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					
	\$				
0.07.00	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										
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									
	AVENUE BROADBAND COMMUNICATIONS, LLC									
				204242019/2						
				20424						
	210 E EARLL DRIVE PHOENIX, AZ 85012									
C	INSTRUCTIONS: In line 1, give any business or trade names used to	identify the busine	ess and operation of the sy	stem unless these						
С	names already appear in space B. In line 2, give the mailing address of	of the system, if di	fferent from the address gi	ven in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM: AVENUE BROADBAND COMMUNICATIONS, LLC D/I	B/A NEWWAV	E COMMUNICATIONS	5						
	MAILING ADDRESS OF CABLE SYSTEM: 3000 N WESTWOOD BLVD. (Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63902 (City, town, state, zip code)									
D	Instructions: For complete space D instructions, see page 1b. Identify	v only the frst com	nmunity served below and i	relist on page 1b						
Area	with all communities.	,,								
Served	CITY OR TOWN	STATE								
First	VINCENNES IN									
Community Below is a sample for reporting communities if you report multiple channel line-ups in Space G.										
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#						
Sample	Alda	MD	Α	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 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:

AVENUE BROADBAND COMMUNICATIONS, LLC

20424

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

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#
VINCENNES	IN	Α	1
MONROE CITY	IN	Α	1
WHEATLAND	IN	Α	1
BRUCEVILLE	IN	Α	1
UNIC. KNOX COUNTY	IN	Α	1
UNIC. LAWRENCE COUNTY	IN	Α	1
BRIDGEPORT	IL	Α	1
LAWRENCEVILLE	IL	Α	1
UNINC. DAVIES COUNTY	IN	Α	1
WASHINGTON	IN	Α	1
EDWARDSPORT	IN	Α	2
FREELANDVILLE	IN	Α	2
BICKNELL	IN	Α	2
UNINC. MARTIN COUNTY	IN	Α	2
LOOGOOTEE	IN	Α	2
UNINC. GIBSON COUNTY	IN	В	3
OAKLAND CITY	IN	В	3
UNINC. PIKE COUNTY	IN	В	3
WINSLOW	IN	В	3
PETERSBURG	IN	В	3
ST. FRANCISVILLE	IL	С	4
SHOALS	IN	Α	2
BRAZIL	IN	D	5
CARBON	IN	D	5
HARMONY	IN	D	5
KNIGHTSVILLE	IN	D	5
STAUNTON	IN	D	5
UNINC. CLAY COUNTY	IN	D	5
ROSEDALE	IN	D	5
UNINC. PARKE COUNTY	IN	D	5
FONTANEL	IN	D	6
TERRE HAUTE	IN	D	6
SANDOUT	IN	D	6
SEELEYVILLE	IN	D	6
SUMNER	IL	С	4
SHEPARDSVILLE	IN	D	6
TECUMSEH	IN	D	6
UNINC. VIGO COUNTY	IN	D	6
FAIRVIEW PARK	IN	Е	7

First Community

See instructions for additional information on alphabetization.

Add rows as necessary.

	CLINTON	IN	E	7
	UNIVERSAL	IN	E	7
	VERMILLION	IN	E	7
	COATSVILLE	IN	F	8
"				

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

AVENUE BROADBAND COMMUNICATIONS, LLC

20424

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

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#
AMO	IN	F	8
CLAYTON	IN	F	8
STILESVILLE	IN	F	8
UNINC. HENDRICKS COUNTY	IN	F	8
NASHVILLE	IN	G	9
CORDY	IN	G	9
UNINC. BROWN COUNTY	IN	G	9
UNINC. BARTHOLOMEW COUNTY	IN	G	9
NINEVEH TWP	IN	G	9
EDINBURGH	IN	G	9
PRINCESS LAKE	IN	G	9
SWEETWATER LAKE	IN	G	9
TRAFALGAR	IN	G	9
FRENCH LICK	IN	Н	10
ORLEANS TWP	IN	Н	10
PAOLI TWP	IN	Н	10
WEST BRADEN SPRINGS	IN	Н	10
UNINC. ORANGE COUNTY	IN	Н	10
MITCHELL	IN	I	11
MARION TWP	IN	I	11
BEDFORD	IN	I	11
UNINC. LAWRENCE COUNTY	IN	l	11

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:

AVENUE BROADBAND COMMUNICATIONS, LLC

20424

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.

BLOCK 1					BLOCK 2				
047500074050507405	NO. OF		DATE			NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	Ц	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:									
 Service to first set 	9,661	\$	27.00						
 Service to additional set(s) 									
 FM radio (if separate rate) 									
Motel, hotel	413	\$	53.25						
Commercial									
Converter									
 Residential 									
 Non-residential 		ļ							
		h		1 '''					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R	ATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable	\$9-\$18	Motel, hotel			EXPANDED BASIC	58.00-62.00
 Pay cable—add'l channel 		Commercial			DIGITAL FAMILY PLUS	\$13.00
Fire protection		• Pay cable			STARZ SUPER PAK	\$18.00
Burglar protection		 Pay cable-add'l channel 			НВО	\$18.00
Installation: Residential		Fire protection			HBO THE WORKS	\$27.00
• First set	\$ 35.00	Burglar protection			CINEMAX	\$13.00
Additional set(s)		Other services:			SHOWTIME UNLIMITED	\$ 18.00
 FM radio (if separate rate) 		Reconnect	\$	40.00		
Converter		Disconnect				
		 Outlet relocation 	\$	30.00		
		 Move to new address 	\$	30.00		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name AVENUE BROADBAND COMMUNICATIONS, LLC 20424 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 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WTWO** TERRE HAUTE, IN 36 Ν No **WAWV** 39 Ν No TERRE HAUTE, IN See instructions for additional information WNIN 9 Ε No **EVANSVILLE, IN** on alphabetization. **EVANSVILLE, IN WTVW** 28 ı No **WVUT 22** Ε No VINCENNES, IN WTHI 10 N No TERRE HAUTE, IN WTHI-2 10.2 I-M No TERRE HAUTE, IN **WVUT-2** VINCENNES, IN 22.2 E-M No WTHI-3 10.3 I-M No TERRE HAUTE, IN I-M WTWO-2 36 No TERRE HAUTE, IN

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 AB 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **WEVV** 45 **EVANSVILLE, IN** Ν No WEVV-2 45.2 N-M No **EVANSVILLE, IN** WNIN 9 Ε No **EVANSVILLE, IN** WTVW **EVANSVILLE, IN** 28 ı No WFIE-2 46 Ν No **EVANSVILLE, IN** 7 N WEHT No **EVANSVILLE, IN WVUT** 22 Ε No VINCENNES, IN WFIE 46 Ν No **EVANSVILLE, IN** 7 WEHT-2 I-M No **EVANSVILLE, IN**

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 20424 **AVENUE BROADBAND COMMUNICATIONS, 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 AC 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** (Yes or No) **CARRIAGE** OF **NUMBER STATION** (If Distant) **WTWO** Ν TERRE HAUTE, IN 36 No WTVW 28 ı No **EVANSVILLE, IN** WUSI 19 Ε No OLNEY, IL WTHI 10 Ν No TERRE HAUTE, IN WTHI-2 10.2 I-M No TERRE HAUTE, IN **WAWV** 39 Ν No TERRE HAUTE, IN WTHI-3 10.3 I-M No TERRE HAUTE, IN WTWO-2 36 I-M No TERRE HAUTE, IN

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** (Yes or No) **CARRIAGE** SIGN OF **NUMBER STATION** (If Distant) WTIU 14 Ε **BLOOMINGTON, IN** No WTHI 10 Ν No TERRE HAUTE, IN WTHI-2 10.2 I-M No TERRE HAUTE, IN **WAWV** 39 N No TERRE HAUTE, IN **WTWO** 36 Ν No TERRE HAUTE, IN WTHI-3 10.3 I-M No TERRE HAUTE, IN WTWO-2 36 I-M No TERRE HAUTE, IN

FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **CHANNEL** (Yes or No) **CARRIAGE** SIGN OF **NUMBER STATION** (If Distant) WTIU Yes 14 Ε 0 **BLOOMINGTON, IN** WTHI 10 Ν No TERRE HAUTE, IN WTHI-2 10.2 I-M No TERRE HAUTE, IN **WAWV** 39 N No TERRE HAUTE, IN **WTWO** 36 Ν No TERRE HAUTE, IN WTHI-3 10.3 I-M No TERRE HAUTE, IN WTWO-2 36 I-M No TERRE HAUTE, IN

ACCOUNTING PERIOD: 0 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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. OLIANDIEL LINE LID AE

		CHANN	EL LINE-UP	AF	
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
WNDY	32	ı	No		MARION, IN
WTTV	48	I	No		BLOOMINGTON, IN
WTTV-2	48.2	I-M	No		BLOOMINGTON, IN
WTHR	13	N	No		INDIANAPOLIS, IN
WRTV	25	N	No		INDIANAPOLIS, IN
WXIN	45	I	No		INDIANAPOLIS, IN
WXIN-2	45.2	I-M	No		INDIANAPOLIS, IN
WISH	9	I	No		INDIANAPOLIS, IN
WIPX	27	I	No		BLOOMINGTON, IN
WNDY-2	32.2	I-M	No		MARION, IN
WCLJ	42	I	No		BLOOMINGTON, IN
WHMB	20	I	No		INDIANAPOLIS, IN
WFYI	21	E	No		INDIANAPOLIS, IN
WISH-2	9.2	I-M	No		INDIANAPOLIS, IN
WXIN-3	45.3	I-M	No		INDIANAPOLIS, IN
WTTV-3	48.3	I-M	No		BLOOMINGTON, IN

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) WTIU 14 Ε **BLOOMINGTON, IN** No WTTV 48 ı No **BLOOMINGTON, IN** WTTV-2 48.2 I-M No **BLOOMINGTON, IN** INDIANAPOLIS, IN **WTHR** 13 Ν No WRTV 25 Ν No INDIANAPOLIS, IN **WXIN** 45 I No INDIANAPOLIS, IN WXIN-2 45.2 I-M No INDIANAPOLIS, IN WISH 9 ı No INDIANAPOLIS, IN 27 **WIPX** ı No **BLOOMINGTON, IN WNDY 32** I No MARION, IN WCLJ 42 ı **BLOOMINGTON, IN** No INDIANAPOLIS, IN **WHMB** 20 ı No WFYI INDIANAPOLIS, IN 21 Ε No WISH-2 9.2 I-M No INDIANAPOLIS, IN WNDY-2 32.2 I-M No MARION, IN WXIN-3 45.3 INDIANAPOLIS, IN I-M No WTTV-3 48.3 I-M **BLOOMINGTON, IN** No

