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					
2-27-20	\$ ALLOCATION NUMBER					

## SA3E Long Form

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:								
Accounting Period	2019/2								
B Owner	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  33343								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	ULTRA COMMUNICATIONS GROUP, LLC								
				3334320192 33343 2019/2					
	210 EARLL DRIVE PHOENIX, AZ 85012								
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address of	•							
System	1 IDENTIFICATION OF CABLE SYSTEM: ULTRA COMMUNICATIONS GROUP, LLC D/B/A NEV	WWAVE COM	MUNICATIONS						
	MAILING ADDRESS OF CABLE SYSTEM:  505 N. MECHANIC (Number, street, rural route, apartment, or suite number)  EL CAMPO, TX 77437 (City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page 1b. Identify	y only the frst com	nmunity served below and i	relist on page 1b					
Area Served	with all communities.  CITY OR TOWN	STATE							
First	EL CAMPO	TX							
Community	Below is a sample for reporting communities if you report multiple ch		Space G						
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample	Alda	MD	Α	1					
Jampie	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)

D

Area

Served

LEGAL NAME OF OWNER OF CABLE SYSTEM:

ULTRA COMMUNICATIONS GROUP, LLC

33343

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

entheses

**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.

TX	AA	1
TX	AA	1
TX	AA	2
TX	AA	2
TX	AA	3
TX	AA	2
TX	AA	4
TX	AA	5
ТХ	AA	2
		3
		2
TX		4
		6
	AB	6
	AB	6
		7
		7
		7
		8
		9
		9
		10
TX	AE	11
TX	AF	12
TX	AG	13
	TX T	TX         AA           TX         AB           TX         AC           TX         AC           TX         AC           TX         AD           TX         AD           TX         AD           TX         AF           TX         AF           TX         AF           TX         AF           TX         AF           TX         AF           TX         AF

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:

ULTRA COMMUNICATIONS GROUP, LLC

33343

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	8,445	24.78-37.30					
<ul> <li>Service to additional set(s)</li> </ul>							
•FM radio (if separate rate)							
Motel, hotel							
Commercial	766	24.78-37.30					
Converter							
Residential							
Non-residential							
				·· <mark>······</mark>			

# 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	R	ATE	CATEGORY OF SERVICE	F	CATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential				
• Pay cable			Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial			EXPANDED BASIC	\$64.00
<ul> <li>Fire protection</li> </ul>			• Pay cable			DIGITAL FAMILY PLUS PA	\$ 13.00
<ul><li>Burglar protection</li></ul>			<ul> <li>Pay cable-add'l channel</li> </ul>			STARZ SUPER PAK	\$ 18.00
Installation: Residential			Fire protection			SHOWTIME UNLIMITED F	\$ 18.00
<ul><li>First set</li></ul>			Burglar protection			НВО	\$ 18.00
<ul><li>Additional set(s)</li></ul>	\$	40.00	Other services:			CINEMAX	\$ 13.00
<ul> <li>FM radio (if separate rate)</li> </ul>			Reconnect	\$	90.00	HBO THE WORKS	\$ 27.00
<ul> <li>Converter</li> </ul>			Disconnect				
			Outlet relocation				
			<ul> <li>Move to new address</li> </ul>	\$	45.00		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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) KTBU 42 CONROE, TX ı No **KYAZ** 47 ı No KATY, TX See instructions for additional information **KZJL** 44 ı No HOUSTON, TX on alphabetization. **KTXH** 19 HOUSTON, TX ı No **KIAH** 38 ı No HOUSTON, TX I **KTMD** 48 No GALVESTON, TX **KUHT** 8 Ε Yes 0 HOUSTON, TX KRIV 26 ı No HOUSTON, TX **KXLN** 45 ı No ROSENBERG, TX **KHOU** 11 N No HOUSTON, TX **KPRC** 35 Ν HOUSTON, TX No KTRK 13 Ν HOUSTON, TX No **KETH** HOUSTON, TX 24 ı No **KFTH** 36 ı **ALVIN, TX** No **KUBE BAYTOWN, TX** 41 ı No **KIAH-DT2** 38.2 I-M No HOUSTON, TX KLTJ 23 Ε 0 **GALVESTON, TX** Yes KAVU 15 Ν Yes 0 VICTORIA, TX

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KLTJ

23

Ε

No

**GALVESTON, TX** 

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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 (CONT'D) 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant) KTRK-DT2 13.2 HOUSTON, TX I-M No KTRK-DT3 13.3 I-M HOUSTON, TX No **KIAH-DT2** 38.2 I-M No HOUSTON, TX KPRC-DT2 35.2 HOUSTON, TX I-M No KPRC-DT3 35.3 I-M No HOUSTON, TX

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No

No

HOUSTON, TX

KPRC-DT3

35.3

I-M

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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 **SIGN CHANNEL** OF (Yes or No) **CARRIAGE NUMBER STATION** (If Distant) **KTXH** 19 Yes 0 HOUSTON, TX ı **KXLN** 45 ı Yes 0 ROSENBERG, TX KTRK 13 Ν 0 Yes HOUSTON, TX KTRK-DT2 I-M 0 HOUSTON, TX 13.2 Yes **KEYE** 43 Ν 0 Yes AUSTIN, TX **KVUE** 0 33 Ν Yes **AUSTIN, TX KVUE-DT2** 33.2 I-M Yes 0 **AUSTIN, TX** 0 KXAN 21 Ν Yes **AUSTIN, TX** 7 KTBC I No **AUSTIN, TX** KLRU **22** Ε Yes 0 **AUSTIN, TX** SAN ANTONIO, TX WOAI 48 Ν Yes 0 **KNVA** 0 **AUSTIN, TX** 49 ı Yes KTRK-DT3 13.3 HOUSTON, TX I-M Yes 0 **KVUE-DT3** 0 33.3 I-M Yes **AUSTIN, TX** 0 **KEYE-DT2** 43.2 I-M Yes **AUSTIN, TX KXAN-DT2** 21.2 0 **AUSTIN, TX** I-M Yes KFDM-DT3 25.3 I-M **BEAUMONT, TX** No

