY-FIRST	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						-		
and								
Syndicated						-		
Exclusivity								
Surcharge								
for		-				-		
Partially Distant						-		
Stations	<u></u>	-					<u>-</u>	
- Stations		-				-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
		•						
	0.00	\$		Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
=	0.00	\$ SUBSCRIBER GROU	d Group			\$ SUBSCRIBER GROU		
=	0.00		d Group					TWENT
=	0.00		d Group	TWENT	JP			TWENT
= - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
= - - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
-	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
- - - - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
= - - - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
- - - - - - - - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
= - - - - - - - - - - - - - - - - - - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
= - - - - - - - - - - - - - - - - - - -	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	COMMUNITY/ AREA
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT
	0.00 JP	SUBSCRIBER GROU	d Group ⁄-FOURTH	TWENTY COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-THIRD	TWENT COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROU	d Group	TWENTY COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE DSE	TWENT

Name	L NAME OF OWNER OF CABLE SYSTEM: rimack County Telephone Company 63575							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	NTY-FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated					.			
Exclusivity								
Surcharge for	<u></u>				.			
Partially	····				······································		···	
Distant						-		
Stations								
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	0.00	Ц		Total DCC-	0.00			Total DST-
				Total DSEs	0.00		_	Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
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	•							TWENTY-
	JP			TWENT	JP			TWENTY-
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	TWENT	JP 0	SUBSCRIBER GROU	SEVENTH	TWENTY-S COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	TWENT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	TWENTY-COMMUNITY/ AREA
	DSE O.00	SUBSCRIBER GROU	Y-EIGHTH DSE	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	TWENTY-S COMMUNITY/ AREA CALL SIGN Total DSEs

	63575	OWNER OF CABLE SYSTEM: ounty Telephone Company 6357							
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	HIRTIETH			SUBSCRIBER GROU	TY-NINTH		
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
and									
Syndicated Exclusivity					<u>.</u>				
Surcharge									
for									
Partially					<u> </u>				
Distant					<u> </u>				
Stations					<u> </u>		<u> </u>		
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G	
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	J		CECOND	THIRTY	ID	CLIDSCOIDED CDOL	TV FIDET	TUID	
		SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GROU	TY-FIRST		
	JP 0	SUBSCRIBER GROU	'-SECOND	THIRTY COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-FIRST		
		CALL SIGN	/-SECOND			SUBSCRIBER GROU	TY-FIRST		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
	DSE		DSE	CALL SIGN	DSE		DSE	CALL SIGN	

Name	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# ack County Telephone Company 63575							
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-FOURTH			SUBSCRIBER GROU	RTY-THIRD	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo		<u> </u>				-		
and		<u> </u>			.	-		
Syndicated		-						
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for	····	-				-	···	
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Distant								
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	0.00	-		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
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	JP			THIF	JP		RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	RTY-SIXTH	THIF COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	RTY-FIFTH	THIR COMMUNITY/ AREA CALL SIGN
	DSE O.00	SUBSCRIBER GROU	DSE	THIF COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE	THIR COMMUNITY/ AREA CALL SIGN Total DSEs
	JP 0 DSE	SUBSCRIBER GROU	DSE	THIF COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	THIR COMMUNITY/ AREA

Name	63575	FOWNER OF CABLE SYSTEM: SYSTEM ID: County Telephone Company 6357						
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge for					<u>-</u>		<u>.</u>	
Partially					-			
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Stations								
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	FORTIETH		UP	SUBSCRIBER GRO	ΓΥ-ΝΙΝΤΗ	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	····						<mark>.</mark>	
						-		
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

	FOWNER OF CABLE SYSTEM: County Telephone Company 6357							
				TE FEES FOR EAC				
	TY-FIRST	SUBSCRIBER GRO		i i		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
							<u>.</u>	Syndicated
							<u> </u>	Exclusivity
								Surcharge for
								Partially
							•••••	Distant
								Stations
							<u></u>	
	<u> </u>		<u></u>					
							<u></u>	
F-4-1 DOF-			0.00	T-4-1 DOE-		ļļ.	0.00	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
3ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOR1	ΓY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·						····	
								
	<mark></mark>		<u></u>				<u></u>	
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third (Froup	\$	0.00	Base Rate Fee Fourt	in Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Merrimack County						S	YSTEM ID# 63575	Name
				TE FEES FOR EACH				
	Y-FIFTH	SUBSCRIBER GROU			RTY-SIXTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Of IEE OF OTT	BOL	OF ILL CICIT	502	O/ALL SIGIT	502	O'ALL GIGIT	BOL	Base Rate Fee
								and
								Syndicated
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		-						for
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Total DSEs	-		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FORTY-S	EVENTH	SUBSCRIBER GROU	JP	FORT	Y-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
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Gross Receipts Third G		\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
	ioup							
Base Rate Fee Third G	·	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	

LEGAL NAME OF OWNE Merrimack County						S	YSTEM ID# 63575	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GRO			FIFTIETH	I SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
		-						and
								Syndicated
							<u></u>	Exclusivity
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					<u>.</u>		·····	for Partially
					<u>-</u>		·····	Distant
		-						Stations
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
FIE	TV FIDET	CLIDECDIDED CDO	LID	FIET	/ CECOND	CURCODIRED CROI	ID.	
	Y-FIRST	SUBSCRIBER GRO		İ	7-SECOND	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	

