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

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
	\$
	ALLOCATION NUMBER
2-27-20	

### SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	2019/2										
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  TELECOMMUNICATIONS MANAGEMENT LLC										
	TELECOMMUNICATIONS MANAGEMENT, LLC										
				10379	920192						
				10379	2019/2						
	210 E. EARLL DRIVE PHOENIX, AZ 85012										
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these										
System	names already appear in space B. In line 2, give the mailing address of IDENTIFICATION OF CABLE SYSTEM:	or the system, ii di	merent from the address gi	ven in spac	.е в.						
•	TELECOMMUNICATIONS MANAGEMENT, LLC D/B/A	A NEWWAVE	COMMUNICATIONS								
	MAILING ADDRESS OF CABLE SYSTEM: 3000 N. WESTWOOD BLVD.										
	2 (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63902										
	(City, town, state, zip code)										
D	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify with all communities.	y only the frst com	nmunity served below and r	elist on pa	ge 1b						
Area Served	CITY OR TOWN	STATE									
First	DEXTER	МО									
Community	Below is a sample for reporting communities if you report multiple ch	nannel line-ups in	Space G.								
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB	GRP#						
Sample	Alda	MD	A -		1						
-	Alliance	MD	В		2						
	Gering	MD	В		3						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this 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 Office'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.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNICATIONS MANAGEMENT, LLC

SYSTEM ID#
10379

**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.

Area Served

D

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

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

When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.

CITY OR TOWN	STATE	CH LINE UP	SUB GRP#
DEXTER	МО	AA	1
BERNIE	MO	AA	1
BLOOMFIELD	MO	AA	1
ESSEX	MO	AA	1
DUNKLIN	MO	AA	2
CAMPBELL	MO	AA	2
CLARKTON	MO	AA	2
HOLCOMB	MO	AA	2
MAIDEN	MO	AA	3
GIDEON	MO	AA	3
PARMA	MO	AA	3
PORTAGEVILLE	MO	AA	3
RISCO	MO	AA	3
KENNETT	MO	AA	4
SENATH	MO	AB	4
CLAY	AR	AB	5
GREENWAY	AR	AC	5
PIGGOT	AR	AC	5
POLLARD	AR	AC	5
RECTOR	AR	AC	5
ST. FRANCIS	AR	AC	5
GREENE (NE)	AR	AC	5
LAFE	AR	AC	5
MARMADUKE	AR	AC	5
STEELE	MO	AD	6
UNINC. PEMISCOT CO.	MO	AD	6
WARDELL	MO	AD	7
HOMESTOWN	MO	AD	7
NORTH WARDELL	MO	AD	7
			•

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNICATIONS MANAGEMENT, LLC

SYSTEM ID#

10379

# E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE		
Residential:						
<ul> <li>Service to first set</li> </ul>	5,251	\$	40.00			
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel	282	\$	40.50			
Commercial						
Converter						
<ul> <li>Residential</li> </ul>						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:			Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>		\$9-\$18	Motel, hotel			EXPANDED	\$55.00
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			DIGITAL FAMILY PLUS	\$13.00
<ul> <li>Fire protection</li> </ul>			• Pay cable			STARZ SUPER PAK	\$18.00
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>			SHOWTIME UNLIMITED	\$18.00
Installation: Residential		•••••••••••	Fire protection			HBO THE WORKS	\$27.00
<ul><li>First set</li></ul>	\$	35.00	Burglar protection			НВО	\$18.00
<ul><li>Additional set(s)</li></ul>		•••••••••••	Other services:			CINEMAX	\$13.00
<ul> <li>FM radio (if separate rate)</li> </ul>		•••••••••••	Reconnect	\$	90.00		
<ul> <li>Converter</li> </ul>		•••••••••••	Disconnect	\$	45.00		
		••••••	Outlet relocation	\$	45.00		
			<ul> <li>Move to new address</li> </ul>	\$	30.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) KBSI 22.1 CAPE GIRARDEAU, MO ı No **KFVS** 12.1 Ν No CAPE GIRARDEAU, MO See instructions for additional information KFVS-DT2 12.2 I-M No CAPE GIRARDEAU, MO on alphabetization. **WDKA** 25 PADUCAH, KY I-M No KFVS-DT4 12.4 I-M No CAPE GIRARDEAU, MO **KPOB** N 15.1 No POPLAR BLUFF, MO **WPSD** 6.1 Ν No PADUCAH, KY WPSD-DT2 6.2 I-M No PADUCAH, KY WTCT 17.1 I-M No MARION, IL KTEJ 20.1 Ε Yes 0 JONESBORO, AR KFVS-DT3 12.3 I-M CAPE GIRARDEAU, MO No 22.2 **KBSI-DT2** I-M CAPE GIRARDEAU, MO No CAPE GIRARDEAU, MO KFVS-DT5 12.5 I-M No

LEGAL NAME OF OWNER OF CABLE SYSTEM:

