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

SA₃E Long Form

prints corre

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							
01/17/2020	\$							
01/11/2020	ALLOCATION NUMBER							

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	43497										
B	— One the fair legal harde of the owner of the dable system. If the owner is a subsidiary of another corporation, give the fair corpo										
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM										
	Viking Electronics, Inc.										
				1161520192							
				11615 43497							
	110 4th Street E Park River, ND 58270										
С	INSTRUCTIONS: In line 1, give any business or trade names used names already appear in space B. In line 2, give the mailing address of				these prints						
System	1 IDENTIFICATION OF CABLE SYSTEM:	•	-	<u> </u>							
	MAILING ADDRESS OF CABLE SYSTEM:				1						
	2 (Number, street, rural route, apartment, or suite numbe										
	(City, town, state, zip code										
D Area	Instructions: For complete space D instructions, see page 1b. Ide with all communities.	entify only the fre	st community served belo	ow and relist on page	1 prints						
Served	CITY OR TOWN	STATE									
First	Park River	ND									
Community	Below is a sample for reporting communities if you report multiple ch		· '								
	CITY OR TOWN (SAMPLE) Alda	STATE MD	CH LINE UP A	SUB GRP#							
Sample	Alliance	MD	B	2	1						
	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.

corre

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
Viking Electronics, Inc.			11615	
Viking Electronics, inc.			11013	
Instructions: List each separate community served by the cable system. A "comm in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communit t community that	ies within unincor	porated	D Area Served
Note: Entities and properties such as hotels, apartments, condominiums, or mobi below the identified city or town.	le home parks s	should be reporte	ed in parentheses	i
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave th on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9).	e column blank.	lf you report any s	tations	
When reporting the carriage of television broadcast stations on a community-by-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber gro			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	-
Park River	ND	1	1	First
Adams	ND	1	1	Community
Aneta	ND	1	1	
Arthur	ND	1	3	
Cavalier	ND	1	2	
Cavalier AF Station	ND	1	2	See instructions for
Crystal	ND	1	2	additional information
Dahlen	ND	1	1	on alphabetization.
Drayton	ND	1	2	
Edinburg	ND	1	1	
Edmore	ND	1	6	
Fairdale	ND	1	1	Add rows as necessary.
Fordville	ND	1	1	
Galesburg	ND	1	4	
Gilby	ND	· · · · · · · · · · · · · · · · · · ·	1	
Hensel	ND	ļi	2	
	ND	1	3	
Hunter Inkster	ND		1	
Lakota	ND	1	6	
Brocket	ND		6	
Hoople	ND	1		
Lankin	ND	1	1	
Michigan	ND	1	1	
Mountain	ND	1	2	
Neche	ND	1		
Nekoma	ND	1	5	
Niagara	ND	1	11	
Pembina	ND	1	2	
Petersburg	ND	1	1	
Pisek	ND	1	1	
St. Thomas	ND	1	2	