**KBTV-DT3** 

40.3

I-M

No

PORT ARTHUR, TX

**ACCOUNTING PERIOD: 2019/2** FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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	AE	
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
КТХН	19	I	Yes	0	HOUSTON, TX
KXLN	45	I	Yes	0	ROSENBERG, TX
WOAI	48	N	No		SAN ANTONIO, TX
KEYE	43	N	Yes	0	AUSTIN, TX
KEYE-DT2	43.2	I-M	Yes	0	AUSTIN, TX
KNVA	49	I	Yes	0	AUSTIN, TX
KSAT	12	N	No		SAN ANTONIO, TX
KXAN	21	N	Yes	0	AUSTIN, TX
КТВС	7	I	No		AUSTIN, TX
KLRU	22	E	Yes	0	AUSTIN, TX

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		CHANN	EL LINE-UP	AG	
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
KTBU	42	I	No		CONROE, TX
KYAZ	47	I	No		KATY, TX
KZJL	44	I	No		HOUSTON, TX
KTXH	19	I	No		HOUSTON, TX
KIAH	38	I	No		HOUSTON, TX
KTMD	48	I	No		GALVESTON, TX
KUHT	8	E	No		HOUSTON, TX
KRIV	26	I	No		HOUSTON, TX
KXLN	45	I	No		ROSENBERG, TX
KHOU	11	N	No		HOUSTON, TX
KPRC	35	N	No		HOUSTON, TX
KTRK	13	N	No		HOUSTON, TX
KETH	24	I	No		HOUSTON, TX
KFTH	36	I	No		ALVIN, TX
KUBE	41	I	No		BAYTOWN, TX

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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 (CONT'D) 4. DISTANT? 1. CALL 2. B'CAST 3. TYPE 5. BASIS OF 6. LOCATION OF STATION **SIGN CHANNEL CARRIAGE** OF (Yes or No) **NUMBER STATION** (If Distant) **KIAH-DT2** 38.2 I-M HOUSTON, TX No KLTJ 23 Ε **GALVESTON, TX** No KTRK-DT2 13.2 I-M No HOUSTON, TX KTRK-DT3 HOUSTON, TX 13.3 I-M No KTMD-DT2 48.2 I-M No GALVESTON, TX **KPRC-DT2** 35.2 I-M No HOUSTON, TX **KPRC-DT3** HOUSTON, TX 35.3 I-M No

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL CARRIAGE** SIGN OF (Yes or No) **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and easies, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a  cable system on a substitute program	Primary Transmitters: Television			
Do not list the station	<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>								
	nformation con				itute basis and also on some other of the general instructions located				
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example				
			-		tion for broadcasting over-the-air in s may be different from the channel				
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"				
For the meaning of the	ese terms, see	page (v) of th	ne general instru	ctions located in t	commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex-				
•	nave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system				
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing				
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.				
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the have the having the station is identifed. In channel line-up.				
		CHANN	EL LINE-UP	Al					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)					

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AJ 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.  Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program									
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• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located				
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example				
			-		tion for broadcasting over-the-air in smay be different from the channel				
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"				
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), one general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).				
•	ave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system				
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing				
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		CHANN	EL LINE-UP	AK					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1			
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)					
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LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television			
Do not list the station	<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>								
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located				
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			-		tion for broadcasting over-the-air in smay be different from the channel				
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"				
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d le general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).				
planation of local serv  Column 5: If you h	ice area, see p ave entered "Y	age (v) of the es" in columr	general instruct 4, you must co	tions located in th mplete column 5,					
carried the distant state For the retransmiss	tion on a part-ti sion of a distan	me basis bec t multicast str	ause of lack of a	activated channel subject to a royalt					
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.				
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, e the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.				
		CHANN	EL LINE-UP	AM					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. Looming of ontheir				
				•					
			•						

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#				
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name			
PRIMARY TRANSMITT	ERS: TELEVISI	ON							
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G			
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Do not list the station	<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>								
	nformation cond				itute basis and also on some other of the general instructions located				
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(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), d le general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).				
•	ave entered "Y	es" in column	4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system				
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing				
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.				
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, e the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.				
		CHANN	EL LINE-UP	AN					
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION				
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. 200/Mon or or/mon				
						<u> </u> 			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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 **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>						
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
•	ave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For explanation of these the	simulcasts, als	so enter "E". If s, see page (v	you carried the of the general	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the hand hand hand hand hand hand hand hand	
		CHANN	EL LINE-UP	AQ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	]
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
				•		<u> </u>
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LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>						
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in s may be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
•	ave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give th	e location of ea Canadian statio	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.	
		CHANN	EL LINE-UP	AR		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)	o. 200/Mon or or/mon	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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 **ULTRA COMMUNICATIONS GROUP, LLC** 33343 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. **Transmitters:** Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program **Television** basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AT 4. DISTANT? 2. B'CAST 3. TYPE 5. BASIS OF 1. CALL 6. LOCATION OF STATION **CHANNEL** SIGN OF (Yes or No) CARRIAGE **NUMBER STATION** (If Distant)

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name **ULTRA COMMUNICATIONS GROUP, LLC** 33343 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)

LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 76 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>						
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multich stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	noncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
•	ave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
	Canadian statio	ons, if any, giv	e the name of t	he community wit	ty to which the station is licensed by the handle had been had been had been been the station is identified. In channel line-up.	
		CHANN	EL LINE-UP	AV		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		
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LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	
ULTRA COMM	UNICATION	S GROUP,	LLC		33343	Name
PRIMARY TRANSMITT	ERS: TELEVISI	ON				
carried by your cable	system during t	he accounting	g period, except	(1) stations carrie	s and low power television stations) ed only on a part-time basis under tain network programs [sections	G
76.59(d)(2) and (4), 70 substitute program ba	6.61(e)(2) and ( sis, as explaine	(4), or 76.63 ( ed in the next	referring to 76.6 paragraph.	61(e)(2) and (4))];	and (2) certain stations carried on a cable system on a substitute program	Primary Transmitters: Television
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.</li> </ul>						
• List the station here,	and also in spa nformation cond	ace I, if the sta			itute basis and also on some other of the general instructions located	
each multicast stream cast stream as "WETA	associated wit	h a station ac	cording to its ov	er-the-air designa	es such as HBO, ESPN, etc. Identify ation. For example, report multi- ch stream separately; for example	
			-		tion for broadcasting over-the-air in smay be different from the channel	
	e in each case	whether the s			ependent station, or a noncommercial cast), "I" (for independent), "I-M"	
(for independent multi For the meaning of the	cast), "E" (for n ese terms, see	oncommercia page (v) of th	al educational), o ne general instru	or "E-M" (for nonc ections located in t	commercial educational multicast).	
•	ave entered "Y	es" in column	1 4, you must co	mplete column 5,	e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	
	sion of a distan	t multicast str	eam that is not	subject to a royalt	capacity. y payment because it is the subject stem or an association representing	
tion "E" (exempt). For	simulcasts, als	o enter "E". If	you carried the	channel on any o	ary transmitter, enter the designa- other basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give th	e location of ea Canadian station	ach station. Fo ons, if any, giv	or U.S. stations, re the name of t	list the communit he community with	ty to which the station is licensed by the handle had been had been had been been the station is identifed.	
		CHANN	EL LINE-UP	AW		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	1
SIGN	CHANNEL NUMBER		(Yes or No)	CARRIAGE (If Distant)		
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 33343 **ULTRA COMMUNICATIONS GROUP, LLC** PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary Transmitters:** receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. **Column 2:** State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#	
ULTRA COMMUNICAT	IONS GR	OUP, LLC				33343	Name
SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO				
In General: In space I, ident substitute basis during the a explanation of the programm form.	ccounting pe	eriod, under sp	ecific present and former Fo	CC rules, regu	ılations, or authorizatior	s. For a further	Substitute
1. SPECIAL STATEMENT	CONCER	NING SUBS	TITUTE CARRIAGE				Carriage:
During the accounting per broadcast by a distant state	-	ır cable systen	n carry, on a substitute bas	sis, any nonne	etwork television progr		Special Statement and Program Log
<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer is	"Yes," you m	ust complete the progr	am	
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."	of every no distant state gulations, of every no distant state gulations, of the state of the st	nnetwork televion and that your authorization of use general BA Basketball: deast live, enterstation broadcon's location (tons, if any, the when your system of a program carrolisted program ons in effect desired program on a	vision program (substitute pour cable system substitute four cable system substitute ins. See page (vi) of the generategories like "movies", or 76ers vs. Bulls."  Per "Yes." Otherwise enter "lasting the substitute programe to community to which the stem carried the substitute or carried the substitute or carried by your ited by a system from 6:01:  In was substituted for programing the accounting perior	ed for the pro- neral instruction "basketball" No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6::	gramming of another sons located in the paper. List specific programmensed by the FCC or, intified). The numerals, with the multiple secural security s	tation er n onth tely	
					EN SUBSTITUTE	7. REASON	
1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	6. TIMES	FOR DELETION	
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO		
					_		
					_		
					_		
					_		
					_		
					_		
					_		
					_		

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

**SYSTEM ID#** LEGAL NAME OF OWNER OF CABLE SYSTEM: Name ULTRA COMMUNICATIONS GROUP, LLC 33343 **PART-TIME CARRIAGE LOG** In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in **Part-Time** column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. • Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS **HOURS FROM FROM** TO DATE TO DATE

LEGA	L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
UL	RA COMMUNICATIONS GROUP, LLC		33343	rumo
Inst all a (as i	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's second dentifed in space E) during the accounting period. For a further explanation of how to be (vii) of the general instructions.	ondary transmiss	sion service	<b>K</b> Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	\$	2,131,894.74	
IIVIP	ORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of	gross receipts)	
<ul><li>Instru</li><li>Com</li><li>Com</li><li>If yo fee f</li><li>If yo</li></ul>	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: splete block 1, showing your minimum fee. splete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the arrom block 1 on line 1 of block 4, and calculate the total royalty fee. For system did carry any distant television stations, you must complete the applicable 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 b ${\it c}$ 3 below.	e entered on line	e 1 of	
▶ If pa 3 be	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered on line 2	? in block	
	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	ould be entered o	on line	
1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.  Line 1. Enter the amount of gross receipts from space K			
	Line 2. Multiply the amount in line 1 by 0.01064			
	Enter the result here. This is your minimum fee.	\$	22,683.36	
	pistant television stations carried: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting period in the column in the system carry any distant television stations during the accounting period in the column in the	nn 4, you must c	heck	
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	<b>\$</b>	16,118.53	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		0.00	
	Line 3. Add lines 1 and 2 and enter here	\$	16,118.53	
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	\$	22,683.36	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, ente		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 appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.  Add Lines 1, 2 and 3 of block 4 and enter total here	\$	23,408.36	form for submitting the additional fees.
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See page (i) of t	he	additional lees.