TELECOMMUNICATIONS MANAGEMENT, LLC

Name

Name

#### PRIMARY TRANSMITTERS: TELEVISION

**In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form.

**Column 4:** If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form.

**Column 6:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

KFVS         12.1         N         No         CAPE GIRARDEAU, MO           WDKA         25.1         I-M         No         PADUCAH, KY           KFVS-DT2         12.2         I-M         No         CAPE GIRARDEAU, MO           KVTJ         18         I         No         JONESBORO, AR           WPSD         6.1         N         No         PADUCAH, KY           WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO			CHANN	AB		
KFVS         12.1         N         No         CAPE GIRARDEAU, MO           WDKA         25.1         I-M         No         PADUCAH, KY           KFVS-DT2         12.2         I-M         No         CAPE GIRARDEAU, MO           KVTJ         18         I         No         JONESBORO, AR           WPSD         6.1         N         No         PADUCAH, KY           WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO		CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
WDKA         25.1         I-M         No         PADUCAH, KY           KFVS-DT2         12.2         I-M         No         CAPE GIRARDEAU, MO           KVTJ         18         I         No         JONESBORO, AR           WPSD         6.1         N         No         PADUCAH, KY           WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO	KBSI	22.1	I	No		CAPE GIRARDEAU, MO
KFVS-DT2         12.2         I-M         No         CAPE GIRARDEAU, MO           KVTJ         18         I         No         JONESBORO, AR           WPSD         6.1         N         No         PADUCAH, KY           WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO	KFVS	12.1	N	No		CAPE GIRARDEAU, MO
KVTJ         18         I         No         JONESBORO, AR           WPSD         6.1         N         No         PADUCAH, KY           WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO	WDKA	25.1	I-M	No		PADUCAH, KY
WPSD         6.1         N         No         PADUCAH, KY           WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO	KFVS-DT2	12.2	I-M	No		CAPE GIRARDEAU, MO
WPSD-DT2         6.2         I-M         No         PADUCAH, KY           KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO	KVTJ	18	I	No		JONESBORO, AR
KTEJ         20.1         E         No         JONESBORO, AR           KPOB         15.1         N         No         POPLAR BLUFF, MO           KFVS-DT3         12.3         I-M         No         CAPE GIRARDEAU, MO           KBSI-DT2         22.2         I-M         No         CAPE GIRARDEAU, MO	WPSD	6.1	N	No		PADUCAH, KY
KPOB15.1NNoPOPLAR BLUFF, MOKFVS-DT312.3I-MNoCAPE GIRARDEAU, MOKBSI-DT222.2I-MNoCAPE GIRARDEAU, MO	WPSD-DT2	6.2	I-M	No		PADUCAH, KY
KFVS-DT3 12.3 I-M No CAPE GIRARDEAU, MO KBSI-DT2 22.2 I-M No CAPE GIRARDEAU, MO	KTEJ	20.1	Е	No		JONESBORO, AR
KBSI-DT2 22.2 I-M No CAPE GIRARDEAU, MO	КРОВ	15.1	N	No		POPLAR BLUFF, MO
	KFVS-DT3	12.3	I-M	No		CAPE GIRARDEAU, MO
WDKA-DT2 25.2 I-M No PADUCAH, KY	KBSI-DT2	22.2	I-M	No		CAPE GIRARDEAU, MO
	WDKA-DT2	25.2	I-M	No		PADUCAH, KY

G

Primary Transmitters: Television

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AC	
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
KJNB-LD	39.1	I	No		JONESBORO, AR
KFVS	12.1	N	Yes	0	CAPE GIRARDEAU, MO
WPSD	6.1	N	Yes	O	PADUCAH, KY
KJNB-LD2	39.2	I-M	No		JONESBORO, AR
KVTJ	18	I-M	No		JONESBORO, AR
KTEJ	20.1	E	No		JONESBORO, AR