Name	4STEM ID# 63575	S'						LEGAL NAME OF OWNE Merrimack County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GRO	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and		-				H		
Syndicated Exclusivity		-					<mark></mark>	
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for						_		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	I SUBSCRIBER GROU	TY-SIXTH	FI	UP	SUBSCRIBER GRO	TY-FIFTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C
	•	\$	Group			\$	Group	

LEGAL NAME OF OWNE						S	43575 63575	Name
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO				I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
	<u> </u>		<u></u>				<u></u>	Surcharge for
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			0.00				0.00	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	DUP		SIXTIETH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
ase Rate Fee: Add the nter here and in block			scriber group	as shown in the boxe:	s above.	\$		

LEGAL NAME OF OWNE Merrimack Count						S	63575	Name
				TE FEES FOR EAC				
	TY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fe
		-						and
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Total DSEs			0.00	Total DSEs			0.00	
	roun	•	0.00		and Croup	•	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ona Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIX	TY-THIRD	SUBSCRIBER GRO	DUP	SIX	TY-FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	s above.	\$		

Name	YSTEM ID# 63575						R OF CABL	Merrimack County
				TE FEES FOR EACH				
9	JP 0	I SUBSCRIBER GROL	CTY-SIXTH	COMMUNITY/ AREA	UP 0	SUBSCRIBER GRO	TY-FIFTH	SIX COMMUNITY/ AREA
Computatio								
of Base Rate F	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
and					·	<u> </u>		
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Surcharge								
for		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH	SIXT	UP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	63575						y relepho	Merrimack County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	TY-NINTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	*	a Group				•	
	0.00	\$		Base Rate Fee Secon	0.00	\$		Base Rate Fee First G
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	0.00	\$	d Group	Base Rate Fee Secon		\$	roup	SEVEN
	0.00	\$	d Group	Base Rate Fee Secon	JP	\$	roup	SEVEN
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
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	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	0.00 JP	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	TY-FIRST	SEVEN COMMUNITY/ AREA
	O.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA CALL SIGN

	YSTEM ID# 63575							LEGAL NAME OF OWNE Merrimack County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						-		
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	0.00			Total DSEs	0.00		-	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
		SUBSCRIBER GROU				SUBSCRIBER GROU		
								SEVEN
	JP			SEVE	JP			SEVEN
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ITY-SIXTH	SEVER	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	SEVEI COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	SEVEN COMMUNITY/ AREA

LEGAL NAME OF OWNER Merrimack County			-			S	YSTEM ID# 63575	Name
				TE FEES FOR EACH				
SEVENTY-S	EVENTH	SUBSCRIBER GRO	UP	SEVEN	TY-EIGHTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
		-						for
			<u> </u>				<u></u>	Partially Distant
								Stations
								Stations
	····						<u></u>	
								
								
Total DSEs	•		0.00	Total DSEs	-		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SEVENT	Y-NINTH	SUBSCRIBER GRO	UP		EIGHTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

TY-SECOND				OCK A: (RI
Α		JP			
			SUBSCRIBER GRO	TY-FIRST	
	COMMUNITY/ AREA	0			OMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	Total DSEs	0.00			otal DSEs
ond Group	Gross Receipts Sec	0.00	\$	roup	ross Receipts First Gr
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ond Group	Base Rate Fee Seco	0.00	\$	roup	ase Rate Fee First Gr
TY-FOURTH	EIGH	JP	SUBSCRIBER GRO	ΓY-THIRD	EIGHT
٩	COMMUNITY/ ARE	0			OMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			H		
		·····			
	Total DSEs	0.00		1	otal DSEs
rth Group	Gross Receipts Fou	0.00	\$	Group	ross Receipts Third G
	Base Rate Fee Four	0.00	\$	Group	ase Rate Fee Third G
\$		Total DSEs Gross Receipts Fourth Group \$ Base Rate Fee Fourth Group \$	0.00 Gross Receipts Fourth Group \$	\$ 0.00 Gross Receipts Fourth Group \$	roup \$ 0.00 Gross Receipts Fourth Group \$

Name	YSTEM ID# 63575	<u> </u>						LEGAL NAME OF OWNE Merrimack County
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GROU	HTY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
Syndicated				***************************************				
Exclusivity		<u> </u>						
Surcharge		-						
for Partially					<u>.</u>		···	
Distant					······································		···	
Stations						-		•••••
		-					<mark></mark>	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
					0.00			
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
	•	SUBSCRIBER GROU				SUBSCRIBER GROU		
	•							EIGHTY-
	JP			EIGH	JP			EIGHTY-
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGH COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-: COMMUNITY/ AREA
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STEM: Company	SYSTEM ID# 63575	Name
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SCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER G	ROUP	
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Name	YSTEM ID# 63575	S						LEGAL NAME OF OWNE Merrimack County
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SYSTEM ID# 63575 Name			•			LEGAL NAME OF OWNE Merrimack County				
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Name	4STEM ID# 63575	S'				LE SYSTEM: one Company		Merrimack County			
		BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
9		SUBSCRIBER GROU	/-FOURTH	ONE HUNDRED FIFT		ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP					
Computation	COMMUNITY/ AREA 0				0	COMMUNITY/ AREA 0					
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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LEGAL NAME OF OWNE Merrimack County			po			S	YSTEM ID# 63575	Name
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Merrimack County Telephone Company 63575 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 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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