Converter

										A3E. PAGE
News	LEGAL NAME OF OWNER OF CABL	E SYSTEM:							SYS	TEM ID
Name	Viking Electronics, Inc.									1161
Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in system, that is, the retransmissic about other services (including plast day of the accounting perioc Number of Subscribers: Bot down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate unit in which it is generally billed category, but do not include disc Block 1: In the left-hand bloc systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a	on of television	and rapace F, eccember Services in the indicate the formula and an addition er "Se egories that in	ver all categoration broadcas, not here. All per 31, as the call for the letter at the call for the letter at the call for the letter at the category (letter at the letter at let	oriests I the car num erv ent. cal mbe tion ld b ion lar r m	es of secular by your syle facts you are facts you are may be mber of so an confidence ince. Incluing standar tegories confidence of subset of sub	ystem to subsolustate must be e). ubscribers to npute the num of persons or other to subscribers are variation of secondary and the count of the co	the cable so the c	information ing on the ystem, brokeribers in charged e charge an particular rate a service that ded category different a residentia ce to the ferent from em, together	d the e at cable /
	sufficient.	and rates, in the	- rigiti-	TIATIO DIOCK. 7	~	WO- OF THE	c-word descri	puon or the a	ICI VICC 13	
	BLG	OCK 1						BLOCK 2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	EDS	RATE		САТ	EGORY OF S	ERVICE	NO. OF UBSCRIBER	RATE
	Residential:	SUBSCRIBE	LNO	IVAIL		CAI	LGOINT OF S	LITTIOL	OBSCRIBER	IVAIL
	Service to first set	2	2,335	\$ 60.9	5					
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
		!		ļ	_!	<u> </u>			ļ	ļ
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 to covered in space E, that is, those services that are not offered in combination with any secondary service for a single fee. There are two exceptions: you do not need to give rate information concerning furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per 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 service. Block 2: List any services that your cable system furnished or offered during the accounting listed in block 1 and for which a separate charge was made or established. List these other services in brief (two- or three-word) description and include the rate for each.								condary tran pricerning (1) puld include to ariable per-pr le services I ounting per	smission services both the rogram basis isted. iod that wei	ò,
		BLOC RATE							BLOCK 2	
	CATEGORY OF SERVICE	VICE	RATE	ATEGORY	OF SERVI	RATE				
	Continuing Services:			lation: Non-	res	idential				
	Pay cable			otel, hotel						
	 Pay cable—add'l channel 			ommercial						
	Fire protection		• Pa	ay cable						
	 Burglar protection 		• Pa	ay cable-add'	l ch	nannel				
	Installation: Residential		• Fir	re protection						[
	• First set	\$ 150.00	• Bu	ırglar protecti	ion					
	Additional set(s)		Other	services:						
	FM radio (if separate rate)		• Re	econnect						

 Disconnect Outlet relocation

FORM SA3E. PAGE 3.						1			
LEGAL NAME OF OWN		/STEM:			SYSTEM ID#	Namo			
Viking Electron	ics, Inc.				11615				
PRIMARY TRANSMITTE	ERS: TELEVISION	ON							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations. Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some othe basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identificath multicast stream as seociated 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 it 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 indepe									
Note: if you are utilize	ing multiple c			rate space G for	each channel line-up.				
1. CALL SIGN		3. TYPE	4. DISTANT?	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				
	NUMBER	STATION	` /	(If Distant)]			
CBWT	6	I	Yes	0	Winnipeg-Manitoba				
CKY	7	I	Yes	0	Winnipeg-Manitoba	See instructions for			
KGFE	2	E	Yes	0	Grand Forks, ND	additional information			
KBRR	12	I			Pembina, ND	on alphabetization.			
KVLY	11	N							
KXJB	4				••••••••••••••••••••••••••••••••••••••				
WDAY						1			
WDAZ									
					201110 Euro, Grana i Gira, ND				
						1			
						}			
						ļ			
	lies and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections d)(2) and (4), 76, 169 (2) and (4), 07, 663 (refering to 76.61 (e)(2) and (4)); and (2) certain stations carried on: ulte program basis, as explained in the next paragraph stations. Stations: With respect to any distant stations carried by your cable system on a substitute program for the program of								

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Viking Electronics, Inc.

SYSTEM ID#
11615

Н

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Primary Transmitters: Radio

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instruction 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	ION OF ST
СВС	FM		Vancouver, BC				
CIIFM	FM	†	Winnepeg, Manitoba				
CKWG	FM		Winnepeg, Manitoba				
CQFM	FM		Winnepeg, Manitoba				
KAOC	FM		Grafton, ND				
KAVJ	FM		Grafton, ND				
KCCM	FM		Moorhead, MN				
KGFE	FM		Grand Forks, ND				
KKXL	FM		Grand Forks, ND				
KQWB	FM		Fargo, ND				
KRRK	FM		Grand Forks, ND				
KXPO	FM		Grafton, ND				
KYCK	FM		Crookston, MN				
KYTN	FM	T	Grand Forks, ND				
WDAY	FM	T	Grand Forks, ND				
	1		1				

LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#	
Viking Electronics, Inc					·	11615	Name
SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO)G			
In General: In space I, ident substitute basis during the a explanation of the programn form.	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatior	ns. For a further	Substitute
1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting pe proadcast by a distant star		ur cable syster	m carry, on a substitute ba	sis, any non	network television prog Yes		Special Statement and Program Log
Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUT			ge blank. If your answer is	s "Yes," you r	must complete the prog	ram	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love Column 2: If the progran Column 3: Give the call Column 4: Give the broat the case of Mexican or Cal Column 5: Give the mon first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no a distant state agulations, action. Do n. Lucy" or "N n was broad sign of the adcast station and day ive "5/7." es when the . Example: er "R" if the and regulat rogramming	attach additionnetwork televition and that yor authorizatio of use general BA Basketball deast live, entestation broadcon's location (tions, if any, the when your system a program car listed program cions in effect of	nal pages. vision program (substitute vour cable system substiturns. See page (vi) of the geategories like "movies", categories like "your en at the substitute program was carried by your ried by a system from 6:0° in was substituted for programing the accounting perioduring the accounting perioduring the accounting perioduring substitute.	program) that ted for the prepared instruc- pr "basketbal No." am. e station is lice e station is ic program. Us cable syster l:15 p.m. to 6 amming that bd; enter the	it, during the accounting ogramming of another citions located in the papil". List specific programmers by the FCC or, identified). See numerals, with the man. List the times accurate 5:28:30 p.m. should be your system was requiletter "P" if the listed pr	station per n n n nonth tely	
	UDCTITUE		4		EN SUBSTITUTE	7. REASON	
	2. LIVE?	TE PROGRAM 3. STATION'S		5. MONTH	IAGE OCCURRED 6. TIMES	FOR DELETION	
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	DELETION	
					_		
					_		
					_		
					_		
		 					
		 					

ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 11615 Viking Electronics, Inc. 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 DATE **FROM** DATE **FROM** TO

Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the

17,702.33

submitting the

additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Viking Electronics, Inc. 11615										
	CHANNELS										
M 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										
	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 Shari Flanders Telephone 701-284-4343										
	Address 110 4th Street E (Number, street, rural route, apartment, or suite number)										
	Park River, ND 58270 (City, town, state, zip)										
	Email sflanders@polartel.com Fax (optional)										
_	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 identifed in line 1 of space B; or										
	[(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	prints corre									
	(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.										
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]										
	/s/ Karl Blake										
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "F2" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.										
	Typed or printed name: Karl Blake										
	Title: Executive Vice President (Title of official position held in corporation or partnership)										
	Date: January 17, 2020										

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Viking Electronics, Inc.	11615	Name					
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		P Special Statement Concerning Gross Receipts Exclusion					
Name Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.		Q					
Line 1 Enter the amount of late payment or underpayment		Interest Assessment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- lays						
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>						
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- ge)						
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served Accounting period ID number							

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DSE SCHEDULE. PAGE 11.

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

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

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

1.064% of gross receipts

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

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

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

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

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

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

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

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

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

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

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

EXAMPLE:

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

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

Distant Stations Carri	ed	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00
x .01064
\$83.34.00