INDIANAPOLIS, IN

WISH-3

9

ı

ACCOUNTING PERIOD: 0 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 AH 3. TYPE 4. DISTANT? 1. CALL 2. B'CAST 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) WNDY-2 32.2 I-M Yes 0 MARION, IN WBKI 34 ı No CAMPBELLSVILLE, KY **WAVE** 47 Ν No LOUISVLLE, KY **WDRB** 49 LOUISVILLE, KY ı No **WHAS** 11 Ν No LOUISVILLE, KY WTIU 14 Ε No **BLOOMINGTON, IN**

WCLJ **BLOOMINGTON, IN** 42 ı No WAVE-2 LOUISVILLE, KY 47.2 I-M No 27 **WIPX** ı 0 Yes **BLOOMINGTON, IN WNDY 32** I Yes 0 MARION, IN **WLKY** 26 Ν LOUISVILLE, KY No WDRB-2 49.2 I-M LOUISVILLE, KY No

ACCOUNTING PERIOD: 0 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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	Al	
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
WNDY	32	I	No		MARION, IN
WAVE	47	N	No		LOUISVLLE, KY
WDRB	49	I	No		LOUISVILLE, KY
WHAS	11	N	No		LOUISVILLE, KY
WTIU	14	Е	No		BLOOMINGTON, IN
WCLJ	42	I	No		BLOOMINGTON, IN
WAVE-2	47.2	I-M	No		LOUISVILLE, KY
WIPX	27	I	No		BLOOMINGTON, IN
WNDY-2	32.2	I-M	No		MARION, IN
WLKY	26	N	No		LOUISVILLE, KY
WTTV-2	48.2	I-M	No		BLOOMINGTON, IN
WXIN	45	I	No		INDIANAPOLIS, IN
WXIN-2	45.2	I-M	No		INDIANAPOLIS, IN
WISH	9	I	No		INDIANAPOLIS, IN
WISH-2	9.2	I-M	No		INDIANAPOLIS, IN

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 AO 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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 **CARRIAGE CHANNEL** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **AVENUE BROADBAND COMMUNICATIONS, LLC** 20424 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: 0 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 20424 AVENUE BROADBAND COMMUNICATIONS, 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

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

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 0

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				S	YSTEM ID#	
AVENUE BROADBAND	COMMU	INICATIONS	, LLC				20424	Name
SUBSTITUTE CARRIAGI	F SPECIA	AL STATEME	NT AND PROGRAM I OC	3				
In General: In space I, ident substitute basis during the a explanation of the programm form.	tify every non	nnetwork televi eriod, under sp	sion program broadcast by ecific present and former FC	a distant stati CC rules, regu	ulations, or aut	horizations.	. For a further	Substitute
1. SPECIAL STATEMENT	Γ CONCER	NING SUBSI	TITUTE CARRIAGE					Carriage:
During the accounting per broadcast by a distant state	riod, did you			is, any nonne		ion prograr Yes		Special Statement and Program Log
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	m	
period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love I Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please and every not distant state gulations, of ation. Do not be used to a sign of the state and and day we "5/7." es when the Example: a sign of the state and regulation of the	am on a separa attach addition nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadca on's location (tlons, if any, the when your system a program carrolisted program ons in effect d	rision program (substitute pour cable system substitute pour cable system substitute as. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." er "Yes." Otherwise enter "Nasting the substitute prograte community to which the community with which the stem carried the substitute or gram was carried by your ied by a system from 6:01:	program) that ad for the pro- neral instructi r "basketball" No." am. station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	t, during the a gramming of a ions located in ". List specific ensed by the entified). The numerals, where the entified is a second part of the time and the entified is a second part of the entified in the entified is a second part of the entified in the	ccounting another stands the paper of program FCC or, in with the more accurate ould be was require listed pro	ntion nth	
S	UBSTITUT	E PROGRAM	1		EN SUBSTIT		7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIN		FOR DELETION	
					_			
					_	•		
					_			
						••••••		

						••••••		
					<u> </u>			

					_			
					_			
					_			
					_			
					_			
					_			

ACCOUNTING PERIOD: 0 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name AVENUE BROADBAND COMMUNICATIONS, LLC 20424 **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** TO **FROM** TO DATE DATE

	IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
AVE	ENUE BROADBAND COMMUNICATIONS, LLC	20424	
Inst all a (as i page	DSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's seco dentifed in space E) during the accounting period. For a further explanation of how to coe (vii) of the general instructions.	ndary transmission service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	\$ 3,126,314.63	
11411	OKTANT. Tou must complete a statement in space it concerning gross receipts.	(Amount of gross receipts)	
InstructionCommonIf you fee for the second of the second of	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: hplete block 1, showing your minimum fee. hplete block 2, showing whether your system carried any distant television stations. hur system did not carry any distant television stations, leave block 3 blank. Enter the among block 1 on line 1 of block 4, and calculate the total royalty fee. hur system did carry any distant television stations, you must complete the applicable parampanying 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 be k 3 below.	e entered on line 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be e low.	entered on line 2 in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shoublock 4 below.	uld be entered on line	
	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.	e is 1.064 percent of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064	\$ 3,126,314.63	
	Enter the result here. This is your minimum fee.	\$ 33,263.99	
	 DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colum "Yes" in this block. Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and control to the property of the p	n 4, you must check	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero	\$ 2,131.33	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero	0.00	
	Line 3. Add lines 1 and 2 and enter here	\$ 2,131.33	
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	\$ 33,263.99	Cable systems
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.	0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE	\$ 725.00	additional fees. Division for the
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$ 33,988.99	appropriate form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Significant depayment instructions located in the paper SA3 form for more information.)	See page (i) of the	

ACCOUNTING PERIOD: 0 FORM SA3E. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	AVENUE BROADBAND COMMUNICATIONS, LLC	20424							
	CHANNELS	CHANNELS							
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations								
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of channels on which the cable								
	system carried television broadcast stations								
	2. Enter the total number of activated channels								
	on which the cable system carried television broadcast stations								
	and nonbroadcast services								
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual								
	we can contact about this statement of account.)								
Individual to Be Contacted									
for Further	Name EMERSON YEARWOOD Telephone 602-364-6195	5							
Information									
	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								
	- Tax (optional) 302 301 3010								
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)								
0									
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corporation or partnership) I am the owner of the cable system as 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	d							
	in line 1 of space B and that the owner is not a corporation or partnership; or								
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable sy 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)]								
	/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 t button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	he "F2"							
	T AND THE PAYMOND STOREY								
	Typed or printed name: RAYMOND STORCK								
	THE VICE PRECIDENT								
	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#				
AVENUE BROADBAND COMMUNICATIONS, LLC	20424	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? X NO YES. Enter the total here and list the satellite carrier(s) below	missions	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 unde 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	- days				
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	est charge)				
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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.

DSE SCHEDULE. PAGE 11. (CONTINUED)

4	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Î.	AVENUE BROADBAND COMMUNICATIONS, LLC								
	SUM OF DSEs OF CATEGORY "O" STATIONS:								
	 Add the DSEs of each station Enter the sum here and in line 	3.75							
		. or part o or tille	, conoculo.						
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5								
	of space G (page 3).								
Computation of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-								
Category "O"	mercial educational station, give the DSE as ".25." CATEGORY "O" STATIONS: DSEs								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	WRTV	0.250							
	WTHR	0.250							
	WTIU	0.250							
	WNDY	1.000							
A.I.I.	WNDY-2	1.000							
Add rows as	WIPX	1.000							
necessary. Remember to copy									
all formula into new	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
rows.									

,			= 111111111111111111111111111111111111

Name		WNER OF CABLE SYSTEM: DADBAND COMMUN	IICATIONS, LLC				S	YSTEM ID# 20424
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should of Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all dista For each station, give the correspond with the infor For each station, give the Divide the figure in colu at least to the third decir For each independent status as ".25."	he number of hours y mation given in space he total number of hourn 2 by the figure in mal point. This is the station, give the "type lumn 4 by the figure in	our cable systent our cable systent on a J. Calculate on urs that the station column 3, and go "basis of carriage" or alue" as "1.0."	n carried the station carried the station one DSE for each property of the result in devalue" for the state of the state o	on during the accounting ach station. In the air during the accounting the accounting the accounting the accounting the accounts and the accounts are accounts are accounts and the accounts are accounts are accounts are accounts and the accounts are accounts and the account are accounts and the account accounts are accounts and the accounts are accounts and the accounts are accounts are accounts and the accounts are accounts are accounts and the accounts are accounts are accounts and the accounts are accounts are accounts and accounts are accounts and account accounts are accounts and accounts are accounts and account accounts are accounts and accounts are accounts and accounts are accounts and accounts are accounts are accounts and accounts are accounts and accounts are accounts and accounts are accounts and accounts are accounts are accounts and accounts are accounts are accounts and accounts are accounts and accounts are accounts are accounts are accounts and accounts are accounts are accounts are accounts and accounts are accounts are accounts and account accounts are accounts and accounts are accounts and account accounts are accounts and accounts are accounts and accounts are accounts and accounts are accounts account accounts account accounts are accounts account accounts account accounts are accounts account accounts and accounts account accounts account account accounts account accounts a contract accounts account accounts a contract accounts account account account account account account accounts account ac	unting period. s figure must cational station, ess than the	
Capacity		C	ATEGORY LAC	STATIONS: (COMPUTATIO	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	JRS OF	IMBER HOURS ATION I AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE VALUE	6. DS	E
			÷	=		X	=	
			÷ ÷	=		x	=	
			÷			X		
			÷	=		X X	=	
			÷			X	=	
			÷	=		X	=	
	Add the DSEs of	OF CATEGORY LAC Soft each station. The here and in line 2 of page 2.				0.00		
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in effections in effections in effections. Broadcast of space I). Column 2: Fat your option. Column 3: Each Column 4: Each Column 4	ct on October 19, 1976 (the or more live, nonnetwo for each station give the This figure should corresenter the number of days Divide the figure in colum	itution for a program as shown by the lette ork programs during to number of live, nonnespond with the information in the calendar year an 2 by the figure in c	that your system or "P" in column 7 hat optional carriate etwork programs ation in space I. 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by the carried in substitution leap year. The the result in col	ograms) if that station: delete under FCC rules he word "Yes" in column 2 tution for programs that v umn 4. Round to no less he general instructions in	of were deleted than the third	m).
		SU	BSTITUTE-BASI	S STATIONS	S: COMPUTA	TION OF DSEs		
	1. CALL	2. NUMBER	3. NUMBER	4. DSE	1. CALL	2. NUMBER	3. NUMBER	4. DSE
	SIGN	OF PROGRAMS	OF DAYS IN YEAR		SIGN	OF PROGRAMS	OF DAYS IN YEAR	
		÷	=			÷		=
						÷		
		-				÷		=
		÷				÷		=
		÷	=			÷		=
	Add the DSEs of	OF SUBSTITUTE-BASI of each station. on here and in line 3 of pa			▶	0.00		
5		R OF DSEs: Give the am applicable to your system		in parts 2, 3, and	4 of this schedule	and add them to provide	the total	
Total Number	1. Number of	DSEs from part 2 ●			•		3.75	
of DSEs		DSEs from part 3 •					0.00	
		DSEs from part 4 ●					0.00	
	TOTAL NUMBEI	R OF DSEs				 ▶		3.75