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AD 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION **CARRIAGE SIGN CHANNEL** OF (Yes or No) **NUMBER STATION** (If Distant) KBSI 22.1 CAPE GIRARDEAU, MO ı No **KFVS** 12.1 Ν No CAPE GIRARDEAU, MO KFVS-DT2 12.2 I-M No CAPE GIRARDEAU, MO **WDKA** 25.1 PADUCAH, KY I-M No **KPOB** 15.1 Ν POPLAR BLUFF, MO **WPSD** 6.1 Ν PADUCAH, KY No WPSD-DT2 6.2 I-M No PADUCAH, KY KFVS-DT3 12.3 I-M No CAPE GIRARDEAU, MO **KTEJ** 20.1 Ε No JONESBORO, AR PADUCAH, KY WDKA-DT2 25.2 I-M Yes 0 KBSI-DT2 22.2 I-M CAPE GIRARDEAU, MO No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AF 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AG 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
TELECOMMUN	NICATIONS	MANAGEN	IENT, LLC		10379	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul><li>basis under specifc F0</li><li>Do not list the station station was carried</li></ul>	n here in space	G—but do lis		ne Special Statem	ent and Program Log)—if the	
• List the station here,	and also in spa nformation cond	ace I, if the st			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	noncommercia page (v) of th	al educational), d le general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
planation of local serv  Column 5: If you h	rice area, see p nave entered "Y	age (v) of the 'es" in columr	general instruct 4, you must co	tions located in th mplete column 5,		
carried the distant star	tion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a	activated channel subject to a royalt		
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, e the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.	
		CHANN	EL LINE-UP	AH		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. Looming of ontheir	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AI 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AK 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AL 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AM 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AN 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
TELECOMMUN	NICATIONS	MANAGEN	IENT, LLC		10379	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television			
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>									
• List the station here,	and also in spa nformation cond	ace I, if the sta			tute basis and also on some other of the general instructions located				
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example				
			-		tion for broadcasting over-the-air in smay be different from the channel				
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"				
(for independent multi For the meaning of the	cast), "E" (for r ese terms, see	oncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	ommercial educational multicast).				
planation of local serv <b>Column 5:</b> If you h	rice area, see p nave entered "Y	age (v) of the es" in columr	general instruc n 4, you must co	tions located in th mplete column 5,					
carried the distant state For the retransmiss	tion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a	activated channel subject to a royalt	, ,				
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form.				
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	y to which the station is licensed by the handle had been station is identifed.				
		CHANN	EL LINE-UP	AO					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. Looming of onmon				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AP 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AQ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AR 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AS 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AU 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AV 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AW 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 10379 TELECOMMUNICATIONS MANAGEMENT, LLC 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). **CALL SIGN** AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#					
TELECOMMUNICATIO	NS MANA	AGEMENT, L	LC			10379	Name				
SUBSTITUTE CARRIAGI	F. SPECIA	I STATEME	NT AND PROGRAM LOC	3							
In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every no ccounting pe	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	lations, or authorizat	ions. For a further	Substitute				
1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special				
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?											
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the pro	ogram					
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please of every no distant state gulations, cation. Do not be used to a distant station of the station of t	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broader on's location (tlons, if any, the when your system of the program carrolisted program carrols in effect designation of the program ons in effect designation and the program carrols in effect designation and the program ons in effect designation and the program ons in effect designation and the program on the program on the program of the progra	rision program (substitute pour cable system substitute pour cable system substitute ins. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." or "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the other carried the substitute or gram was carried by your ied by a system from 6:01:	program) that and for the program that instruction is lice station is lice program. Use cable system 15 p.m. to 6:2 amming that in the left instruction is ide program. The first p.m. to 6:2 amming that instruction is lice and instruction is lice amming that instruction is lice and instruction in the lice and instruction is lice and instruction in the lice and instruction is lice and instruction in the lice and instruction is lice and instruction in the lice	ensed by the FCC ontified).  List the times accumentation of the person	ing r station aper am r, in month trately e quired pro					
	IIRSTITIIT	E PROGRAM	1		EN SUBSTITUTE	7. REASON					
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION					
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	0					
					<u> </u>						
					<u> </u>						

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name TELECOMMUNICATIONS MANAGEMENT, LLC 10379 **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-J 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 **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred 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 WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM FROM** TO DATE TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
TEL	ECOMMUNICATIONS MANAGEMENT, LLC		10379	Name
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmis	sion service	<b>K</b> Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$	1,210,297.82	
IMP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	f gross receipts)	
<ul><li>Instruction</li><li>Common</li><li>If you fee for the following</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: splete block 1, showing your minimum fee. splete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable paympanying this form and attach the schedule to your statement of account.			L Copyright Royalty Fee
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\upbeta$ 3 below.	e entered on lin	e 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2	2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered o	on line	
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			
	Line 2. Multiply the amount in line 1 by 0.01064  Enter the result here.			
	This is your minimum fee.	\$	12,877.57	
1	pistant television stations carried: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period accounting period Yes—Complete the DSE schedule.  No—Leave block 3 below blank and of the stations during the accounting period Yes—Complete the DSE schedule.	mn 4, you must o	check	
Block 3	Line 1. <b>BASE RATE FEE:</b> 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	\$	2,826.08	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	2,826.08	
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	<u></u> \$	12,877.57	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente zero.		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	<u></u> \$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	13,602.57	form for submitting the
	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 fees.

ACCOUNTING PERIOD: 2019/2
FORM SA3E. PAGE 8.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	TELECOMMUNICATIONS MANAGEMENT, LLC	10379								
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.									
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 and nonbroadcast services									
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)									
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195	5								
	Address 210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)									
	PHOENIX, AZ 85012 (City, town, state, zip)									
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013									
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)									
O 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 identified 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	d								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	stem								
	• 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/Raymond Storck									
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	he "F2"								
	Typed or printed name: RAYMOND STORCK									
	Title: VICE PRESIDENT  (Title of official position held in corporation or partnership)									
	Date: February 27, 2020									

**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 this 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.

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
TELECOMMUNICATIONS MANAGEMENT, LLC	10379	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 trans made by satellite carriers to satellite dish owners?	missions					
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 under For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	rpayment.	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	days					
	0.00274					
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	_					
(inter	est charge)					
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please					
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.						
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offc please list below the owner, address, first community served, accounting period, and ID number as given in the 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 this 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: 2019/2** 

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM:  TELECOMMUNICATIONS MANAGEMENT, LLC									
I										
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each station	0.7F								
	Enter the sum here and in line	0.75								
2	Instructions:									
2	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5									
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-									
of DSEs for	mercial educational station, give the DSE as ".25."									
Category "O"	CATEGORY "O" STATIONS: DSEs									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KTEJ	0.250								
	WPSD	0.250								
	KFVS	0.250								
Add rows as										
necessary.										
Remember to copy										
all formula into new										
rows.										