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

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	ULTRA COMMUNICATIONS GROUP, LLC	33343
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name EMERSON YEARWOOD Telephone 602-364-6195	
	Address 210 E. EARLL DRIVE	
	(Number, street, rural route, apartment, or suite number)  PHOENIX, AZ 85012	
	(City, town, state, zip)	
	Email EMERSON.YEARWOOD@CABLEONE.BIZ Fax (optional) 602-364-6013	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	1
	• 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 the "F button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	<del>-</del> 2"
	Typed or printed name: RAYMOND STORCK	
	Title: VICE PRESIDENT  (Title of official position held in corporation or partnership)	
	Date: February 27, 2020	

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

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
ULTRA COMMUNICATIONS GROUP, LLC 33343	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address  Mailing Address  Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q
r or air explanation of interest assessment, ede page (viii) of the general interest and paper e) to term	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
× 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.	
Owner	
Address	
First community served	
Accounting period	
ID number	

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

	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
1	ULTRA COMMUNICATION	ULTRA COMMUNICATIONS GROUP, LLC 33343							
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	١.		ļ	0.00				
2 Computation	nstructions: 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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0";								
of DSEs for	mercial educational station, giv	re the DSE as ".2	25." CATEGORY "O" STATION	IC. DCC					
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE DSE	CALL SIGN	DSE			
Add rows as necessary. Remember to copy all formula into new rows.									

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	T ,					/OTELL 15 "					
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ULTRA COMMUNICATIONS GROUP, LLC  33343										
	ULTRA COMMUNICATIO	JNS GROUP,	LLC			33343					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:								
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.50						
2	Instructions:	tien". list the so	Il aigne of all distant stations	identified by th	no letter "O" in column F						
_	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	In the column headed "DSE"	: for each indepe	endent station, give the DSE	as "1.0": for e	each network or noncom-						
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Otations	KAVU	0.250	CALL GIGIT	DOL	O/ILL DIDIY	DOL					
	KAVU-DT2	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

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	T ,					/OTELL 15 "					
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ULTRA COMMUNICATIONS GROUP, LLC  33343										
	ULTRA COMMUNICATIO	JNS GROUP,	LLC			33343					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:								
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.50						
2	Instructions:	tien". list the so	Il aigne of all distant stations	identified by th	no letter "O" in column F						
_	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	In the column headed "DSE"	: for each indepe	endent station, give the DSE	as "1.0": for e	each network or noncom-						
of DSEs for	In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."										
Category "O"	CATEGORY "O" STATIONS: DSEs										
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
Otations	KAVU	0.250	CALL GIGIT	DOL	O/ILL DIDIY	DOL					
	KAVU-DT2	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											

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	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
1	ULTRA COMMUNICATION	ULTRA COMMUNICATIONS GROUP, LLC 33343							
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	١.		ļ	0.00				
2 Computation	nstructions: 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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0";								
of DSEs for	mercial educational station, giv	re the DSE as ".2	25." CATEGORY "O" STATION	IC. DCC					
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE DSE	CALL SIGN	DSE			
Add rows as necessary. Remember to copy all formula into new rows.									

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	<u> </u>					OTEN IS						
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  ULTRA COMMUNICATIONS GROUP, LLC  33343											
	ULTRA COMMUNICATIO	JNS GROUP,	LLC			33343						
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:									
	<ul> <li>Add the DSEs of each station</li> </ul>											
	Enter the sum here and in line	1 of part 5 of this	s schedule.		0.50							
						]						
2	Instructions:	tien". list the so	Il aigns of all distant atotions	identified by th	no letter "O" in column F							
_		the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5										
Computation	of space G (page 3).  In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-											
of DSEs for	mercial educational station, giv			- 40 110 , 101 (								
Category "O"	CATEGORY "O" STATIONS: DSEs											
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
Otations	KLTJ	0.250	CALL GIGIT	DOL	OALL GIGIN	DOL						
	KUHT	0.250										
Add rows as												
necessary.				<u> </u>								
Remember to copy												
all formula into new												
rows.												
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	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
1	ULTRA COMMUNICATION	ULTRA COMMUNICATIONS GROUP, LLC 33343							
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	١.		ļ	0.00				
2 Computation	nstructions: 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). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0"; for each network or noncompagnitude of the column headed "DSE" as "1.0";								
of DSEs for	mercial educational station, giv	re the DSE as ".2	25." CATEGORY "O" STATION	IC. DCC					
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE DSE	CALL SIGN	DSE			
Add rows as necessary. Remember to copy all formula into new rows.									

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#		
1	ULTRA COMMUNICATION	ONS GROUP,	LLC			33343		
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	١.		ļ	0.00			
2 Computation	nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 if space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-							
of DSEs for	mercial educational station, giv	re the DSE as ".2	25." CATEGORY "O" STATION	IC. DCC				
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE DSE	CALL SIGN	DSE		
Add rows as necessary. Remember to copy all formula into new rows.								