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 0

	OWNER OF CABLE S		ONS, LLC				S	YSTEM ID# 20424	Name
Instructions: Blo	ck A must be comp	oleted.	<u>, </u>						•
 If your answer if schedule. 	"Yes," leave the re	mainder of pa	art 6 and part	7 of the DSE sched	ule blank and	complete part	8, (page 16) of th	е	6
	"No," complete blo			TELEVIOLONI NA	A DIVETO				Computation of
Is the cable system	m located wholly o			TELEVISION MA		rtion 76 5 of FC	CC rules and requ	lations in	3.75 Fee
effect on June 24, Yes—Com	, 1981? oplete part 8 of the	schedule—D0	•	PLETE THE REMAI			50 Talioo aliia Toga		
No—Comp	olete blocks B and								
0.1				RIAGE OF PERM					
Column 1: CALL SIGN	under FCC rules	and regulatione DSE Sched	ns prior to Jur Iule. (Note: Th	part 2, 3, and 4 of t ne 25, 1981. For fur ne letter M below re Act of 2010.)	ther explanati	ion of permitte	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 Noncommeric D Grandfathered instructions fo E Carried pursua *F A station pre-	les and regulated pursuant to on as defined al educational station (76.6 or DSE scheduant to individuationsly carried	ations cited be to the FCC man in 76.5(kk) (7) I station [76.595) (see paragule). al waiver of Fod on a part-time thin grade-B control of the control of th	ne or substitute bas contour, [76.59(d)(5	e in effect on .57, 76.59(b), .0(1), 76.63(a) 3(a) referring stitution of gratis prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered state	6.63(a) referring to .61(e)(1) ations in the		
Column 3:		e stations ider	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			orksheet on page 1	14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL SIGN	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WRTV	BASIS	0.25	SIGN	BASIS		SIGN	BASIS		
WTHR	D	0.25							
WTIU	С	0.25							
WNDY	D	1.00							
WNDY-2	M	1.00							
WIPX	D	1.00							
								3.75	
			U OCK C: CC						
		B	LOCK C. CC	OMPUTATION OF	3.75 FEE				
	e total number of	·							
Line 2: Enter the	sum of permitte	u does itom	I DIOCK B ADC)VE			ш		
				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply l	ine 4 by 0.0375 a	ınd enter sur	n here				X		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	Es from line (3						carriage? If yes, see part 9 instructions.
Line 7: Multiply l	ine 6 by line 5 an	d enter here	and on line	2, block 3, space	L (page 7)			0.00	

AVENUE BR	OADBAND COM	MMUNICA	TIONS, LLC	;				7STEM ID# 20424	Nama
		BLOCK	A: TELEVIS	SION MARKETS	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee

								•••••	

	LEGAL NAME OF OWN	NER OF CABLE	SYSTEM:						S	YSTEM ID#
Name	AVENUE BROA	ADBAND CO	OMMUNICATIO	NS, LLC						20424
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried price Column 1: List the column 2: Indicate Column 3: Indicate Column 4: Indicate Column 4: Indicate (Note that the Formal A—Part-time sports of 59) B—Late-night properties of 50 S—Substitute carbon gener Column 5: Indicate Column 6: Compare in block	or to June 25, 20 call sign for ea the DSE for the the accounting the basis of call call call call call call call cal	1981, under former ch distant station in distant station in station for a single period and year in arriage on which the egulations cited be mining: Carriage, of 10(1), or 76.63 (refer carriage under FCC certain FCC rules, in the paper SA3 for SE for the current res listed in column of part 6 for this state u give in columns 2	FCC rules gover dentified by the gle accounting part which the carries station was color pertain to the part time barring to 76.61(e) rules, sections accounting perms 2 and 5 and attion.	verriet lett per riaq arr tho asis)(1 s 7 aut ioc list	entifed by the letter "F" ning part-time and subster "F" in column 2 of priod, occurring between ge and DSE occurred (ried by listing one of the se in effect on June 24 s, of specialty programs)). 6.59(d)(3), 76.61(e)(3), thorizations. For further d as computed in parts the smaller of the two see accurate and is subject to the subjec	stitute carria art 6 of the January 1, e.g., 1981/ e following I , 1981.) ming under , or 76.63 (i r explanation 2, 3, and 4 figures her	age.) DSE schedule, 1978 and Jun 1). etters: FCC rules, se referring to on, see page (v of this schedule.	e 30, 19 ctions i) of the	81. e entered
		DEDIVITE	- D DOE - COD OTA	TIONIO OA DDI		ON A BABT TIME AND	ID OLIDOTI	TUTE DA 010		
	1. CALL SIGN	PERMITTE 2. PRIC DSE	OR 3. ACC	TIONS CARRIE COUNTING ERIOD	ΕD	ON A PART-TIME AN 4. BASIS OF CARRIAGE	5. PF	TUTE BASIS RESENT DSE	6. P	ERMITTED DSE
Computation of the Syndicated Exclusivity Surcharge	If your answer is	"Yes," comple "No," leave blo	te blocks B and C, ocks B and C bland BLOCk within a top 100 majo	A: MAJOR	TE	ert 8 of the DSE schedu ELEVISION MARK et as defined by section 7	ET 76.5 of FCC	rules in effect	June 24,	1981?
	BLOCK B: Ca	arriage of VHF	/Grade B Contour	Stations		BLOCK	C: Compu	itation of Exem	pt DSEs	3
	Is any station listed in commercial VHF stati or in part, over the ca	on that places				Was any station listed nity served by the cab to former FCC rule 76.	le system p	•	-	
	Yes—List each s X No—Enter zero a		h its appropriate perr eart 8.	mitted DSE		Yes—List each sta			ate permi	tted DSE
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE
							-	-		
				_						
			TOTAL DSEs	0.00				TOTAL DS	Es	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 0

	IAME OF OWNER OF CABLE SYSTEM: NUE BROADBAND COMMUNICATIONS, LLC 20424	Namo
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) \$	Computation of
	C. Multiply line B by 3.000 and enter here ► \$	Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here	
	F. Multiply line D by line E and enter here \$	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$ 0.00	
shall ir	RTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals astead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-Space G.	9
In Ger	neral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude as from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of clusion, you must:	Computation of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. 7: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	Exclusivity Surcharge
must a	If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. For your cable system is wholly located outside all major television markets, complete block A only.	for Partially Distant Stations, and
Step 1	b Identify a Subscriber Group for Partially Distant Stations : For each community served, determine the local service area of each wholly distant and each partially distant station you to that community.	for Partially Permitted Stations
outside	E: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by me token, the station is distant to the subscriber.)	
Step 3 subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each iber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable will have only one subscriber group when the distant stations it carried have local service areas that coincide.	
subscr	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's iber groups.	
	ify the communities/areas represented by each subscriber group.	
 Give subscr 	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 ibers in the group.	
	r system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3,	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, t 6 of this schedule.	
•	he DSEs for each station. This gives you the total DSEs for the particular subscriber group.	
• Calcu	ulate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions appear SA3 form.	
page.	bute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show	

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

your actual calculations on the form.

LEGAL NAME OF OWNER AVENUE BROADB			LLC			Sì	STEM ID# 20424	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GROU	<u> </u>		SECOND	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA	KNOX	CENTRAL, LAWRE	NCE &	COMMUNITY/ AREA	KNOX N	ORTH AND MART	IN CO'	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
								1
								1
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$ 1,110,	849.63	Gross Receipts Secon	d Group	\$ 51	9,038.63	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROUI	כ		FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	GIBSO	N AND PIKE CO. N	ORTH	COMMUNITY/ AREA	LAWRE	NCE CO. SOUTH		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								1
								1
								1
								1
								1
								1
								1
								1
T			0.00	T			0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$ 615,	751.57	Gross Receipts Fourth	Group	\$ 12	20,627.44	
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			ber group ε	as shown in the boxes ab	ove.	\$	2,131.33	l

AVENUE BROADE			, LLC				YSTEM ID# 20424	Name
E	BLOCK A:	COMPUTATION OF	BASE R	ATE FEES FOR EA				
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GROU	Р	0
COMMUNITY/ AREA	CLAY A	AND PARKE CO'		COMMUNITY/ ARE	A VIGO CO).		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WRTV	0.25			Base Rate Fee
				WTHR	0.25			and
				WTIU	0.25			Syndicated
								Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
								Otations
Total DSEs			0.00	Total DSEs			0.75	
Gross Receipts First G	roup	\$ 337	,122.29	Gross Receipts Sec	cond Group	\$	48,197.10	
Cross Receipts First C	Тоир	-	, , , , , , , , , , , , , , , , , , , ,	Oross receipts cer	Joha Group	<u> </u>	10,107.10	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee See	cond Group	\$	384.61	
	SEVENTH	SUBSCRIBER GROU	IP	+	FIGHTH	SUBSCRIBER GROU	P	
COMMUNITY/ AREA		LION COUNTY	<u>, , </u>	COMMUNITY/ ARE			•	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WTIU	0.25							
			• • •					
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts Third C	∋roup	\$ 256	,117.34	Gross Receipts For	urth Group	\$	27,461.29	
Base Rate Fee Third (∋roup	\$	681.27	Base Rate Fee For	urth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		
Horo and in block	. 0, 1110 1, 3	pado = (pago 1)				¥		