			<b>=</b>
	I		

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

Nama	LEGAL NAME OF O	WNER OF CABLE SYSTEM:						5	SYSTEM ID#
Name	TELECOMMUNICATIONS MANAGEMENT, LLC								10379
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel Capacity	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.								
	4 0411		CATEGORY LA						
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTE	JRS C	NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE		5. TYPE VALUE	6. DS	3E 
			÷		=	X		=	
			÷		=	X		=	
			<u> </u>		= <u> </u>	X		=	
			<u></u>		_	X			
			÷ ÷		=	×		=	
			÷			×			
			÷		=	×		=	
Computation of DSEs for Substitute-Basis Stations	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,▶  Instructions:  Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station:  • Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  • Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I.  Column 3: Enter the number of days in the calendar year: 365, except in a leap year.  Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form).								
		SL	JBSTITUTE-BA	SIS STATION	IS: COMPUTA	ATION OF	DSEs		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUM OF PRO	IBER GRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
			-	=			÷		=
				=			÷		=
			-	=			÷		=
			_				÷		
							÷		
	Add the DSEs of	OF SUBSTITUTE-BAS	IS STATIONS:		▶		0.00		
5	TOTAL NUMBER OF DSEs: Give the amounts from the boxes in parts 2, 3, and 4 of this schedule and add them to provide the total number of DSEs applicable to your system.								
Total Number	1. Number of	DSEs from part 2 •				<b>&gt;</b>		0.75	
of DSEs	2. Number of DSEs from part 3 ●								
		f DSEs from part 4 ●				<b>&gt;</b>		0.00	
	TOTAL NUMBE	R OF DSEs					<b></b>		0.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

	OWNER OF CABLE S		NT, LLC				S	YSTEM ID# 10379	Name
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of p	below.	7 of the DSE sched		complete part	8, (page 16) of th	e	6 Computation of
effect on June 24,	m located wholly or , 1981? nplete part 8 of the plete blocks B and	schedule—D C below.	O NOT COMP	LETE THE REMAI	NDER OF PA	RT 6 AND 7.	CC rules and regul	lations in	3.75 Fee
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation	ations listed in ons prior to Jun dule. (Note: Th	PARAGE OF PERM part 2, 3, and 4 of the electer M below re Act of 2010.)	this schedule t	that your syste on of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to as defined al educational station (76.6 r DSE sched ant to individuviously carried HF station w	lations cited be to the FCC mar  I in 76.5(kk) (70 al station [76.59 65) (see paragiule).  Jual waiver of F0 d on a part-timithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on 5.57, 76.59(b), 0(1), 76.63(a) 3(a) referring stitution of gradistitution of gradis	June 24, 1981 76.61(b)(c), 70 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o etter "F" in column 2			rksheet on page 1	4 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	
								0.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
	e total number of								
	e sum of permitted								
	line 2 from line 1 leave lines 4–7 bl			_		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represen partially
Line 5: Multiply li	ine 4 by 0.0375 a	ind enter su	m here				х		permited/ partially nonpermitted carriage?
_ine 6: Enter tota	al number of DSE	Es from line	3						If yes, see part 9 instructions.
_ine 7: Multiply li	ine 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

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

	OWNER OF CABLE  JNICATIONS M		ENT, LLC				S'	YSTEM ID# 10379	No.
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	UED)			_
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS			2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
		<u> </u>							
·······									
									<u> </u>

LEGAL NAME OF OWNER TELECOMMUNICA			.c			SY	STEM ID# 10379	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	<b>D</b>		SECOND	SUBSCRIBER GROUP		0
COMMUNITY/ AREA	STODD	ARD CO		COMMUNITY/ AREA	DUNKLI	N COUNTY CENTR	AL	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KTEJ	0.25							Base Rate Fee and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 398,	698.51	Gross Receipts Second	d Group	\$ 70	0,733.33	
Base Rate Fee First Gr	oup	\$ 1,	060.54	Base Rate Fee Second	d Group	\$	0.00	
		SUBSCRIBER GROU				SUBSCRIBER GROUP		
COMMUNITY/ AREA	DUNKL	IN CO NORTH & N	IEW MA	COMMUNITY/ AREA	DUNKLI	N CO SOUTH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KTEJ	0.25							
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 177,	595.75	Gross Receipts Fourth	Group	\$ 279	9,082.13	
Base Rate Fee Third G	roup	\$	472.40	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			ber group a	as shown in the boxes ab	ove.	\$	2,826.08	