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#			
ı	ULTRA COMMUNICATION	NS GROUP,	LLC			33343			
	SUM OF DSEs OF CATEGOR								
	<ul> <li>Add the DSEs of each station</li> </ul>				6.25				
	Enter the sum here and in line	nter the sum here and in line 1 of part 5 of this schedule.							
	Instructions:								
2	Instructions: In the column headed "Call S	<b>Sign":</b> list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5				
_	of space G (page 3).		_	_					
Computation	In the column headed "DSE"	•		as "1.0"; for	each network or noncom-				
of DSEs for	mercial educational station, giv	al educational station, give the DSE as ".25."							
Category "O"	0.411.01011	505	CATEGORY "O" STATION						
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	KEYE	0.250							
	KVUE	0.250							
	KVUE-DT2	1.000							
	KXAN	0.250							
Add rows as	KLRU	0.250							
necessary.	WOAI	0.250							
Remember to copy	KNVA	1.000							
all formula into new	KEYE-DT2	1.000							
rows.	KVUE-DT3	1.000							
	KXAN-DT2	1.000							

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

						/A===1.1 i= ::					
1	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			S	STEM ID#					
•	ULTRA COMMUNICATION	ONS GROUP,	LLC			33343					
	SUM OF DSEs OF CATEGOR	Y "O" STATION	NS:								
	<ul> <li>Add the DSEs of each station</li> </ul>										
	Enter the sum here and in line	1 of part 5 of this	s schedule.		2.25						
2	Instructions: In the column headed "Call S	Sign": list the ca	Il signs of all distant stations	identified by t	ne letter "O" in column 5						
_	of space G (page 3).	g I not the oa	in organic or an arotain oranione	raorianoa sy a							
Computation	In the column headed "DSE"			E as "1.0"; for e	each network or noncom-						
of DSEs for	mercial educational station, give the DSE as ".25."										
Category "O"			CATEGORY "O" STATION								
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE					
	KTXH	1.000									
	KXLN	1.000									
	WOAI	0.250									
Add rows as											
necessary.											
Remember to copy											
all formula into new											
rows.											
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#		
I	ULTRA COMMUNICATIONS GROUP, LLC							
	SUM OF DSEs OF CATEGOR							
	<ul> <li>Add the DSEs of each station</li> </ul>							
	Enter the sum here and in line	1 of part 5 of this	s schedule.		4.50			
	Instructions:			L				
2	In the column headed "Call S	<b>Sign":</b> list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5			
_	of space G (page 3).							
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-			
of DSEs for	mercial educational station, giv	e the DSE as ".2						
Category "O"			CATEGORY "O" STATION					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	KTXH	1.000						
	KXLN	1.000						
	WOAI	0.250						
	KTRK	0.250						
	KTRK-DT2	1.000						
Add rows as	KTRK-DT3	1.000						
necessary.								
Remember to copy								
all formula into new								
rows.								
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

4	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#				
I	ULTRA COMMUNICATIONS GROUP, LLC									
	SUM OF DSEs OF CATEGOR									
	<ul> <li>Add the DSEs of each station</li> </ul>									
	Enter the sum here and in line	1 of part 5 of this	s schedule.		4.75					
	Instructions			L						
2	Instructions: In the column headed "Call S	<b>Sign":</b> list the cal	Il signs of all distant stations	identified by t	he letter "O" in column 5					
_	of space G (page 3).									
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-					
of DSEs for	mercial educational station, giv	al educational station, give the DSE as ".25."								
Category "O"	0.411.01011	D05 1	CATEGORY "O" STATION		0.411.01011	DOE				
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
	KTXH	1.000								
	KXLN	1.000								
	KEYE	0.250								
	KNVA	1.000								
Add rows as	KEYE-DT2	1.000								
necessary.	KLRU	0.250								
Remember to copy	KXAN	0.250								
all formula into new										
rows.										
	<u></u>									

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#		
1	ULTRA COMMUNICATION	ONS GROUP,	LLC			33343		
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	١.		ļ	0.00			
2 Computation	nstructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 if space G (page 3). In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom-							
of DSEs for	mercial educational station, giv	re the DSE as ".2	25." CATEGORY "O" STATION	IC. DCC				
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE DSE	CALL SIGN	DSE		
Add rows as necessary. Remember to copy all formula into new rows.								

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

	LEGAL NAME OF OWNER OF CABLE	E SYSTEM:			SY	STEM ID#
1	ULTRA COMMUNICATION	ONS GROUP,	LLC			33343
	SUM OF DSEs OF CATEGOR  • Add the DSEs of each station Enter the sum here and in line	١.		ļ	0.00	
2 Computation	Instructions: In the column headed "Call S of space G (page 3). In the column headed "DSE"	: for each indep	endent station, give the DSE			
of DSEs for	mercial educational station, giv	re the DSE as ".2	25." CATEGORY "O" STATION	IC. DCC		
Category "O" Stations	CALL SIGN	DSE	CATEGORY O STATION	DSE DSE	CALL SIGN	DSE
Add rows as necessary. Remember to copy all formula into new rows.						