AVENUE BROADE			S, LLC				SYSTEM ID# 20424	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EA	CH SUBSCRII	BER GROUP		
	NINTH	SUBSCRIBER GRO	UP		TENTH	SUBSCRIBER GRO	DUP	•
COMMUNITY/ AREA	BROW	N, BARTHOLOM	EW & JO	COMMUNITY/ ARE	A ORANGI	E CO.		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				WNDY	1.00			Base Rate Fe
				WNDY-2	1.00			and
				WIPX	1.00			Syndicated
		_						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
	····							
Total DSEs			0.00	Total DSEs			3.00	
Gross Receipts First G	iroun	\$ 29	9,586.59	Gross Receipts Se	cond Group	\$	43,205.52	
oross Receipts First O	тоар	Ψ 2.	3,500.05	Oross Receipts de	сона Стоир	Ψ	40,200.02	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Se	cond Group	\$	1,065.45	
E	LEVENTH	SUBSCRIBER GRO	UP		TWELVTH	SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA	LAWRE	ENCE CO. SOUT	H	COMMUNITY/ ARE	EA		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			_					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$ 18	8,357.23	Gross Receipts Fo	urth Group	\$	0.00	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fo	urth Group	\$	0.00	
Base Rate Fee: Add th	ne base rat	e fees for each subs	criber aroun	as shown in the boxe	s above			
Enter here and in block			silvoi gioup	SO SHOWN III WIE DONE	-C 450 V O.	\$		
						L		

				ATE FEES FOR EAC			ID	
T COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		SUBSCRIBER GRO	UP 0	9
JOIVIIVIOINITT/ AKE			U	CONINIONITY ARE	<u></u>		U	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg for
								Partially
								Distant
								Stations
- 4-1 DOF -			0.00	Tatal DOEs			0.00	
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	
	FIETEENTL	I SUBSCRIBER GRO	NID	#	SIYTEENTL	I SUBSCRIBER GRO	ID	
OMMUNITY/ AREA		1 SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GRO	0	
OMMONT IT AREA			<u>U</u>	COMMONT I/ ARE	^			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		11	0.00			П	2.22	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	- F	L*	3.50			<u></u>	3.33	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	s above.			

	C A: COMPUTATION CONTH SUBSCRIBER GROUNTH SUBSCRIBER GROUNTH SIGN		TT .	EIGHTEENTH	IBER GROUP I SUBSCRIBER GROU CALL SIGN	JP DSE	9 Computat of Base Rate
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computation of
	E CALL SIGN				CALL SIGN		Computat of
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusivi Surcharg
							for
							Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
						_	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NINTEE	NTH SUBSCRIBER GRO	DUP		TWENTIETH	I SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	66266	0	COMMUNITY/ ARE			0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	П	0.00			11	0.00	
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third Group	s	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	<u> </u> *	3.50		~ ·	<u></u>	3.00	
ase Rate Fee: Add the base	e rate fees for each subs	scriber group	as shown in the boxes	above.			

AVENUE BROAD		001/5-1			NI 6	IDED 656:		
т\ ^ / г				ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROUP	LID	
TWE COMMUNITY/ AREA		SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		O SUDSUKIBEK GKUI	0	9
JOININIONIT I/ AREA			U	CONINIONIT 1/ ARE	^		U	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharç
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	₋							
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	eand Group	\$	0.00	
	<u> </u>	a	0.00	Base Rate Fee Sec	John Group	3	0.00	
TWE	NTY-THIRD	SUBSCRIBER GRO)UP	TWE	NTY-FOURTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
		П				П		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		П	0.00	T. () DOT		11	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	•				'	1.		
			criber group	as shown in the boxes	s above.			
Enter here and in blo			Johnson group	as snown in the boxes	J UDUVE.	\$		

	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP TWENTY-FIFTH SUBSCRIBER GROUP TWENTY-SIXTH SUBSCRIBER GROUP							
· · · ·								
TW COMMUNITY/ AREA		SUBSURIBER GRO	OUP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	9
OWNVIORIT I/ ANEA			<u> </u>	AREA				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate
								and
								Syndicate Exclusive
		-						Surchar
								for
								Partial
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
TWENT	Y-SEVENTH	SUBSCRIBER GRO						
		SODSCINIDEN GIVE)UP	II TWE	NTY-EIGHTH	SUBSCRIBER GROU	UP	
OMMUNITY/ AREA		SOBSCRIBER GRO	0 0	TWE COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	
OMMUNITY/ AREA		OUDOCKIDEN GIVE		 		SUBSCRIBER GROU	_	
CALL SIGN	DSE	CALL SIGN		 		SUBSCRIBER GROU	_	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
			0	COMMUNITY/ AREA	4		0	
CALL SIGN			DSE	COMMUNITY/ AREA	4		DSE	
CALL SIGN	DSE		0 DSE	COMMUNITY/ AREA	DSE		0 DSE	
CALL SIGN CALL SIGN Total DSEs Bross Receipts Third	DSE		DSE	COMMUNITY/ AREA	DSE		DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	
otal DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE	CALL SIGN	0 DSE	
otal DSEs fross Receipts Third	DSE STOUP	CALL SIGN s s	0 DSE 0.00 0.00 0.00	COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Four	DSE rth Group	CALL SIGN	0 DSE	

	DI OOK 1	COMPLITATION		TE EEEO EOO E				
T\//F		SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		JODGONIDEN GIVE	0	COMMUNITY/ ARE		. SSESSIVIDEN GIVO	0	9
		Полиона	T 505		Loce	Полион	505	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for
								Partially
								Distant Stations
		<u></u>						Otations
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	
	·							
		SUBSCRIBER GRO		II		SUBSCRIBER GRO		
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
		T call close	T 505			II call close		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		Ш						
			0.00	Total DSEs			0.00	
otal DSEs		\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	l Group							
	l Group						j i	
Gross Receipts Third	·		0.00	Page Pote Fee Fee	rth Crave		0.00	
Gross Receipts Third	·	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
ross Receipts Third	·	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Base Rate Fee Third Base Rate Fee: Add	l Group	\$ te fees for each subs		Base Rate Fee Fou	·	\$	0.00	

	DI OOK 1			ATE EEEO EOO E 1 1		IDED ODOUG		
TL		SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA		JODGONIDEN ONC	0	COMMUNITY/ ARE		. SOBSOMBLIK GINO	0	9
								Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv Surchar
								for
								Partiall
								Distant
								Station
otal DSEs			0.00	Total DSEs			0.00	
	0				10			
ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	<u>\$</u>	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TI	HIRTY-FIFTH	I SUBSCRIBER GRO)UP	Т	HIRTY-SIXTH	I SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
otal DCEs		.11	0.00	Total DSCs			0.00	
otal DSEs				Total DSEs				
Fross Receipts Thir	d Group	<u></u> \$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
		\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee Thire	d Group						-	
ase Rate Fee Thir	d Group							
ase Rate Fee Thire	d Group 							
Base Rate Fee Thire Base Rate Fee: Add Enter here and in blo	d the base ra			as shown in the boxe	s above.	\$		

				TE FEES FOR EAC				
		SUBSCRIBER GRO		††		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit
								Surcharg for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
	Croup	•	0.00	Gross Receipts Sec	and Craun	.	0.00	
ross Receipts First	Group	3	0.00	Gross Receipts Sec	ona Group	\$	0.00	
	_							
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
T⊦	IIRTY-NINTH	SUBSCRIBER GRO	DUP		FORTIETH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA	١		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	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
-	-				-			
Doop Boto For This	d Craus		0.00	Base Bate Fee Fee	rth Crave		0.00	
Base Rate Fee Third	a Group	 \$	0.00	Base Rate Fee Fou	rui Group	\$	0.00	
				1.1				
lase Rate Fee: Add	the base ra	te fees for each subs	scriber group	as shown in the boxe	s above.			

BLOCK FORTY-FII	(A: COMPUTATION	OF BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FURIT-FI.	рет епресыргь св	OLID	F01	DTV CECONE	SUBSCRIBER GRO	ID	
COMMUNITY/ AREA	KST SUBSCRIBER GR	.00P 0	COMMUNITY/ ARE		SUBSCRIBER GRO	0	9
			COMMONT IT ARE				Computat
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndicate
							Exclusivi Surcharç
							for
							Partially
							Distant
							Stations
otal DSEs		0.00	Total DSEs			0.00	
iross Receipts First Group	<u> </u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
roce recorpto i net Group			Stood Nodelpio God	ona Group	*		
and Rate Fee First Crown		0.00	Boss Bata Fac Soc	and Craun		0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FORTY-TH	IIRD SUBSCRIBER GR	OUP	FO	RTY-FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
ross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Poor Date For Third Organia		0.00	Rose Bets Fas Fas	orth Craws		0.00	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Fou	irin Group	\$	0.00	
						-	
			Ш				

		0014511515	E B • 6 = =	TE EEE	NI 01 15 5 5 5 5	DED 656::-		
				ATE FEES FOR EAC			ID	
COMMUNITY/ AREA	<u>. 1 T-FIFTH</u>	SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
JOININIONIT I/ AREA			U	COMMUNITY ARE			U	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
	<u></u>							Exclusivi Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	and Group	\$	0.00	
		Ψ	0.00	Dase Nate 1 ce 300		Ψ	0.00	
FORTY-	SEVENTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
	Тъог	Полимом			T 505	Полион		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
			•••••				······································	
Total DSEs				Total DSEs				
			0.00	Total DSEs			0.00	
	Froup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Total DSEs Gross Receipts Third C	Group	\$			rth Group	\$		
	·	\$			·	\$		
ross Receipts Third C	·	\$ \$	0.00	Gross Receipts Fou	·		0.00	
ross Receipts Third C	Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

	SYSTEM ID# ENUE BROADBAND COMMUNICATIONS, LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							Name
				TE FEES FOR EAC				
	RTY-NINTH	SUBSCRIBER GROL				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 Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FI	FTY-FIRST	SUBSCRIBER GROU	JP	FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
2.000 Rossipio Tilia	54p	<u> </u>	<u> </u>		3 134p	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