LEGAL NAME OF OWNER TELECOMMUNICA	ATIONS N	MANAGEMENT, L	LC				10379	Name
B	LOCK A: (	COMPUTATION O	F BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GRO	UP		SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	CLAY 8	GREENA COUN	NTIES	COMMUNITY/ AREA	PEMISC	OT COUNTY SOL	JTH	9 Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KFVS	0.25							Base Rate
WPSD	0.25							and
								Syndicate
	···		····					_
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
Total DSEs			0.50	Total DSEs			0.00	
							00 004 40	
	coup	¢ 241	1 220 21	Cross Bossints Cosso	d Croup		ייר מעניטגי	
	oup	\$ 241	1,239.31	Gross Receipts Secon	d Group	\$	39,284.12	
Gross Receipts First Gr	oup	\$ 1	1,283.39	Gross Receipts Second  Base Rate Fee Second	d Group	\$	0.00	
Gross Receipts First Gr	oup	\$ 1	<b>1,283.39</b>	Base Rate Fee Second	d Group		0.00	
Gross Receipts First Gr	oup	\$ 1	<b>1,283.39</b>		d Group	\$	0.00	
Gross Receipts First Gr	oup	\$ 1	<b>1,283.39</b>	Base Rate Fee Second	d Group	\$	<b>0.00</b>	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO DSE	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO DSE	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO DSE	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO DSE	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO DSE	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
Gross Receipts First Gr  Base Rate Fee First Gr  COMMUNITY/ AREA  CALL SIGN	SEVENTH PEMISO DSE	\$ 1 SUBSCRIBER GRO	UP DRTH	Base Rate Fee Second	d Group EIGHTH	\$ SUBSCRIBER GROU	0.00 JP 0	
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LEGAL NAME OF OWNER TELECOMMUNICA			LC			SY	STEM ID# 10379	Name
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	SIXTIETH		Р	SUBSCRIBER GROU	Y-NINTH	FIFT
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
	<del></del> -							
				Base Rate Fee Fourth	0.00			Base Rate Fee Third Gr

				TE FEES FOR EACH					
9	0	SUBSCRIBER GROU	Y-SECOND	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	KTY-FIRST		
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00	\$	d Group	Gross Receipts Seco	0.00	ross Receipts First G			
	0.00	<u>*</u>	a Group	Cross Resempts Cook	0.00		ТОЦР	roso recorpto i not o	
	0.00		d Croup	Base Rate Fee Secon	0.00		roup	<b>ase Rate Fee</b> First G	
	0.00	\$	и Стоир	base Rate Fee Secon	0.00	\$	Тоир	ase Rate Fee First Gi	
	IP	SUBSCRIBER GROU	Y-FOURTH	SIX	JP	SUBSCRIBER GRO	TY-THIRD	SIX	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
				OOMINIONIT IT AIRLA					
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Name						•		TELECOMMUNICA	
				TE FEES FOR EACH					
9	<b>0</b>	SUBSCRIBER GROU	KTY-SIXTH S		<b>0</b>	SUBSCRIBER GROU	ry-FIFTH		
Computa	<b>U</b>			COMMUNITY/ AREA	U			COMMUNITY/ AREA	
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	0.00			Total DSEs	0.00			otal DSEs	
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
	Р	SUBSCRIBER GROU	Y-EIGHTH	SIXT	ΙP	SUBSCRIBER GROU	EVENTH	SIXTY-S	
	COMMUNITY/ AREA 0			0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
			_						
	0.00	•		Total DSEs	0.00			otal DSEs	
		•	Croup	Gross Receipts Fourth	0.00	•	.aus	Bross Receipts Third Gr	
				Horosa veceibis coniti	0.00	<u>Ψ</u>	Jup	nuss neceipis Hillia Gi	
	0.00	\$	Oroup					·	

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	D	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU		COMMUNITY/ AREA	0	SUBSCRIBER GROC	Y-INIIN I IT	COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	Y-SECOND	SEVENT	P	SUBSCRIBER GROU	ΓY-FIRST	SEVEN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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	1 1	\$	_	Basa Bata Eag Fourth	0.00		OUD.	Base Rate Fee Third G
				Crour	Raso Pato Foo Fourth Groun	0 00 Raso Pate Fee Fourth Groun	\$ 0.00 Base Rate Fee Fourth Group	roup & 0.00 Rase Pate Fee Fourth Groun

^		BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU			
9	0	SUBSCRIBER GROU	T-FOURTH	COMMUNITY/ AREA	0	SUBSCRIBER GROC	Y-INIKU	COMMUNITY/ AREA	
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	Gross Receipts Second Group \$ 0.00		\$ 0.00					
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr	
	Р	SUBSCRIBER GROU	NTY-SIXTH	SEVE	IP	SUBSCRIBER GROL	TY-FIFTH	SEVEN	
	0	COMMUNITY/ AREA 0			DSE CALL SIGN DSE			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
						-			
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	0.00			Total DSEs	0.00			otal DSEs	
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	roup	ross Receipts Third G	
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	0.00	\$	Group	Base Rate Fee Fourth	0.00	\$	roup	Base Rate Fee Third G	