<b>,</b>			<b>=</b> 111111111111111111111111111111111111

	WNER OF CABLE S		1.0				S	YSTEM ID#	Namo
ULTRA COMIN	IUNICATIONS	GROUP, L						33343	
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	•	of the DSE sched	lule blank and	complete part	8, (page 16) of th	e	6
ii your anower ii	rto, complete die			TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and	schedule—D C below.	O NOT COMP		NDER OF PA	.RT 6 AND 7.	CC rules and regu	lations in	3.73166
Column 1:	Litate the second state of								
CALL SIGN	under FCC rules	and regulationed on the contraction of the contract	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e 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 carried 76.61(b)(c)] B Specialty station C Noncommerication D Grandfathered instructions for E Carried pursuation *F A station previous and the previous and the pursuation in the pur	les and reguled pursuant to as defined al educational station (76.6 r DSE schedant to individuciously carried HF station was defined to individuding the station was defined to individually the station of the station	ations cited be to the FCC mar  I in 76.5(kk) (76  I station [76.59  55) (see paragiule).  I al waiver of FC  I d on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra-	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			rksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								1.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	e total number of l	DSEs from ן	part 5 of this	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			ı <del>r</del>		
	line 2 from line 1 eave lines 4–7 bl			-		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF O							S	YSTEM ID#	Name
ULTRA COMM	UNICATIONS	GROUP, L	LC					33343	Name
Instructions: Bloc In block A:							2 ( ) ()		6
<ul> <li>If your answer if ' schedule.</li> </ul>		•	•	of the DSE sched	dule blank and	d complete part	8, (page 16) of th	е	0
• If your answer if '	'No," complete blo	cks B and C		TELEVISION M	ARKETS				Computation of
Is the cable system effect on June 24,	•	utside of all m				ction 76.5 of FC	CC rules and regul	lations in	3.75 Fee
Yes—Com	plete part 8 of the	schedule—D	O NOT COMP	LETE THE REMAI	INDER OF PA	ART 6 AND 7.			
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulation e DSE Scheo	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fui e letter M below re Act of 2010.)	rther explanat	tion of permitted	d stations, see the		
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommeric D Grandfathered instructions fo E Carried pursua *F A station previous	les and reguled pursuant to on as defined al educational station (76.6 r DSE schedunt to individuviously carrie	ations cited be to the FCC mare in 76.5(kk) (70 ll station [76.59 ls.) (see paragicule). It waiver of F0 d on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b). (a)(1), 76.63(a) (3(a) referring estitution of gradies prior to Jur	June 24, 1981, 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered states	5.63(a) referring to		
Column 3:		e stations ider determine the	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2		omplete the wo	rksheet on page 1	I 4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
KAVU	<b>D</b>	0.25							
KAVU-DT2	M	0.25							
								1.50	
		E	BLOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from բ	oart 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs from	n block B abo	ve					
				of DSEs subject 7 of this schedule		rate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
_ine 5: Multiply li	ne 4 by 0.0375 a	ınd enter suı	m 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 li	ne 6 by line 5 an	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

	WNER OF CABLE S		1.0				S	YSTEM ID#	Namo
ULTRA COMIN	IUNICATIONS	GROUP, L						33343	
In block A: • If your answer if schedule.	ck A must be comp "Yes," leave the re "No," complete blo	mainder of pa	•	of the DSE sched	lule blank and	complete part	8, (page 16) of th	e	6
ii your anower ii	rto, complete die			TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,  X Yes—Com	m located wholly ou 1981? aplete part 8 of the solete blocks B and	schedule—D C below.	O NOT COMP		NDER OF PA	.RT 6 AND 7.	CC rules and regu	lations in	3.73166
Column 1:	Litate the second state of								
CALL SIGN	under FCC rules	and regulationed on the contraction of the contract	ons prior to Jun dule. (Note: Th	part 2, 3, and 4 of t e 25, 1981. For fur e 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 carried 76.61(b)(c)] B Specialty station C Noncommerication D Grandfathered instructions for E Carried pursuation *F A station previous and the previous and the pursuation in the pur	les and reguled pursuant to as defined al educational station (76.6 r DSE schedant to individuciously carried HF station was defined to individuding the station was defined to individually the station of the station	ations cited be to the FCC mar  I in 76.5(kk) (76  I station [76.59  55) (see paragiule).  I al waiver of FC  I d on a part-time ithin grade-B c	e or substitute bas ontour, [76.59(d)(5	e in effect on .57, 76.59(b), )(1), 76.63(a) 3(a) referring stitution of gra-	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	6.63(a) referring to		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of etter "F" in column 2			rksheet on page 1	14 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								1.00	
		E	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	e total number of l	DSEs from ן	part 5 of this	schedule					
Line 2: Enter the	sum of permitted	d DSEs fron	n block B abo	ve			ı <del>r</del>		
	line 2 from line 1 eave lines 4–7 bl			-		ate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF O							S	YSTEM ID#	Nama
ULTRA COMM	UNICATIONS	GROUP, L	LC					33343	Name
Instructions: Bloc In block A: • If your answer if	·		art 6 and part 7	of the DSE school	dula blank and	L complete part	8 (page 16) of th	0	6
schedule.		·	•	of the DSE sched	iule blank and	r complete part	o, (page 10) of the	е	<b>O</b>
If your answer if '	"No," complete blo	cks B and C		TELEVISION MA	ARKETS				Computation of
Is the cable syster effect on June 24,  Yes—Com	1981?		najor and small		ned under sed		CC rules and regul	lations in	3.75 Fee
X No—Comp	lete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERM	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	of distant sta and regulation of DSE Scheo	ations listed in pons prior to Jundule. (Note: The	part 2, 3, and 4 of t e 25, 1981. For fur e letter M below re	this schedule rther explanat	that your syste	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 previous	les and reguled pursuant to as defined al educational station (76.6 r DSE schedant to individuviously carrie	lations cited be to the FCC mar  I in 76.5(kk) (76  al station [76.59  55) (see paragrule).  Jual waiver of FC  d on a part-tim  ithin grade-B co	e or substitute bas ontour, [76.59(d)(5	se in effect on 5.57, 76.59(b), (1), 76.63(a) 3(a) referring stitution of gradies prior to Jun	June 24, 1981 76.61(b)(c), 76 referring to 76 to 76.61(d)] andfathered sta	5.63(a) referring to		
Column 3:		e stations ide	ntified by the le	parts 2, 3, and 4 o tter "F" in column 2			rksheet on page 1	4 of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
								1.00	
		E	BLOCK C: CC	MPUTATION OF	- 3.75 FEE				
Line 1: Enter the	total number of								
Line 2: Enter the	sum of permitte	d DSEs fron	n block B abo	ve					
Line 3: Subtract (If zero, lo				of DSEs subject 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply li	ne 4 by 0.0375 a	ınd enter su	m 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 li	ne 6 by line 5 an	d enter here	e and on line 2	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNE ULTRA COMMUNI						S	33343	Name
E	BLOCK A:	COMPUTATION	OF BASE RA	ATE FEES FOR EA	CH SUBSCRI	BER GROUP		
	FIRST	SUBSCRIBER GR	OUP		SECOND	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA	WHART	ON COUNTY (	CENTRAL	COMMUNITY/ ARE	A WHART	ON COUNTY EAS	T & BRAZ(	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				KAVU	0.25			Base Rate Fee
				KAVU-DT2	0.25			and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
								Distant
						—		Stations
Total DSEs			0.00	Total DSEs			0.50	
Gross Receipts First G	roup	¢ 2	226,781.88	Gross Receipts Se	cond Group	¢ 1	59,078.34	
Gioss Receipts First G	Toup	<del>*************************************</del>	20,701.00	Gross Receipts Ser	cona Group	\$ 1	39,070.34	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Se	cond Group	\$	846.30	
	THIRD	SUBSCRIBER GR	OLIP		FOLIRTH	SUBSCRIBER GROU	ID.	
COMMUNITY/ AREA		ORDA COUNT		COMMUNITY/ ARE		ON COUNTY, EAS		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
KAVU	0.25							
KAVU-DT2	0.25							
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts Third 0	Group	\$ 7	38,294.73	Gross Receipts Fo	urth Group	\$	25,713.01	
	•				- r			
Base Rate Fee Third G	Group	\$	3,927.73	Base Rate Fee For	urth Group	\$	0.00	
				11				
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxes	s above.	\$	16,118.53	