	1 0011	001451471511	NE DAGE = 1	TE EEEO = 0 = 0 = 0 = 0 = 0 = 0	NI 0115005	DED CDC::D		
		SUBSCRIBER GRO		ATE FEES FOR EAC		BER GROUP SUBSCRIBER GROU	ID	
COMMUNITY/ AREA	יו-וחוגט	JODSCRIDER GRU	0	COMMUNITY/ ARE		JUDSCRIBER GRUI	0	9
ONIMOTALLY ARCEN				CONMICIALITY / ARCE				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for Partiall
								Distan
								Station
				+				
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
			0.00			*		
FII				++				
	-TY-FIFTH	SUBSCRIBER GRO)UP		FIFTY-SIXTH	SUBSCRIBER GROU	JP	
OMMUNITY/ AREA	-TY-FIFTH	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE.		SUBSCRIBER GROU	JP 0	
			0		Α		0	
CALL SIGN	DSE	CALL SIGN		COMMUNITY/ ARE		SUBSCRIBER GROU		
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
			0		Α		0	
CALL SIGN			DSE	CALL SIGN	Α		DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN	DSE	CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third C	DSE	CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
otal DSEs	DSE	CALL SIGN	0 DSE 0.00 0.00	Total DSEs Gross Receipts Fou	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Call DSEs Toss Receipts Third Call	DSE	CALL SIGN	0 DSE 0.00 0.00	Total DSEs Gross Receipts Fou	DSE	CALL SIGN	0 DSE	

	10011	001451471511		TE EEEO = 0 = - : :		IDED COC::5		
CIETV		SUBSCRIBER GRO		ATE FEES FOR EAC		IBER GROUP SUBSCRIBER GROU	LIP	
COMMUNITY/ AREA	-SEVENIA	JUDSCRIDER GRU	0	COMMUNITY/ AREA		SUBSCRIBER GRUI	0	9
SOMMONT IT TAKE IT				CONMICIALITY / ARCE				Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi Surcharç
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
							_	
ross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIF	TY-NINTH	SUBSCRIBER GRO	NID					
)		SIXTIETH	SUBSCRIBER GROU	UP [
OMMUNITY/ AREA			0	COMMUNITY/ AREA		SUBSCRIBER GROU	0	
OMMUNITY/ AREA				COMMUNITY/ AREA		SUBSCRIBER GROU		
CALL SIGN	DSE	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
	DSE		0		Α		0	
CALL SIGN	DSE		DSE	CALL SIGN	Α		DSE	
CALL SIGN			0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN			DSE	CALL SIGN	DSE		DSE	
CALL SIGN		CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third (Group	CALL SIGN	0 DSE	Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN Cotal DSEs Cotal DSEs Coross Receipts Third (Group	CALL SIGN	0 DSE 0.00 0.00	Total DSEs Gross Receipts Fou	DSE	CALL SIGN	0 DSE	
CALL SIGN Cotal DSEs Cotal DSEs Coross Receipts Third (Group	CALL SIGN	0 DSE 0.00 0.00	Total DSEs Gross Receipts Fou	DSE	CALL SIGN	0 DSE	

	LOCK A	COMPLITATION	L DACE D	TE EEEO FOO FAC				
		SUBSCRIBER GRO		ATE FEES FOR EAC		SUBSCRIBER GROUP	JP	
COMMUNITY/ AREA		CODOCINDEN ONC	0	COMMUNITY/ ARE		SOBSONIBLIN SINO	0	9
								Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. —		Base Rate
		_						and
								Syndicat
								Exclusiv
								Surcharg for
								Partiall
								Distant
								Station
		П		+		П		
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
						· ·		
SIX								
0.7.	TY-THIRD	SUBSCRIBER GRO		SI	XTY-FOURTH	SUBSCRIBER GROU	UP	
	TY-THIRD	SUBSCRIBER GRC	0 0	COMMUNITY/ AREA		SUBSCRIBER GROU	UP 0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA	TY-THIRD	SUBSCRIBER GRO		 		SUBSCRIBER GROU		
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
			0	COMMUNITY/ ARE.	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
OMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	
CALL SIGN			DSE	CALL SIGN	Α		DSE	
CALL SIGN CALL SIGN Otal DSEs	DSE		0 DSE	COMMUNITY/ ARE	DSE		0 DSE	
CALL SIGN CALL SIGN Total DSEs	DSE		DSE	CALL SIGN	DSE		DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE	DSE	CALL SIGN	0 DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	0 DSE	COMMUNITY/ ARE	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G	DSE	CALL SIGN	0 DSE 0.00 0.00	COMMUNITY/ ARE	DSE	CALL SIGN	0 DSE	
OMMUNITY/ AREA CALL SIGN Otal DSEs ross Receipts Third G	DSE	CALL SIGN	0 DSE 0.00 0.00	COMMUNITY/ ARE	DSE	CALL SIGN	0 DSE	

20424 Name		<u> </u>					
	SUBSCRIBER GROUP		TE FEES FOR EACH		COMPUTATION OF SUBSCRIBER GROU		
0 9	CODSCRIBER GROUP	T POINTE	COMMUNITY/ AREA	0	SOBSONIBER GROU	A 1ºF/F/11	OMMUNITY/ AREA
Computa			OOMMONT IT THE				OMMONT IT TO THE
DSE of	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate							
and							
Syndica						-	
Exclusiv	-						
Surchar for							
Partiall						···	
Distan							
Station							
				• • • •			
0.00			Total DSEs	0.00			otal DSEs
				0.00	•	.0110	Deseinte Finat On
0.00	\$	Group	Gross Receipts Secon	0.00	3	oup	ross Receipts First Gr
0.00	\$	l Group	Gross Receipts Secon	0.00	<u>*</u>	oup	ross Receipts First Gr
		·	Gross Receipts Secon Base Rate Fee Secon		\$	·	
0.00	\$	l Group	Base Rate Fee Secon	0.00		oup	ase Rate Fee First Gr
0.00		l Group	Base Rate Fee Secon	0.00	\$ SUBSCRIBER GROU	oup	ase Rate Fee First Gr
	\$	l Group	Base Rate Fee Secon	0.00		oup	ase Rate Fee First Gr
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA
0.00	\$	l Group	Base Rate Fee Secon	0.00		oup	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-SOMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA CALL SIGN
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00	\$ SUBSCRIBER GROUP	I Group Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA	0.00 P 0	SUBSCRIBER GROU	SEVENTH	SIXTY-S OMMUNITY/ AREA CALL SIGN
O.00 DSE	\$ SUBSCRIBER GROUP	Y-EIGHTH S	Base Rate Fee Secon SIXT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	SIXTY-S OMMUNITY/ AREA CALL SIGN Dital DSEs
0.00 DSE	SUBSCRIBER GROUP CALL SIGN	Y-EIGHTH S	Base Rate Fee Secon SIX COMMUNITY/ AREA CALL SIGN Total DSEs	0.00	CALL SIGN	DSE	ase Rate Fee First Gr SIXTY-S OMMUNITY/ AREA
0.00 DSE	SUBSCRIBER GROUP CALL SIGN	DSE Group	Base Rate Fee Secon SIX COMMUNITY/ AREA CALL SIGN Total DSEs	0.00 P O DSE O O O O O O O O O O O O O O	CALL SIGN	DSE	SIXTY-S OMMUNITY/ AREA CALL SIGN otal DSEs

В		0014515555		TE EEE		IDED COC:-		
CIV				ATE FEES FOR EAC			ID	
SIX COMMUNITY/ AREA	I T-ININI H	SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ AREA		SUBSCRIBER GRO	0	9
JOIVIIVIOINI I / AREA	***************************************		U	ARE	<u></u>		U	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						. —		Base Rate
								and
								Syndicate
								Exclusivi Surcharg
			·····					for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	OUD	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
roos recoupto i not of	очр		0.00	STOSS TROOPING GOO	ona oroap	<u>*</u>		
ana Bata Fan Finat Co			0.00	Dana Bata Fan Can			0.00	
ase Rate Fee First Gr	oup 	\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
SEVEN	TY-FIRST	SUBSCRIBER GRO	UP	SEVEN	NTY-SECOND	SUBSCRIBER GRO	JP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	4							
		-						
otal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	roup	\$			rth Group	\$		
Fotal DSEs Gross Receipts Third G	·	\$	0.00	Gross Receipts Fou	·		0.00	
	·	\$			·	\$		
ross Receipts Third G	·	\$	0.00	Gross Receipts Fou	·		0.00	

	0014.4			ATE FEES FOR EAC	LL CLIDCOD	DED CDOLID		
		SUBSCRIBER GRO				SUBSCRIBER GROU	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE		OODGON,DEN GIVE	0	9
OALL CION	LDOE	T CALL CICAL	I por		LDOF	Польсюм	DOE	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
								and
								Syndicat
								Exclusiv
								Surchar
								for
								Partially Distant
								Stations
otal DSEs	<u></u>		0.00	Total DSEs		l I	0.00	
ross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GRO	UP	SE\	/ENTY-SIXTH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	L							
otal DSEs			0.00	Total DSEs			0.00	
	roup	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
	roup	\$			rth Group	\$	_	
Total DSEs Gross Receipts Third G Base Rate Fee Third G	·	\$	0.00		·		0.00	
Gross Receipts Third G	·	\$		Gross Receipts Fou	·	\$	_	
ross Receipts Third G	·	\$ \$	0.00	Gross Receipts Fou	·		0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SEVENTY-SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL S
COMMUNITY/ AREA O COMMUNITY/ AR
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE C
Total DSEs 0.00 Total DSEs 0.00
otal DSEs 0.00 Total DSEs 0.00
otal DSEs O.00 Total DSEs
otal DSEs Total DSEs
otal DSEs
otal DSEs
otal DSEs
otal DSEs
otal DSEs
otal DSEs 0.00 Total DSEs 0.00
otal DSEs 0.00 Total DSEs 0.00
Total DSEs 0.00 Total DSEs 0.00
otal DSEs
otal DSEs
ll l
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
OFVENTY ANATH CURCODIRED OROUR
SEVENTY-NINTH SUBSCRIBER GROUP EIGHTIETH SUBSCRIBER GROUP
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
CALE SIGN BSE CALE SIGN BSE CALE SIGN
fotal DSEs O.00 Total DSEs O.00 Total DSEs O.00

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP EIGHTY-FIRST SUBSCRIBER GROUP CALL SIGN DSE Total DSEs Gross Receipts First Group Total DSEs Gross Receipts First Group EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA D CALL SIGN DSE CA
COMMUNITY/ AREA O COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base R ar Syndia Call Sign DSE
CALL SIGN DSE
ar Syndi Exclu Surch for State
Syndi Exclu Surci for the state of the state
Exclusion
Surch for Part Dist State Out of Dist State Out o
total DSEs
Dist State Dist Dist State Dist Dist Dist Dist Dist Dist Dist Dis
State St
otal DSEs
ross Receipts First Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA
Gross Receipts First Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA
Base Rate Fee First Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA DOMMUNITY/ AREA DOMMUNITY/ AREA OMMUNITY/ AREA DOMMUNITY/ AREA DOMMUNITY/ AREA
Base Rate Fee First Group \$ 0.00 EIGHTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA DOMMUNITY/ AREA DOMMUNITY/ AREA OMMUNITY/ AREA DOMMUNITY/ AREA DOMMUNITY/ AREA
EIGHTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O O
EIGHTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O O
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
CALL SIGN DSE CA
Ootal DSEs 0.00 Total DSEs 0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

				ATE FEES FOR EAC			LID.	
		SUBSCRIBER GRO		††		I SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivi
								Surcharg
								for Partially
								Distant
								Stations
		II	0.00				0.00	
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	
FIGHT	/ OEVENITU	I SUBSCRIBER GRO	NID.	FIC	NUTY FIGURE	I SUBSCRIBER GRO	LID.	
OMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		SUBSCRIBER GRO	0 0	
OMMONT TO AREA			<u> </u>	COMMUNITY ARE	Α		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		П						
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	irth Group	\$	0.00	
- Taio I do IIIII	J. 54p	<u> Ψ</u>	3.00		O.Oup	<u> </u>	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxes	s above.			