Name								TELECOMMUNICA
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GROU	SEVENTH	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
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	0.00				0.00			
	0.00		Total DSEs					otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	IGHTIETH	ſ	IP	SUBSCRIBER GROU	Y-NINTH	SEVENT
	0	COMMUNITY/ AREA 0		0			OMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00			Total DSEs	0.00			otal DSEs
	0.00							
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G

	ID.	BER GROUP SUBSCRIBER GROU		TE FEES FOR EAC				
9	0	SUBSCRIBER GROU	Y-SECOND	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO		OMMUNITY/ AREA
Computa				COMMONT IT AREA				ONINONT IT AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
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for								
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	Gross Receipts Second Group \$ 0.00			0.00	\$	Group	ross Receipts First G	
			.a	l cross resemple cost		<u> </u>	Сопочр	roco recoupto i mot o
	0.00	<b>*</b>	d Group	Base Rate Fee Seco	0.00	<b>.</b>	Group	<b>ase Rate Fee</b> First G
	0.00	\$	и Стоир	base Rate Fee Seco	0.00	\$	. Group	ase Rate Fee First G
	Р	SUBSCRIBER GROU	Y-FOURTH	EIGH	UP	SUBSCRIBER GRO	GHTY-THIRD	EIGH
	_				_			
	0			COMMUNITY/ AREA	0		A	OMMUNITY/ AREA
						T		
	DSE	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	DSE	
		CALL SIGN	DSE			CALL SIGN		
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Name								TELECOMMUNICA			
				TE FEES FOR EACH							
9	P <b>0</b>	SUBSCRIBER GROU	HTY-SIXTH		P <b>0</b>	SUBSCRIBER GROU	ry-FIFTH				
Computa	U			COMMUNITY/ AREA	<u> </u>			COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
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	0.00	_		Total DSEs	0.00			otal DSEs			
	\$ 0.00					\$ 0.00		DSEs			
	0.00	\$	a Group	Gross Receipts Second	0.00	\$	oup	ross Receipts First Gro			
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	oup	ase Rate Fee First Gro			
	Р	SUBSCRIBER GROU	ΓΥ-EIGHTH	EIGH1	Р	SUBSCRIBER GROU	EVENTH	EIGHTY-S			
	COMMUNITY/ AREA 0						OMMUNITY/ AREA				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Fross Receipts Third G			
	11	1		1		I					

TELECOMMUN		MANAGEMENT,	LLC				3YSTEM ID# 10379	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
EI	GHTY-NINTH	SUBSCRIBER GRO			NINTIETH	SUBSCRIBER GRO	UP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	<b>9</b> Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
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								Surcharge
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T. (1) DOS		II	0.00	T. (1.1.2.2.2.			0.00	
Total DSEs		0.00		Total DSEs			0.00	
Gross Receipts Firs	st Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee Firs	st Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
N	IINETY-FIRST	SUBSCRIBER GRO	DUP	NINI	ETY-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Thir	rd Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
	•				•	L		
Base Rate Fee: Ad Enter here and in bl			scriber group	as shown in the boxes	s above.	\$		
_men nere and m bi	OUN 3, IIIIE 1,	space L (page /)				Ψ		

LEGAL NAME OF OWNER TELECOMMUNICA			_C			SY	10379	Name
ВІ	LOCK A: (	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	Y-THIRD	SUBSCRIBER GROU		<b>†</b>	/-FOURTH	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
OALL GIGIN	DOL	OALL GIOIN	DOL	OALL GIGIN	DOL	OALL GIGIN	DOL	Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	nun	<u> </u>	0.00	Gross Receipts Second	d Group	\$	0.00	
Cross Receipts First Civ	очр		0.00	Cross Receipts Second	и Огоар		0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
NINE	TY-FIFTH	SUBSCRIBER GROU	P	NINE	TY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
T-1-1 D05-			0.00	Tatal DOF			0.00	
Total DSEs			0.00	Total DSEs	0		0.00	
Gross Receipts Third G	roup	<b>\$</b>	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			iber group	as shown in the boxes ab	oove.	\$		

						•		TELECOMMUNICA
				TE FEES FOR EACH				
9	P 0	SUBSCRIBER GROU	ry-eighth	NINE COMMUNITY/ AREA	<b>0</b>	SUBSCRIBER GROU	SEVENTH	NINETY-S COMMUNITY/ AREA
Computa								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate						-		
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Surchar for								
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Station								
	0.00				0.00			
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	INDREDTH	ONE HU	P	SUBSCRIBER GROU	Y-NINTH	NINET
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G
			-				-	•
				11				

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				TE FEES FOR EACH				
9		SUBSCRIBER GROU	O SECOND			SUBSCRIBER GROU	D FIRST	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and			-					
Syndicat			-					
Exclusiv								
Surchar for								
Partiall			-	***************************************				
Distan								
Station								
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				***************************************				
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
	Р	SUBSCRIBER GROU	D FOURTH	ONE HUNDRE	ΙP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			-					
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			-					
	0.00	•		Total DSEs	0.00		L	otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	<u> </u>	oup	ross Receipts Third Gi
						·	I <u></u>	