ULTRA COMMUNI	CATIONS	S GROUP, LLC					33343	Name
E				ATE FEES FOR EACH				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA	JACKS	ON COUNTY C	ENTRAL	COMMUNITY/ AREA	BRAZOR	RIA & WALLER C	COUNTY	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
KUHT	0.25							Base Rate I
KLTJ	0.25							and
								Syndicate
								Exclusivit
								Surcharg
								for
								Partially
								Distant
								Stations
Total DSEs			0.50	Total DSEs			0.00	
Gross Receipts First G	roup	\$	5,029.13	Gross Receipts Secon	d Group	\$	33,014.88	
	. о а р	<u>,                                     </u>	70,020110		a 0.0up			
Base Rate Fee First G	roup	\$	505.55	Base Rate Fee Secon	d Group	\$	0.00	
				Base Rate 1 co seesing	· .			
	SEVENTH	SUBSCRIBER GRO	OUP		EIGHTH	SUBSCRIBER GRO	DUP	
COMMUNITY/ AREA	AUSTIN	COUNTY		COMMUNITY/ AREA	COLORA	ADO COUNTY		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				KEYE	0.25			
				KVUE	0.25			
				KVUE-DT2	1.00			
				KXAN	0.25			
				KLRU	0.25			
				WOAI	0.25			
				KNVA	1.00			
				KEYE-DT2	1.00			
				KVUE-DT3	1.00			
				KXAN-DT2	1.00			
			·					
Total DSEs			0.00	Total DSEs			6.25	
Gross Receipts Third G	∂roup	\$ 3	85,665.94	Gross Receipts Fourth	Group	\$	42,378.71	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	Group	\$	1,656.80	
<b>. .</b>								
Base Rate Fee: Add th Enter here and in block			scriber group	as shown in the boxes a	bove.	\$		
	. 0, 1110 1, 3	pado L (pago 1)				¥		

Name	33343							
		BER GROUP	SUBSCRIE	TE FEES FOR EAC	BASE RA	COMPUTATION OF	BLOCK A: (	
	Р	SUBSCRIBER GROUP	TENTH		JP	SUBSCRIBER GROU	NINTH	
9 Computati		JNTY	LEE COL	COMMUNITY/ AREA		TE COUNTY	FAYET	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate I			1.00	КТХН			1.00	KTXH
and			1.00	KXLN			1.00	KXLN
Syndicate			0.25	KTRK			0.25	WOAI
Exclusivit			1.00	KTRK-DT2			··········	
Surcharg			0.25	WOAI				
for			1.00	KTRK-DT3				
Partially			<u> </u>					
Distant			<u></u>					
Stations								
Otations	·····		<u></u>				·······	
	·····		<u></u>					
			<u></u>					
	·····		<u></u>					
	4.50			Total DSEs	2.25			Total DSEs
				III otal Does	2.20			Total DOES
	-							0 5
	87,150.59	\$ 8	d Group	Gross Receipts Seco	,139.68	\$ 232	Group	Gross Receipts First
	-	\$ 8	·	Gross Receipts Seco	,504.09		·	
	2,903.86		d Group		,504.09		Group	
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LEGAL NAME OF OWNER  ULTRA COMMUNIC						S)	33343	Name	
В	LOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EACH	SUBSCRI	BER GROUP			
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ase Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									

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otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU		Ħ		SUBSCRIBER GROU	IP	
OMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			0.00	Total DSEs			0.00	
otal DSEs								
	l Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
	l Group	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
otal DSEs  Bross Receipts Third  Base Rate Fee Third	·	\$ \$	0.00	Gross Receipts Fourt  Base Rate Fee Fourt	·	\$ \$	0.00	
cross Receipts Third	·	\$			·			
aross Receipts Third	l Group	\$	0.00		th Group			

ULTRA COMMUN		E SYSTEM: S GROUP, LLC					33343	Name
	BLOCK A:	COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		_
NE HUNDRED SEV	ENTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
		-						and
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First (	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED N	IINTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED	TWENTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
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			<u> </u>					
		-						
otal DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	<u> </u>	0.00	Gross Receipts Four	th Group	\$	0.00	
2. 200 Accorpto Tillia	J. 54p	*	<u> </u>		<b>3</b> 10 <b>u</b> p	<u>*</u>		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
				Ш				
		te fees for each subso space L (page 7)	riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN ULTRA COMMUN						S	YSTEM ID# 33343	Name
				ATE FEES FOR EACH				
		SUBSCRIBER GROU				SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TW	ENTY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-FOURTH	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 Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