				ATE FEES FOR EAC				
		I SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	·····		0	COMMUNITY/ ARE	Α		0	Computat
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit
								Surcharg
								for Partially
								Distant
								Stations
		Ш	0.00				0.00	
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	
NII	NETY FIRST	SUBSCRIBER GRO	NID.	NIINI	TV SECOND	SUBSCRIBER GRO	ID.	
		SUBSCRIBER GRO	0 0	II		SUBSCRIBER GRO	0 0	
COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α		U	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Ш	_					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	d Group	¢	0.00	Base Rate Fee Fou	rth Group	•	0.00	
Base Rate Foo Thir	, Cioup	Ψ	0.00	Dass Rate CC 00	Oloup	\$	0.00	
Base Rate Fee Thire								
ase Rate Fee Thire				<u> </u>				
	I the base ra	te fees for each subs	scriber group	as shown in the boxes	s above.			

BLOCK A: COMPUTATION OF E NINETY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA CALL SIGN DSE CALL SIGN CALL SIGN			TY-FOURTH	SUBSCRIBER GROU	JP 0	9 Computa
DMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSF	Computa
					20_	of
						Base Rate
						and
						Syndicat
						Exclusiv
						Surcharg for
						Partiall
						Distant
						Station
tal DSEs	0.00	Total DSEs			0.00	
oss Receipts First Group \$	0.00	Gross Receipts Seco	and Group	\$	0.00	
\$ The state of the		Cross resempts esset	ona Oroap	<u>*</u>		
se Rate Fee First Group \$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINETY-FIFTH SUBSCRIBER GROUP)	NI	NETY-SIXTH	I SUBSCRIBER GROU	JP	
DMMUNITY/ AREA	0	COMMUNITY/ AREA			0	
CALL SIGN DSE CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		Total DSEs			0.00	
tal DSEs	0.00					
tal DSEs oss Receipts Third Group \$	0.00	Gross Receipts Four	th Group	\$	0.00	
			th Group	\$	0.00	
			·	\$ \$	0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP NNETY-NEVENTH SUBSCRIBER GROUP CALL SIGN DSE CA		
CALL SIGN DSE CA		
CALL SIGN DSE CA	0	9
Total DSEs Gross Receipts First Group NINETY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL S		Computa
Gross Receipts First Group Base Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIG	DSE	of
Gross Receipts First Group Source Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE CALL SI		Base Rate
Asse Rate Fee First Group South Base Rate Fee Second Group South Base Ra		and
Gross Receipts First Group Source Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE CALL SI		Syndicat Exclusiv
ase Rate Fee First Group S		Surchar
ase Rate Fee First Group S		for
TOSS Receipts First Group S O.00 Base Rate Fee Second Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE		Partiall
ase Rate Fee First Group S		Distan
TOSS Receipts First Group S O.00 Base Rate Fee Second Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE		Station
Asse Rate Fee First Group South Base Rate Fee Second Group South Base Ra		
Asse Rate Fee First Group South Base Rate Fee Second Group South Base Ra		
Gross Receipts First Group Source Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE CALL SI		
Gross Receipts First Group Base Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE CALL SIG		
Gross Receipts First Group Source Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE CALL SI		
Base Rate Fee First Group NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA CALL SIGN DSE	0.00	
NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE	0.00	
NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE		
NINETY-NINTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN DSE CALL SIGN COMMUNITY/ AREA CALL SIGN DSE CALL SIGN COMMUNITY/ AREA CALL SIGN DSE CALL SIGN CALL SIGN DSE CALL SIGN CALL SIG		
CALL SIGN DSE CALL SIGN DSE CALL SIGN COLL SIGN DSE CALL SIGN COLL SIGN CO	_	
otal DSEs oross Receipts Third Group Total DSEs Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group	0	
otal DSEs oross Receipts Third Group Total DSEs Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group Gross Receipts Fourth Group	DOE	
\$ 0.00 Gross Receipts Fourth Group \$	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
\$ 0.00 Gross Receipts Fourth Group \$		
\$ 0.00 Gross Receipts Fourth Group \$		
\$ 0.00 Gross Receipts Fourth Group \$		
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
\$ 0.00 Gross Receipts Fourth Group \$		
\$ 0.00 Gross Receipts Fourth Group \$		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$		
\$ 0.00 Gross Receipts Fourth Group \$		
	0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00	
Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$	0.00	1
	0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIRST SUBSCRIBER GROUP ONE HUNDRED SECOND SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNI
COMMUNITY/ AREA O COMMUNITY/ AR
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base CALL SIGN DSE CALL SIGN
Sy Ex Su Control DSEs 0.00 Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 DNE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
Substitution of the control of the c
Substitution of the control of the c
otal DSEs
otal DSEs O.00 Total DSEs O.00 Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRD SUBSCRIBER GROUP ONMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O
otal DSEs
otal DSEs
otal DSEs
ross Receipts First Group \$ 0.00 ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
Gross Receipts First Group Subscriber Group Gross Receipts Second Group Base Rate Fee Second Group ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OCMMUNITY/ AREA
Gross Receipts First Group Subscriber Group Gross Receipts Second Group Base Rate Fee Second Group ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OCMMUNITY/ AREA
ase Rate Fee First Group \$ 0.00 ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OMMUNITY/ AREA OGROSS Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA OCOMMUNITY/ AREA
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ONE HUNDRED THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA 0
Gross Receipts First Group Subscriber Group Gross Receipts Second Group Base Rate Fee Second Group ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA OCMMUNITY/ AREA
Asse Rate Fee First Group \$ 0.00 ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA O COMMUNITY/ AREA
ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O ONE HUNDRED ONE HUNDRED FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA O O O O O O O O O O O O O
ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O OMMUNITY/ AREA O OMMUNITY/ AREA O OMMUNITY/ AREA
ONE HUNDRED THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O OMMUNITY/ AREA O OMMUNITY/ AREA O OMMUNITY/ AREA
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE
Total DSEs

and Syndicate Control of the Control		DI COLL	001/5/17/7/5/		ATE EEEO	NI 01 5 5 5 5 5	UDED 000115		
CALL SIGN DSE CALL SIGN	ONE HI INI							I IP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate State Fee First Group \$ 0.00 COMMUNITY/ AREA \$ 0 COMMUNITY/			. JODGONIBLIN GRO		11		1 JODGONIBLIN GROU		9
Base Rate Secretary Station Origin DSEs Or									Computa
and Syndical Security Survey Security Subscriber Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY AREA ORANGE CALL SIGN DSE CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
Syndical Exclusion Survival Part of Partial Distan Station Otal DSEs									Base Rate
Surchar for a partial post of the partial post									
for Partial Distant Station Total DSEs Double DSEs DOU									
Distant Station Stat									for
Station Sta									Partiall
otal DSEs									
Tross Receipts First Group ase Rate Fee First Group S O.00 DIE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL									Station
ase Rate Fee First Group S O.00 Base Rate Fee Second Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL S									
Gross Receipts First Group ase Rate Fee First Group Base Rate Fee Second Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL									
Gross Receipts First Group ase Rate Fee First Group Base Rate Fee Second Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL									
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee Second Group Sase Rate Fee Second Group Sase Rate Fee Second Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN OSE CALL SIGN OSE Otal DSEs O.00 Gross Receipts Fourth Group Sors Receipts Fourth Group									
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee Second Group Sase Rate Fee Second Group Sase Rate Fee Second Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE									
Asse Rate Fee First Group ONE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN	otal DSEs			0.00	Total DSEs			0.00	
ONE HUNDRED SEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA COMMUNITY/ AREA COMMUNITY/ AREA CALL SIGN DSE CALL SI	ross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ONE HUNDRED SEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA OCCALL SIGN DSE CALL									
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CA	ONE HUNDRE	D SEVENTH	I SUBSCRIBER GRO	NIP	ONE HUND	RED FIGHTE	I SUBSCRIBER GROU	LIP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN			T GODGONIDEN GNO				T COBCONIBEN CINC		
otal DSEs									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	otal DSEs			0.00	Total DSEs			0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Fross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
	Base Rate Fee Third	Group	 \$	0.00	Base Rate Fee Fou	rth Group	s	0.00	
11			<u>L</u> ▼	3.00			[¥	0.00	
				criber group	as shown in the boxes	s above.	¢		
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)	-inci noie and in bio		space L (page 1)				Ψ		