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

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94

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

DSE SCHEDULE, PAGE 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID											
-	Viking Electronics, Inc.					11615						
	SUM OF DSEs OF CATEGO											
	Add the DSEs of each station											
	Enter the sum here and in line	e 1 of part 5 of this	schedule.	ļ.	2.25							
	Instructions:					_						
2	In the column headed "Call	Sign": list the cal	I signs of all distant stat	ions identified	d by the letter "O" in colu	nn 5						
	of space G (page 3).	=	_		-							
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."											
Category "O"	, 3		CATEGORY "O" STATION	NS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	CBWT	1.000										
	CKY	1.000										
	KGFE	0.250										
						<u> </u>						
A alal manna		<mark>.</mark>		<u>[</u>								
Add rows as												
necessary.												
Remember to copy		<u> </u>		†								
all formula into new												
rows.		···										
		···										
				1								
						<mark>- }</mark>						
		<mark></mark>				<mark></mark>						
						<mark>- }</mark>						
		<u> </u>		ł								
		···										
						<mark>- }</mark>						
		<mark></mark>										
		···				.						
		<u> </u>		ł								

TOTAL NUMBER OF DSEs

prints correctly

prints correctly

2.25

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

LEGAL NAME OF C	WNER OF CABLE	SYSTEM:					S	YSTEM ID#	Nama
Viking Electro	nics, Inc.							11615	Name
Instructions: Block A must be completed. In block A: • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the								6	
schedule.								· ·	
If your answer if "No," complete blocks B and C below. BLOCK A: TELEVISION MARKETS								Computation of	
Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981? Yes—Complete part 8 of the schedule—DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.									3.75 Fee
X No—Comp	lete blocks B and	C below.							
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1: List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (Note: The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)									
Column 2: Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) PERMITTED A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)] B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.63(a) referring to 76.61(b)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)] D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). E Carried pursuant to individual waiver of FCC rules (76.7) *F A station previously carried on a part-time or substitute basis prior to June 25, 1981 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)] M Retransmission of a distant multicast stream.									
Column 3:		stations iden	tified by the le	parts 2, 3, and 4 c tter "F" in column 2			rksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
CBWT	Α	1.00							
CKY KGFE	A C	1.00 0.25							
								·····	
								2.25	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	•								
Line 3: Subtract (If zero, I				r of DSEs subjec 7 of this schedu		rate.	n		
Line 4: Enter gro	oss receipts from	n space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				^		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7)		\$		

DSE SCHEDULE. PAGE 14.

SYSTEM ID#TEM ID#

Nama	LEGAL NAME OF OWN	IER OF CABLE SYSTEM	И:			SYSTEM ID#TEM ID#			
Name	Viking Electronics, Inc. 11615 #								
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections								
		PERMITTED	DSE FOR STATIONS	CARRIED ON A PART-TIM	ME AND SUBSTITUTE BA	ASIS			
	1. CALL	2. PRIOR	3. ACCOUNTING	4. BASIS OF	5. PRESENT	6. PERMITTED			
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE			
7 Computation of the Syndicated		"Yes," complete block	and C blank and comple	ete part 8 of the DSE sched					
Exclusivity									
Surcharge	l — ''	-	op 100 major television r	narket as defined by section		t June 24, 1981?			
	Yes—Complete	blocks B and C .		No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK C: Computation of Exempt DSEs					
		block B of part 6 the				•			
		ion that places a grade			Was any station listed in block B of part 7 carried in any community served by the cable system prior to March 31, 1972? (refer				
		tation below with its appr	opriate permitted DSF	Yes—List each st	iate permitted DSF				
	X No—Enter zero a	nd proceed to part 8.			nd proceed to part 8.				
			<u> </u>	_					
	CALL SIGN	DSE CAI	L SIGN DSE	CALL SIGN	DSE CALL S	IGN DSE			

		 			H				
1			AL DSEs 0.0		TOTAL D	OSEs 0.00			

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Viking Electronics, Inc. SYSTEM ID# 11615	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE	
Section 1	Enter the amount of gross receipts from space K (page 7)	7
Section 2	A. Enter the total DSEs from block B of part 7	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below.	
	SECTION 3: TOP 50 TELEVISION MARKET	
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	
	A. Enter 0.00599 of gross receipts (the amount in section1)	
	B. Enter 0.00377 of gross receipts (the amount in section .1)	
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.	
	A. Enter 0.00599 of gross receipts (the amount in section 1)	
	B. Enter 0.00377 of gross receipts (the amount in section 1)	
	C. Multiply line B by 3.000 and enter here	
	D. Enter 0.00178 of gross receipts (the amount in section 1)	
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here	
	F. Multiply line D by line E and enter here	
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	
	L SECTION 4: SECOND 50 TELEVISION MARKET	
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?	
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	
	B. Enter 0.00189 of gross receipts (the amount in section 1)	
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here	
	D. Multiply line B by line C and enter here	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge	