LEGAL NAME OF OWN TELECOMMUNIC			LLC			S	10379	Name
				TE FEES FOR EAC				
	RED FIFTH	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Stations
Total DSFa			0.00	Total DCCs			0.00	
Total DSEs				Total DSEs		_	_	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDI	RED EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
							<del></del>	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW TELECOMMUNI		MANAGEMENT,	LLC				10379	Na
				TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		<del>II</del>		SUBSCRIBER GRO		ç
COMMUNITY/ ARE.	Α		0	COMMUNITY/ ARE	Α		0	Compu
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Compa
								Base R
								an
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intal DCF-			0.00	Total DCFs			0.00	
otal DSEs		0.00		Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	cond Group	<u>\$</u>	0.00	
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRE	D ELEVENTH	SUBSCRIBER GRO	OUP	ONE HUNDR	ED TWELVTH	SUBSCRIBER GRO	UP	
OMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Bross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
							$\neg \neg  $	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
				]]				
			scriber group	as shown in the boxe	s above.	¢		
nter here and in bl	ock 3, line 1, s	space L (page 7)				\$		

ELECOMMUNI	CATIONS I	MANAGEMENT,	LLC				10379	Name
				ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED T	HIRTEENTH	SUBSCRIBER GRO	JBSCRIBER GROUP ONE HUNDRED FOURTEENTH SUBSCRIBE		SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α	0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computati of
								Base Rate I
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
·	·				·	-		
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	SUBSCRIBER GRO	DUP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		11	0.00	Tatal DOS		11	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ase Rate Fee Third							I	
ase Rate Fee Third								
	the base rat	te fees for each subs	scriber aroun	as shown in the boxes	s above			

LEGAL NAME OF OW TELECOMMUNI		LE SYSTEM: MANAGEMENT,	LLC				10379	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
NE HUNDRED SE	VENTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED E	EIGHTEENTH	I SUBSCRIBER GRO	JP	0
COMMUNITY/ ARE	MMUNITY/ AREAO COMMUNITY/ AREA				0	9 Computati		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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								Exclusivit Surcharge
								for
								Partially
								Distant
								Stations
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ross Receipts Firs	t Group	\$ 0.00		Gross Receipts Seco	ond Group	\$	0.00	
	ТОТОВР					<u>*</u>		
<b>ase Rate Fee</b> Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	NINTEENTH	I SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GRO	JP	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
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sase Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
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			criber group	as shown in the boxes	above.			
inter here and in bl	оск 3, line 1,	space ∟ (page /)				\$		

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9	ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA  0			0	SUBSCRIDER GROU	11 1-FIKÖ I	ONE HUNDRED TWEN	
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	0.00	•		Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			_					
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	Group	'				
	0.00	\$	Group	·				

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				TE FEES FOR EACH	BASE RA			
9	ONE HUNDRED TWENTY-SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0			0	AREA 0			
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and								
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	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	ross Receipts First Gro
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
		SUBSCRIBER GROUP	ITY-EIGHTH	ONE HUNDRED TWE		SUBSCRIBER GROUP	SEVENTH	NE HUNDRED TWENTY-
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	Group	O1033 Neceipts 1 outti	0.00	<u>*</u>	σαρ	Gross Receipts Third Gr

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Samuel Sa	COMMUNITY/ AREA 0			NDRED TWENTY-NINTH SUBSCRIBER GROUP  ONE HUNDRED THIRTIETH SUBSCRIBER GROUP  ITY/ AREA  O  COMMUNITY/ AREA  O					
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro	
		SUBSCRIBER GROUP	TY-SECOND :	ONE HUNDRED THIR		SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED THIR	
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA	
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9	0	SUBSCRIBER GROUP	TY-FOURTH		0	SUBSCRIBER GROUP	TY-THIRD	
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
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		SUBSCRIBER GROUP	IRTY-SIXTH	ONE HUNDRED TH		SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIF
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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	0.00			Total DSEs	0.00			otal DSEs
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Name	AL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# LECOMMUNICATIONS MANAGEMENT, LLC 10379									
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9 Computa	0			COMMUNITY/ AREA	0	MUNITY/ AREA 0				
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	IP	SUBSCRIBER GROU	FORTIETH :			SUBSCRIBER GROUP	TY-NINTH			
	0			COMMUNITY/ AREA	0			OMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	ross Receipts Third G		
				1						