and Syndicate Exclusive Surchard for Partially Distant	AVENUE BROA			•					
CALL SIGN DSE CA	ONE ! !!							ID.	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate and and syndicate Exclusive Surchar for Partial Distan Station Distance Dista			1 SUBSCRIBER GRO		11		1 SUBSCRIBER GRO		9
CALL SIGN DSE CALL SIGN	JOIVIIVIOINTTY/ AKE/	<u></u>		U	CONINIONITY/ ARE	~		U	
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Syndicate Exclusive Surchara for Partial Distant Station									Base Rate
Secretary Station St									
Surchary for Partial Distant Station									
for Partial Distant Station oral DSEs oral DSEs 0.00 Gross Receipts First Group \$ 0.00 ONE HUNDRED ELEVENTH SUBSCRIBER GROUP COMMUNITY AREA 0 COMMUNITY AREA 0 COMMUNITY AREA 0 CALL SIGN DSE CALL									
Partial Distant Station oral DSEs OLOU ORAL PRINCIPLE STENS Group SOLUTION ONE HUNDRED ELEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCMMUNITY/ AREA OCMUNITY/ AREA OCMUNITY/ AREA OCMUNITY/ AREA OCMUNITY/ AREA OCMUNITY/ A									
Distant Station Distant DSEs Otal DSEs Ot									
otal DSEs Outal D									Distant
ase Rate Fee First Group \$ 0.00 Sone Hundred Eleventh Subscriber Group 0									Stations
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED ELEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN									
ase Rate Fee First Group \$ 0.00 Some Hundred Eleventh Subscriber Group 0									
ase Rate Fee First Group \$ 0.00 Some Hundred Eleventh Subscriber Group 0									
Gross Receipts First Group asse Rate Fee First Group Base Rate Fee Second Group ONE HUNDRED ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
Gross Receipts First Group asse Rate Fee First Group Base Rate Fee Second Group ONE HUNDRED ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE									
ase Rate Fee Third Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 ONE HUNDRED ELEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN	otal DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group ONE HUNDRED ELEVENTH SUBSCRIBER GROUP ONE HUNDRED TWELVTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL S	tross Possints Fire	t Group	¢	0.00		and Group	¢	0.00	
ONE HUNDRED ELEVENTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL S	iloss Receipts Fils	Gloup	*************************************	0.00	Gloss Receipts Sec	ona Group	\$	0.00	
ONE HUNDRED ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CAL								2.22	
OMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN D SE CALL	ase Rate Fee First	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	ONE HUNDREI	DELEVENTH	I SUBSCRIBER GRO	UP	ONE HUNDRI	ED TWELVTH	SUBSCRIBER GRO	UP	
otal DSEs	OMMUNITY/ ARE	Α		0	COMMUNITY/ ARE	Α		0	
Total DSEs 0.00 Gross Receipts Third Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 sase Rate Fee Third Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Sase Rate Fee Third Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	otal DSEs			0.00	Total DSEs			0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	,	•				•			
	.								
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	sase Rate Fee Thir	a Group	 \$	0.00	Base Rate Fee Fou	rth Group	[\$	0.00	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					Ш				
THE PARTY I WAS A VALUE OF THE PARTY OF THE	iase Rate Fee: Add	the hase ra	te fees for each subs	criber aroun	as shown in the hove	s above			

LEGAL NAME OF OW AVENUE BROA			S, LLC				20424	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	٩		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Firs	t Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Gross Receipts First Group \$ 0.00			·					
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	FIFTEENTH	I SUBSCRIBER GRO	DUP	ONE HUNDRED	SIXTEENTH	SUBSCRIBER GRO	UP	
OMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u> </u>	-		'	
			scriber group	as shown in the boxes	above.	c		
inter here and in blo	ock s, line 1,	space L (page /)				Ф		

				ATE FEES FOR EAC				
ONE HUNDRED SEV		SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA	***************************************		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit
		-						Surcharg for
								Partially
		-						Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
Gross 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 N		SUBSCRIBER GRO)UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							··········	
otal DSEs			0.00	Total DSEs			0.00	
	Group	S			rth Group	S		
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third	·	\$	0.00	Gross Receipts Fou		\$	0.00	
Gross Receipts Third	·	\$				\$		
Gross Receipts Third	·	\$	0.00	Gross Receipts Fou			0.00	
Gross Receipts Third Base Rate Fee Third	Group	\$	0.00	Gross Receipts Fou	rth Group		0.00	

	FOCK V	COMPLITATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWEN						SUBSCRIBER GROUP		
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
			I		T			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
								and
								Syndica
								Exclusiv
								Surchar
								for
								Partial
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First Gre	OUD	c	0.00	Gross Receipts Sec	and Group	\$	0.00	
ross (vecelpts i list Of	оир	4	0.00	Oloss Necelpls Sec	ona Group	Ψ	0.00	
ase Rate Fee First Gro	oup	 \$	0.00			^	0 00 I I	
		•	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD					SUBSCRIBER GROUP		
	ITY-THIRD				ENTY-FOURTH			
	ITY-THIRD		P	ONE HUNDRED TWI	ENTY-FOURTH			
OMMUNITY/ AREA	DSE		P	ONE HUNDRED TWI	ENTY-FOURTH			
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	P 0	ONE HUNDRED TWI	ENTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA CALL SIGN		SUBSCRIBER GROUI	DSE	ONE HUNDRED TWI COMMUNITY/ AREA CALL SIGN	ENTY-FOURTH	SUBSCRIBER GROUP	DSE	
CALL SIGN CALL SIGN Otal DSEs	DSE	SUBSCRIBER GROUI	DSE 0.00	ONE HUNDRED TWO COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROUP	0 DSE	
CALL SIGN CALL SIGN Otal DSEs	DSE	SUBSCRIBER GROUI	DSE	ONE HUNDRED TWI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	
CALL SIGN CALL SIGN Otal DSEs	DSE	SUBSCRIBER GROUI	DSE 0.00	ONE HUNDRED TWO COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	SUBSCRIBER GROUP CALL SIGN	0 DSE	
OMMUNITY/ AREA	roup	SUBSCRIBER GROUI	DSE 0 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDRED TWO COMMUNITY/ AREA CALL SIGN Total DSEs	DSE Trth Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	
OMMUNITY/ AREA CALL SIGN CALL SIGN Dital DSEs ross Receipts Third Gr	roup	SUBSCRIBER GROUI	DSE 0.00	ONE HUNDRED TWO COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fou	DSE Trth Group	SUBSCRIBER GROUP CALL SIGN	0 DSE	
OMMUNITY/ AREA CALL SIGN Dial DSEs Toss Receipts Third Gr	roup	SUBSCRIBER GROUI	DSE 0 0 0 0 0 0 0 0 0 0 0 0 0	ONE HUNDRED TWO COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fou	DSE Trth Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	

BLOCK A: COMPUTATION OF BASE NE HUNDRED TWENTY-FIFTH SUBSCRIBER GROUP MUNITY/ AREA LL SIGN DSE CALL SIGN DS	ONE HUNDRED TWE COMMUNITY/ AREA		SUBSCRIBER GROUP CALL SIGN	O DSE
MUNITY/ AREA	0 COMMUNITY/ AREA			
LL SIGN DSE CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE
L SIGN DSE CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE
				<u></u>
			. —	
<u> </u>				
205	0		11	0.00
DSEs	— II			0.00
s Receipts First Group \$ 0.0	Gross Receipts Second	d Group	\$	0.00
	$\exists \parallel$			
Rate Fee First Group \$ 0.0	0 Base Rate Fee Second	d Group	\$	0.00
UNDRED TWENTY-SEVENTH SUBSCRIBER GROUP	ONE HUNDRED TWEN	NTY-EIGHTH	I SUBSCRIBER GROUP	
MUNITY/ AREA	0 COMMUNITY/ AREA			0
LL SIGN DSE CALL SIGN DS	E CALL SIGN	DSE	CALL SIGN	DSE
			. –	
		<u></u>		
			Ш	
	0_ Total DSEs			0.00
DSEs		Group	\$	0.00
DSEs 0.0 s Receipts Third Group \$ 0.0	0 Gross Receipts Fourth	Gloup		•
	Gross Receipts Fourth	Gloup		
			\$	0.00

BI OCK	A: COMPUTATION (OF BASE RA	ATE FEES FOR FAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWENTY-NIN					SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Comp
OALL SIGN DOL	CALL SIGIV	DOL	CALL SIGIV	DOL	CALL SIGIN	DOL	Base R
							aı
							Syndi
							Exclu
							Surch
							fo Part
							Dist
							Stati
otal DSEs		0.00	Total DSEs			0.00	
						_	
ross Receipts First Group	<u>\$</u>	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 THIRTY-FII	RST SUBSCRIBER GROU	JP	ONE HUNDRED TH		SUBSCRIBER GROUP)	
	RST SUBSCRIBER GROU	JP 0	ONE HUNDRED TH	IIRTY-SECOND	SUBSCRIBER GROUP	0	
	RST SUBSCRIBER GROU		ii	IIRTY-SECOND	SUBSCRIBER GROUP		
OMMUNITY/ AREA			ii	IIRTY-SECOND	SUBSCRIBER GROUF		
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA CALL SIGN DSE		0	COMMUNITY/ ARE	IIRTY-SECOND		0	
OMMUNITY/ AREA CALL SIGN DSE		DSE	COMMUNITY/ ARE CALL SIGN Total DSEs	IIRTY-SECOND A DSE		0 DSE	
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE CALL SIGN	IIRTY-SECOND A DSE	CALL SIGN	DSE	
CALL SIGN DSE CALL SIGN CALL SIGN DSE Contact DSEs	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN Total DSEs Gross Receipts Fou	IIRTY-SECOND A DSE IIRTY-SECOND IIRTY-SECO	CALL SIGN	0 DSE	
CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ ARE CALL SIGN Total DSEs	IIRTY-SECOND A DSE IIRTY-SECOND IIRTY-SECO	CALL SIGN	0 DSE	
CALL SIGN DSE CALL S	CALL SIGN	0 DSE	COMMUNITY/ ARE CALL SIGN Total DSEs Gross Receipts Fou	IIRTY-SECOND A DSE IIRTY-SECOND IIRTY-SECO	CALL SIGN	0 DSE	

ONE HUNDRED THIRTY-THIRD SUBSIC		DSE 0.00	CALL SIGN	RTY-FOURTH	BER GROUP SUBSCRIBER GROUP CALL SIGN	DSE	of Base Rat and Syndica Exclusi Surcha for Partia
CALL SIGN DSE CA		DSE	COMMUNITY/ AREA				Computa of Base Rate and Syndica Exclusiv Surchan for Partial
CALL SIGN DSE CA	ALL SIGN	DSE			CALL SIGN		Computa of Base Rate and Syndica Exclusive Surchait for Partial
	ALL SIGN		CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate and Syndica Exclusiv Surchan for Partial
							Syndica Exclusiv Surchar for Partial
							Syndica Exclusiv Surchar for Partial
							Exclusiv Surchar
							Surchar for Partiall
							Partial
							Distan
		0.00					Station
		0.00					Station
		0.00					
		0.00					
		0.00					
		0.00	H				
otal DSEs		().()()	Total DSEs		• •	0.00	
		0.00		nd Crave	•	0.00	
Fross Receipts First Group \$		0.00	Gross Receipts Seco	na Group	\$	0.00	
ase Rate Fee First Group \$		0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIRTY-FIFTH SUBS	SCRIBER GROUP		ONE HUNDRED T	HIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE CA	ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					-		
					-		
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$		0.00	Gross Receipts Fourt	h Group	\$	0.00	
· · · · ·				·			
sase Rate Fee Third Group \$		0.00	Base Rate Fee Fourt	h Group	\$	0.00	
			II				
ase Rate Fee: Add the base rate fees nter here and in block 3, line 1, space L		iber group	as shown in the boxes	above.			