Name	_	ME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Viking Electronics, Inc. 11615					
	<u>'</u>	Viking Electronics, Inc. 11615					
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.					
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$					
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1)					
Surcharge		C. Multiply line B by 3.000 and enter here					
		D. Enter 0.00089 of gross receipts (the amount in section 1)					
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter hereu					
		F. Multiply line D by line E and enter here					
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)					
		Syndicated Exclusivity Surcharge.					
8 Computation of Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS					
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?					
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.					
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE					
	Section 1	Enter the amount of gross receipts from space K (page 7)					
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)					
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)					
		C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here					
		and in block 3, line 1, space L (page 7) Base Rate Fee					

	EM ID# 11615	Name
Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.		_
A. Enter 0.01064 of gross receipts (the amount in section 1)		8
B. Enter 0.00701 of gross receipts (the amount in section 1)	tic	omputa ion of Base
C. Multiply line B by 3.000 and enter here \$	R	Rate Fee
D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here		
F. Multiply line D by line E and enter here >		
G. Add lines A, C, and F. This is your base rate fee Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	_	
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals	nnals	
shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channups in Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to e receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advanthis exclusion, you must: First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the report of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part of must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B b However, if your cable system is wholly located outside all major television markets, complete block A only.	exclude tage of same number of h group. Sy, you elow.	Gomputa tion of Base Rate Fee and Syndicat ed Exclusivi ty surcharg
How to Identify a Subscriber Group for Partially Distant Stations Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station y carried to that community.		for Partially Distant
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station the same token, the station is distant to the subscriber.)	d	
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a consist entirely of subscriber group when the distant stations it carried have local service areas that coincide.		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subgroups.	scriber	
 In each section: Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. 	ne	
• If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in par and 4 of this schedule; or,	ts 2, 3,	
2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block part 6 of this schedule.	В,	
 Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instru 	ıctions	

LEGAL NAME OF OWNER Viking Electronics		E SYSTEM:					SYSTEM ID# 11615	Nome
	BLOCK	A: COMPUTATION	OF BASE	RATE FEES FOR E	ACH SUBS	SCRIBER GROUP		
FIRST SUBSCRIBER GROUP					SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA	Gilby, I	Michigan		COMMUNITY/ AREA	Cavalier	, Cavalier AF, Crys	tal,	9
Petersburg, Adams	s, Fordville,	Edinburg, Pisek, Park Ri	ver	Hensel, Mounta	ain, Neche, P	embina, St. Thomas, Dray	ton (Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CBWT	1.00					 		ase Rate F
CKY	1.00							and
								Syndicated
								Exclusivity
								Surcharge
						H		for
Inkator Nicaoro A	noto	-						Partially
Inkster, Niagara, A Dahlen, Fairdale, L								Distant
Daillell, Falluale, L	alikili					H		Stations
	ļ 							
	ļ .							
	ļ 							
Total DSEs	1		2.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	s 453,	893.66	Gross Receipts Second Group \$ 453,939.96				
Base Rate Fee First Gr			011.22	Base Rate Fee Secor	nd Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	5		FOURTH	SUBSCRIBER GROUP		4
COMMUNITY/ AREA	Hunter,	Arthur-Cass Cou	nty	COMMUNITY/ AREA	Galesbu	irg		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CKY	1.00			CKY	1.00			
CBWT	1.00			CBWT	1.00	—		
KGFE	0.25			KGFE	0.25			
		-						
	ļ							
	ļ 							-
	ļ 							
	l							
	ļ							"
Total DSEs			2.25	Total DSEs	•	-	2.25	
Gross Receipts Third G	roup	s 36	125.10				9,267.28	
	- ~P	. 00,		2.555 . tossipto i suiti	. J. 5	<u>·</u>		
Base Rate Fee Third G	roup	\$	700.92	Base Rate Fee Fourti	h Group	\$	179.81	
Base Rate Fee: Add th Enter here and in block	e base rat	te fees for each subso	criber grou	p as shown in the box	es above.	e 41	0,054.12	
Enter here and in block	o, iine 1, s	pace L (page /)				\$ 10	U,UU4.12	