MUNITY/AREA	ONE HUNDRED FORTY-FIRST SUBSCRIBER GROUP	TELECOMMUNICAT	TONS N	IANAGEMENT, L	LC				10379	Name		
MUNITY/AREA	CALL SIGN   DSE   CALL SIGN				BASE RA	П						
Compute   Call SiGN   DSE   CALL SiGN   DSE   CALL SiGN   DSE   Base Rat   Sea of Rat   Sign   Call	CALL SIGN   DSE					<del>II</del>		SUBSCRIBER GROUP		9		
Base Rati and Syndice Exclusion Sourchs for Partial Distar Station  DEEs 0.00 Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 She Hundred Forty-Fourth Subscriber Group \$ 0.00 COMMUNITY AREA 0 COMMUNITY AREA 0 COMMUNITY AREA 0 COMMUNITY AREA 0 CALL SIGN DSE CALL SIG	Base Rate Receipts First Group \$ 0.00   Sase Rate Fee Second Group \$ 0.00   Sase Rate Fee First Group \$ 0.00   Consent Number Department of Community AREA   O   COMMUNITY AREA   O   COMMUNITY AREA   O   COMMUNITY AREA   O   CALL SIGN   DSE   CALL								Computa			
	An an Syndic Exclusion of the Part of the	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
Syndical Exclusion   Station   Sta	Syndic Exclusion Subscriber Group S 0.00  ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  OCALL SIGN  DSE  CALL SIG											
	Section Surch Surc											
Surchar for a partial Distans Station    Distance	Surch for potation DSEs  Otation DSEs  Otati									-		
DSEs	otal DSEs											
Distant Station  Total DSEs  Receipts First Group  Rate Fee First	Dist   Statis   Sta											
Station    Discription   Station   S	Actail DSEs  OLOU  Total DSEs  OLOU  STORE Receipts First Group  DATE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  OCALL SIGN  DSE  CALL SIGN  DSE  C									Partial		
DSEs 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Gross	DIAIL DSES  D.00  TOTAL DSES  D.00  Gross Receipts Second Group  Base Rate Fee Second Group  ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  DOMINITY/ AREA  DOMINIT											
S Receipts First Group  S 0.00  Base Rate Fee Second Group  S 0.00  DNE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  IMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN  D	ASSERCEIPTS First Group  S  O.00  Gross Receipts Second Group  S  O.00  Base Rate Fee Second Group  ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SIGN  DS									Station		
S Receipts First Group  S 0.00  Base Rate Fee Second Group  S 0.00  DNE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  IMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN  D	Asse Rate Fee First Group  South Hundred Forty-Third Subscriber Group  OMMUNITY/ AREA  OCALL SIGN  DSE  CALL S											
S Receipts First Group  S 0.00  Base Rate Fee Second Group  S 0.00  DNE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  IMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN  D	ross Receipts First Group  ase Rate Fee First Group  S  O.00  Base Rate Fee Second Group  ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O  CALL SIGN  DSE  CALL SI											
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ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  IMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE	ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  OMMUNITY/ AREA  O COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL SIGN  D	ross Receipts First Gro	nb	\$	0.00	Gross Receipts Seco	ond Group	\$ 0.00				
ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP  IMUNITY/ AREA  O  COMMUNITY/ AREA  O  CALL SIGN  DSE	ONE HUNDRED FORTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA  O COMMUNITY/ AREA  O CALL SIGN  DSE  CALL											
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LL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN D	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  CALL SIGN	ONE HUNDRED FORT	Y-THIRD	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP				
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s Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
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		ase Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00			

Name								
				TE FEES FOR EACH	BASE RA			
9	0	SUBSCRIBER GROUP	ONE HUNDRED FO	0	NE HUNDRED FORTY-FIFTH SUBSCRIBER GROUP  MUNITY/ AREA  0			
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	0.00			Total DSEs	0.00			otal DSEs
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	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	ross Receipts First G
	0.00	\$		Gross Receipts Secon	0.00	\$ \$		
			d Group	Base Rate Fee Secon		\$	oup	<b>ase Rate Fee</b> First G
		\$	d Group	Base Rate Fee Secon		\$	oup	Sase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Gross Receipts First G  Gase Rate Fee First G  ONE HUNDRED FORTY  COMMUNITY/ AREA  CALL SIGN
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	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ase Rate Fee First G  ONE HUNDRED FORTY  OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ONE HUNDRED FORTY
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ase Rate Fee First G
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ONE HUNDRED FORTY
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ONE HUNDRED FORTY
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ONE HUNDRED FORTY
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	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ONE HUNDRED FORTY
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	ase Rate Fee First G  ONE HUNDRED FORTY  OMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROUP	d Group	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROUP	oup -SEVENTH	CALL SIGN
	O.00	\$ SUBSCRIBER GROUP	DSE	Base Rate Fee Secon  ONE HUNDRED FOI  COMMUNITY/ AREA  CALL SIGN	0.00	\$ SUBSCRIBER GROUP	-SEVENTH  DSE	ONE HUNDRED FORTY

TELECOMMUNIO		LE SYSTEM: MANAGEMENT,	LLC				3YSTEM ID# 10379	Nama
	BLOCK A:	COMPUTATION C	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FO	ORTY-NINTH	I SUBSCRIBER GRO	DUP	ONE HUNDR	RED FIFTIETH	SUBSCRIBER GRO	UP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	9			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN DSE		CALL SIGN	DSE	Computation of
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								and
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								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$		
·	·				·	-		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED I	FIFTY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIR	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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		II	0.00				0.00	
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	
				Ш				
Rasa Pata Face Add	the base ==	to foos for each sub-	oribor graus	as shown in the house	s above			
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.	\$		
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