BI UCK V	COMPLITATION O	F RASE D	ATE FEES FOR EAC	H SHRSCPI	IBER GROUD		
ONE HUNDRED THIRTY-SEVENTH					SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9
***************************************							Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate
							and
							Syndica
							Exclusiv Surchar
							for
							Partiall
							Distan
					. —		Station
					-		
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							
ase Nate i ee i list Gloup	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED THIRTY-NINTH		<u> </u>	ONE HUNDRE	D FORTIETH	SUBSCRIBER GROU	UP	
ONE HUNDRED THIRTY-NINTH				D FORTIETH			
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	<u> </u>	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP	
ONE HUNDRED THIRTY-NINTH		0	ONE HUNDRE	D FORTIETH		UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROUF	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN	D FORTIETH	SUBSCRIBER GRO	DSE	
ONE HUNDRED THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GROUF	0	ONE HUNDRE	D FORTIETH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE Otal DSEs	SUBSCRIBER GROUF	DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN	DFORTIETH	SUBSCRIBER GRO	DSE	
ONE HUNDRED THIRTY-NINTH	CALL SIGN	0 DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Total DSEs	DFORTIETH	SUBSCRIBER GROU	DSE DSE O.00	
ONE HUNDRED THIRTY-NINTH COMMUNITY/ AREA CALL SIGN DSE Total DSEs	CALL SIGN	0 DSE	ONE HUNDRE COMMUNITY/ AREA CALL SIGN Total DSEs	D FORTIETH A DSE	SUBSCRIBER GROU	DSE DSE O.00	

DI	OCK V·	COMPLITATION O	F RASE D	ATE FEES FOR EAC	H SHBSCP	BER GROUD		
		SUBSCRIBER GROUI				SUBSCRIBER GROUP	,	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
								Comput
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate Exclusive
								Surchar
								for
								Partial
								Distan
								Station
otal DSEs			0.00	Total DSEs			0.00	
		_				_	,	
ross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
ase Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	and Group	\$	0.00	
		*		Dase Nate i ee oed	ona Group	Ψ		
ONE HUNDRED FOR	TY-THIRD							
ONE HUNDRED FOR	TY-THIRD		P	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP		
	TY-THIRD				DRTY-FOURTH)	
OMMUNITY/ AREA	TY-THIRD		P	ONE HUNDRED FO	DRTY-FOURTH)	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
COMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
OMMUNITY/ AREA		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
CALL SIGN		SUBSCRIBER GROUI	DSE	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	DSE	
CALL SIGN		SUBSCRIBER GROUI	0	ONE HUNDRED FO	DRTY-FOURTH	SUBSCRIBER GROUP	0	
CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROUI	DSE	ONE HUNDRED FO	DRTY-FOURTH A DSE	SUBSCRIBER GROUP	DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GROUI	DSE 0.00	ONE HUNDRED FO	DRTY-FOURTH A DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs Gross Receipts Third Gr	DSE	SUBSCRIBER GROUI	DSE O.00 O.00 O.00	ONE HUNDRED FO	DRTY-FOURTH A DSE Trth Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	
CALL SIGN CALL SIGN Otal DSEs	DSE	SUBSCRIBER GROUI	DSE 0.00	ONE HUNDRED FO	DRTY-FOURTH A DSE Trth Group	CALL SIGN	0 DSE	
OMMUNITY/ AREA CALL SIGN CALL SIGN Dital DSEs ross Receipts Third Gr	DSE	SUBSCRIBER GROUI	DSE O.00 O.00 O.00	ONE HUNDRED FO	DRTY-FOURTH A DSE Trth Group	SUBSCRIBER GROUP CALL SIGN *	0 DSE	

LEGAL NAME OF OWNI			, LLC			S	20424	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED FO	ORTY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED F	ORTY-SIXTI	H SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fe
		-						and
								Syndicated
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
							_	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FO	RTY-EIGHTI	H SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes a	above.	\$		

				ATE FEES FOR EAC			ID.	
ONE HUNDRED FOR	Y-NINTH	SUBSCRIBER GRO	JP 0	 		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA			U	COMMUNITY/ AREA	-		U	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicate
								Exclusivit Surcharg
								for
								Partially
								Distant
								Stations
otal DSEs			0.00	Total DSEs			0.00	
iross Receipts First Gr	OUD	•	0.00	Gross Receipts Sec	and Group	\$	0.00	
ross receipts i iist Oi	oup	4	0.00	Gloss Neceipis Sec	она Отоар	\$	0.00	
and Bata For First Co			0.00	Bass Bats Fas Cas	O		0.00	
ase Rate Fee First Gr	oup ———	\$	0.00	Base Rate Fee Sec	ona Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GRO	UP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	
						TT		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						. –		
		-						
1-1-005			0.00	T-1-1-DOS		11	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	-			II	-	-		
and the filler				Ш				

CALL SIGN DSE CALL SIGN	ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP	D		COMPLITATION O	F BASE D	ATE FEES FOR EAC	H SHBSCP	IBER GROUP		
CALL SIGN DSE CALL SIGN	Community AREA 0					11			UP	
CALL SIGN DSE CALL SIGN	CALL SIGN DSE SY SY SY SY SY SY SY					11				
Base Rate Syndicity Statio St	Second DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	-
Syndical Services	For Standard DSEs Outed DSEs									Base Rate
Exclusion	otal DSEs									and
Surcha for for the process of the pr	otal DSEs									Syndicat
										Exclusiv
Partia Distar Statio Dotal DSEs Dotal DS	Second Diagram Seco									
Dista Statio Dista Statio Statio Dista Statio Statio Dista Statio Statio Dista Statio Dista Dista Statio Dista Dis								-		Partiall
Datal DSEs O.00 Total DSEs O.00 Gross Receipts Second Group Base Rate Fee First Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SI	Datal DSEs Total									Distan
Asse Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIG	Gross Receipts First Group S O.00 Base Rate Fee First Group S O.00 ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIG									Station
ase Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	ross Receipts First Group s 0.00 Gross Receipts Second Group s 0.00 Base Rate Fee Second Group S 0.00 ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CAL									
ase Rate Fee First Group S O.00 Base Rate Fee Second Group S O.00 ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	ross Receipts First Group s 0.00 Gross Receipts Second Group s 0.00 Base Rate Fee Second Group S 0.00 ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CAL									
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee Second Group Sase Rate Fee Second Group Sase Rate Fee Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN D	Gross Receipts First Group Gross Receipts Second Group Gross Receipts First Group Gross Receipts Second Group Gross Receipts First Group Gross Receipts Second Group Gross Receipts First Group Gross Receipts Fourth Group									
Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee Second Group Sase Rate Fee Second Group Sase Rate Fee Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN D	Gross Receipts First Group Gross Receipts Second Group Gross Receipts First Group Gross Receipts Second Group Gross Receipts First Group Gross Receipts Second Group Gross Receipts First Group Gross Receipts Fourth Group									
Gross Receipts First Group ase Rate Fee First Group Base Rate Fee Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA O CALL SIGN DSE	Gross Receipts First Group ase Rate Fee First Group Base Rate Fee Second Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA OCALL SIGN DSE CALL SIGN DSE CA									
Base Rate Fee First Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SI	Base Rate Fee First Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	otal DSEs			0.00	Total DSEs			0.00	
Base Rate Fee First Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SI	Base Rate Fee First Group ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL	Gross Receints First Gr	oun	*	0.00	Gross Receipts Sec	and Group	•	0.00	
ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA OCOMMUNITY/ AREA CALL SIGN DSE CA	ONE HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP OMMUNITY/ AREA OCCALL SIGN DSE CALL SIGN DSE CA	ross receipts i list of	σαρ	Ψ	0.00	Oross Neccipis Gec	ona Oroap	Ψ	0.00	
OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL S	OMMUNITY/ AREA	ase Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
OMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN	OMMUNITY/ AREA 0 COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN	ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	UP	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D			0020011121110110		11				
otal DSEs	otal DSEs									
Sross 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	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
\$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
\$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
\$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Sross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	\$ 0.00 Gross Receipts Fourth Group \$ 0.00									
		otal DSEs			0.00	Total DSEs			0.00	
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Fross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00									
range range and thing group in the transfer in	U.OU Bust Nate Co Continue of Court Co	Base Rate Fee Third G	roun	(0 00	Base Rate Fee Fou	rth Group	\$	0 00	
	"		. ~~P	<u> </u> ₩	0.00		J.Jup	<u> </u>	0.00	
	rase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Inter here and in block 3, line 1, space L (page 7)				criber group	as shown in the boxes	above.	¢		

CALL SIGN DSE CALL SIGN DSE of Base Rate and Syndical Exclusion Surchard for Partial Distantal Distantal Call Sign DSE of Base Rate and Syndical Exclusion Surchard S
CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00
CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00
CALL SIGN DSE CALL SIGN DSE Base Rate and Syndica Exclusive Surchard for Partial Distart Station Total DSEs 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Base Rate Fee Second Group Base Rate and Syndica Exclusive Surchar for Partial Distant Station Cotal DSEs Cross Receipts Second Group Base Rate Fee Second Group Cotal DSEs Cotal DS
Syndica Exclusive Surchart for Partial Distart Station Total DSEs
Exclusive Surchar for Partiall Distant Station Total DSEs Gross Receipts Second Group Sase Rate Fee Second Group \$ 0.00
Surchar for Partiall Distan Station Total DSEs Gross Receipts Second Group Sase Rate Fee Second Group \$ 0.00
for Partiall Distant Station Total DSEs Gross Receipts Second Group Sase Rate Fee Second Group \$ 0.00
Partiall Distant Station Total DSEs Gross Receipts Second Group Base Rate Fee Second Group \$ 0.00
Station Station Fotal DSEs Gross Receipts Second Group Base Rate Fee Second Group \$ 0.00 \$ 0.00
Fotal DSEs Gross Receipts Second Group Base Rate Fee Second Group \$ 0.00 \$ 0.00
Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00
Base Rate Fee Second Group \$ 0.00
ONE HUNDRED SIXTIETH SUBSCRIBER GROUP
COMMUNITY/ AREA
CALL SIGN DSE CALL SIGN DSE
Total DSEs
Total DSEs