Viking Electronics	, IIIC.						SYSTEM ID# 11615	Name
	BLOCK	A: COMPUTATION	OF BASI	E RATE FEES FOR E	ACH SUBS	CRIBER GROUP		
	FIFTH :	SUBSCRIBER GRO	JP	<u> </u>	SIXTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA	Nekoma	a		COMMUNITY/ AREA	Brocket,	Edmore, Lakota		9 omputati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
CBWT	1.00	CALL CICIA	DOL	CBWT	1.00	CALL GIGIT		ase Rate I
	-		•					and
			•					Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant
								Stations
			<u> </u>					
Total DSEs			1.00	Total DSEs			1.00	
				<u></u>				
Gross Receipts First G	roup	\$ 5	,373.89	Gross Receipts Secon	d Group	\$ 103	3,852.88	
Base Rate Fee First G	iroup	\$	57.18	Base Rate Fee Secor	nd Group	\$	1,104.99	
	SEVENTH	SUBSCRIBER GRO	JP	ii –	EIGHTH	SUBSCRIBER GROUP	1	
COMMUNITY/ AREA	Hoople			COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-				-		
Total DSEs			0.00	Total DSEs			0.00	
	iroup	s 40			Group	\$		
Total DSEs Gross Receipts Third C	Group	\$ 40	0.00	Total DSEs Gross Receipts Fourth	Group	\$	0.00	
Gross Receipts Third C	·	\$ 40	,383.06	Gross Receipts Fourth		\$	0.00	
	·	s 40				\$		
Gross Receipts Third C	·	s 40	,383.06	Gross Receipts Fourth			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	h Group		0.00	
Gross Receipts Third C	Group he base rat	\$ te fees for each sub-	0.00	Gross Receipts Fourth	h Group		0.00	

ACCOUNTING PERIOD: 2019/2

Nonpermitted 3.75 Stations

CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Of see Rate and Syndicate	LEGAL NAME OF OWNE Viking Electronics		E SYSTEM:					SYSTEM ID# 11615	Minima
COMMUNITY AREA GIVEN, Michigan Petenburg, Adams, Forbills, Editoring Pieck, Park River CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OF Service CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE OF Service Servi		BLOCK	A: COMPUTATION	OF BASE	RATE FEES FOR EA	ACH SUBS	SCRIBER GROUP		
Petenburg, Adams, Proteins, Editolog, Plack, Park Row CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Se Rate and Se Rate Fee First Group 1 453,893.66 Base Rate Fee First Group 1 453,893.66 CALL SIGN DSE 0 CALL		FIRST	SUBSCRIBER GROU	IP		SECOND	SUBSCRIBER GROUP		
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE SRate series series and short district of the control	COMMUNITY/ AREA	Gilby,	Michigan		COMMUNITY/ AREA	Cavalier	, Cavalier AF, Crys	tal,	9
Security	Petersburg, Adams	s, Fordville,	Edinburg, Pisek, Park R	iver	Hensel, Mounta	in, Neche, P	embina, St. Thomas, Drayt	on (Computatio
and Syndicate Seculation Stations Stati	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	-1
Syndham Stochavit Stochavit Stochavit Stochavit Stochavit Stochavit Stochavit Stochavit Stochavit Stations of Partially Distant Stations of Partial Distant Stations of Part									ase Rate F
Sections Surchary Corporation (Section									4
Surcharg for Partially Distant Stations Inkster, Niagara, Aneta Dahlen, Fairdale, Lamkin Total DSEs 0.00 Total DSEs 0.00 Seceipts First Group 3 453,893.66 Gross Receipts Second Group 5 453,939.96 Gross Receipts First Group 5 0.00 Seceipts Second Group 6 0.00 Seceipts Second Group 6 0.00 Seceipts Second Group 7 0.00 Seceipts Second Group 7 0.00 Seceipts Second Group 8 0.00 Seceipts Second Group 9 0.00 Seceipts Fourth G									1
Total DSEs CALL SIGN DSE DS									Exclusivit
Partially Distant Stations Partially Distan									
Distant Stations Community Community									•
Inkster, Niagara, Aneta Dahlen, Fairdale, Lankin Dahlen, Fairdale, Lankin Dahlen, Fairdale, Lankin Total DSEs Gross Receipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County COMMUNITY/ AREA Galesburg CALL SIGN DSE COMMUNITY/ AREA Galesburg Total DSEs Gross Receipts Fourth Group S 0.00 Total DSEs Gross Receipts Fourth Group S 0.00									4
Inkster, Niagara, Anota Dahlen, Fairdale, Lankin Total DSEs Gross Receipts First Group ThiRD SUBSCRIBER GROUP COMMUNITY/AREA Hunter, Arthur-Cass County CALL SIGN DSE C									4
Dahlen, Fairdale, Lankin Total DSEs Gross Receipts First Group Total DSEs A53,893.66 Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL	Introtor Nicerce A								Stations
Total DSEs O.00 Gross Receipts First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE Total DSEs O.00 Total DSEs O.00 Base Rate Fee Second Group COMMUNITY/ AREA Base Rate Fee Second Group TOTAL DSES CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE TOTAL DSES O.00 Base Rate Fee Fourth Group S O.00 TOTAL DSES O.00 Base Rate Fee Fourth Group S O.00 DOTAL DSES O.00 Base Rate Fee Fourth Group S O.00 DOTAL DSES O.00 DOTAL DSES O.00 Base Rate Fee Fourth Group S O.00 DOTAL DSES O.00 DOTAL D									
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL	Danien, Fairdale, L	ankin							
Gross Receipts First Group S									
Gross Receipts First Group S									.
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL									.
Gross Receipts First Group Base Rate Fee First Group THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL									_
Base Rate Fee First Group \$ 0.00 THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Second Group \$ 0.00 COMMUNITY/ AREA Galesburg CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Feer Hunter Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Total DSEs			0.00	Total DSEs 0.00			0.00	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL SIGN	Gross Receipts First Gr	oup	\$ 453,	893.66	Gross Receipts Second	d Group	<u>\$</u> 453	3,939.96	
THIRD SUBSCRIBER GROUP COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CALL SIGN									
COMMUNITY/ AREA Hunter, Arthur-Cass County CALL SIGN DSE CA	Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN		THIRD	SUBSCRIBER GROU	IP		FOURTH	SUBSCRIBER GROUP		
Total DSEs Gross Receipts Third Group S 36,125.10 Base Rate Fee Third Group S 0.00 Base Rate Fee Fourth Group S 0.00 Base Rate Fee Fourth Group S 0.00 Base Rate Fee Fourth Group S 0.00 Consum Receipts Fourth Group S 0.00	COMMUNITY/ AREA	Hunter,	Arthur-Cass Cou	ınty	COMMUNITY/ AREA	Galesbu	rg		
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									<u> </u>
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									.
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									.
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									.
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		ļ							-
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		ļ							
Gross Receipts Third Group \$ 36,125.10 Base Rate Fee Third Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		<u> </u>							_
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs				Total DSEs		 -		
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third G	roup	\$ 36,	125.10	Gross Receipts Fourth	Group	\$	9,267.28	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ 6,923.21	Base Rate Fee Third G	iroup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
				criber grou	up as shown in the box	es above.	s 6	5,923.21	

ACCOUNTING PERIOD: 2019/2

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNE Viking Electronics		E SYSTEM:					SYSTEM ID# 11615		
	BLOCK	A: COMPUTATION	OF BASE	RATE FEES FOR E	EACH SUBS	SCRIBER GROUP			
FIFTH SUBSCRIBER GROUP				SIXTH SUBSCRIBER GROUP					
COMMUNITY/ AREA	Nekoma	3		COMMUNITY/ AREA	COMMUNITY/ AREA Brocket, Edmore, Lakota				
CALL CICAL	L DOE	CALLEIGN	DCE	CALL CICAL	DOE	L CALL CICAL	1	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CKY	1.00	CALL SIGN	DSE	of ase Rate F	
					1.00			and	
								Syndicated	
								Exclusivity	
								Surcharge	
								for	
						_		Partially	
								Distant	
								Stations	
	-								
	1							1	
Total DSEs			0.00	Total DSEs			1.00		
Gross Receipts First Gr	oup	\$ 5,	373.89	Gross Receipts Secon	Gross Receipts Second Group \$ 103,852.88				
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	3,894.48		
S	SEVENTH	SUBSCRIBER GROU	P		EIGHTH	SUBSCRIBER GROUP)		
COMMUNITY/ AREA	Hoople			COMMUNITY/ AREA 0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
CBWT	1.00								
CKY	1.00								
	ļ								
	ļ								
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	ļ .								
	L .						<u> </u>		
Total DSEs			2.00	Total DSEs		0.00			
Gross Receipts Third G	roup	\$ 40,	383.06	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third G	iroup	\$ 3,	028.73	Base Rate Fee Four	th Group	\$	0.00		
Pena Peta Face Add d	a boss == 1	a face for each and	ouib		was share				
Base Rate Fee: Add the Enter here and in block			criber grou	up as snown in the bo	xes above.	\$			
	, -1	,							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Viking Electronics, Inc.	11615							
	BLOCK B: COMPUTATION OF SYNDICATED EXCL	LUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP							
9	If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined								
	Syndicated Exclusivity Surcharge. Indicate which major television mai by section 76.5 of FCC rules in effect on June 24, 1981:	rket any portion of your cable system is located in as defined							
Computation of	First 50 major television market	Second 50 major television market							
Base Rate Fee	INSTRUCTIONS:								
and	Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of								
Syndicated	this schedule.	oup for the VHF Grade B contour stations that were classified as							
Exclusivity Surcharge	Exempt DSEs in block C, part 7 of this schedule. If none ent								
for	Step 3: In line 3, subtract line 2 from line 1. This is the total num								
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.								
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP							
		GEGGNE GOBGGNEEN GNGGI							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1 and enter here. This is the	Line 3: Subtract line 2 from line 1							
	total number of DSEs for	and enter here. This is the total number of DSEs for							
	this subscriber group	this subscriber group							
	subject to the surcharge	subject to the surcharge							
	computation	computation							
		CANDICATED EXCLUSIVITY							
	SYNDICATED EXCLUSIVITY SURCHARGE	SYNDICATED EXCLUSIVITY SURCHARGE							
	First Group	Second Group							
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP							
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs							
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs							
	Line 3: Subtract line 2 from line 1	Line 3: Subtract line 2 from line 1							
	and enter here. This is the	and enter here. This is the							
	total number of DSEs for	total number of DSEs for							
	this subscriber group subject to the surcharge	this subscriber group subject to the surcharge							
	computation	computation							
	SYNDICATED EXCLUSIVITY	SYNDICATED EXCLUSIVITY							
	SURCHARGE	SURCHARGE							
	Third Group	Fourth Group							
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge fo in the boxes above. Enter here and in block 4, line 2 of space L (page								
1									