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NITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMPUNITY/ AREA 0 COMPUNITY/ AREA 0 COMPUNITY/ AREA 0 COMPUNITY/ AREA 0 COMMUNITY/ AREA COMMUNITY/
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Syndical Exclusion Surchar for Partial Distance of the property of the propert
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Surchar for Partial Distar Station  Total DSEs  Gross Receipts Second Group  Gross Receipts Second Group  Base Rate Fee Second Group  Total DSEs  O.00  Gross Receipts Second Group  Total DSEs  O.00  Total DSEs
for Partial Distar Station  Station  Total DSEs  O.00  Gross Receipts Second Group  Total DSEs  O.00  Base Rate Fee Second Group  Total DSEs  O.00  Gross Receipts Second Group  Total DSEs  O.00  Total DSEs  O.0
Partial Distant Station  Total DSEs  D.00  Gross Receipts Second Group  Total DSEs  D.00  Base Rate Fee Second Group  Total DSEs  DOUBLE Fee First Group  Substitution  Total DSEs  D.00  Gross Receipts Second Group  DRED TWENTY-SEVENTH SUBSCRIBER GROUP  NITY/ AREA  DOUBLE DOU
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te Fee First Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  ONE HUNDRED TWENTY-EIGHTH SUBSCRIBER GROUP  NITY/ AREA 0 COMMUNITY/ AREA 0
ORED TWENTY-SEVENTH SUBSCRIBER GROUP  NITY/ AREA  O  COMMUNITY/ AREA  O  O  O  O  O  O  O  O  O  O  O  O  O
ORED TWENTY-SEVENTH SUBSCRIBER GROUP  NITY/ AREA  O  COMMUNITY/ AREA  O  O  O  O  O  O  O  O  O  O  O  O  O
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te Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

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otal DSEs		0.00	Total DSEs		•	0.00	
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED THIRTY-FIRS	SUBSCRIBER GROU	<u></u> Р	ONE HUNDRED TH	IRTY-SECOND	SUBSCRIBER GROUP	)	
OMMUNITY/ AREA		0	COMMUNITY/ ARE			0	
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					CALL SIGN	DSE	
otal DSEs		0.00	Total DSEs			0.00	
otal DSEs	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$		
	\$			rth Group		0.00	
	\$ \$					0.00	

BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP    OMMUNITY AREA
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otal DSEs
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iross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00
ase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00

Name	33343					GROUP, LLC		LEGAL NAME OF OWNER ULTRA COMMUNIC
<b>9</b> Computation	0	SUBSCRIBER GROUP		ONE HUNDRED THIS	BASE RA			BL ONE HUNDRED THIRTY- COMMUNITY/ AREA
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			а О.Оар	Cross resempts essent		<u>*</u>	, ap	
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	Р	SUBSCRIBER GROU	FORTIETH :	ONE HUNDRED		SUBSCRIBER GROUP	TY-NINTH	ONE HUNDRED THIR
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		SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
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		SUBSCRIBER GROUP		11 1		COMPUTATION O		
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O.00 Gross Receipts Second Group \$ 0.00  Base Rate Fee Second Group \$ 0.00  BER GROUP ONE HUNDRED FIFTY-SECOND SUBSCRIBER GROUP  COMMUNITY/ AREA 0  SIGN DSE CALL SIGN DSE CALL SIGN DSE  CALL SIGN DSE CALL SIGN DSE  Total DSEs 0.00  Gross Receipts Fourth Group \$ 0.00		0.00			Total DSEs	0.00			atal DSEs
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O COMMUNITY/ AREA  O SIGN DSE CALL SIGN DSE  CALL SIGN DSE  O DSE  O DSE  CALL SIGN DSE  O DS		0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gro
SIGN DSE CALL SIGN DSE CALL SIGN DSE  O.00 Total DSEs  Gross Receipts Fourth Group \$ 0.00		Р	SUBSCRIBER GROU	Y-SECOND	ONE HUNDRED FIFT	IP	SUBSCRIBER GROU	Y-FIRST	ONE HUNDRED FIF
0.00   Total DSEs   0.00		0			COMMUNITY/ AREA	0			OMMUNITY/ AREA
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0.00 Base Rate Fee Fourth Group \$ 0.00		0.00	s	Group	Base Rate Fee Fourth	0.00	\$	oup	<b>ase Rate Fee</b> Third Gi

LEGAL NAME OF OW ULTRA COMMU		LE SYSTEM: S GROUP, LLC					33343	Name
	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED	FIFTY-THIRD	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-FOURTH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	Α		0	9 Computation
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otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Firs	t Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
ase Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED	FIFTY-FIFTH	I SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ ARE	Α		0	COMMUNITY/ AREA	A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs	•		0.00	Total DSEs			0.00	
Bross Receipts Thir	d Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
2.000 Roooipia IIIII	<b>С</b> 10ир	*		Total Receipts Foul	.a. Group	<del>*</del>		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
				<u>II</u>				
Base Rate Fee: Add Inter here and in blo			criber group	as shown in the boxes	above.	\$		
THE THE ATTUITED						Ψ		

Name  9 Computation		BER GROUP	SLIBSCBII	TE FEES FOR EACH	BASE RA			
1			SODSCIVII		DAOL IV	COMPUTATION OF	BLOCK A: (	
<b>a</b>		SUBSCRIBER GROUP	TY-EIGHTH	it end of the control		SUBSCRIBER GROUP	Y-SEVENTH	ONE HUNDRED FIFTY
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	O.00	SUBSCRIBER GROUP	D SIXTIETH	ONE HUNDRE COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUP	FTY-NINTH	ONE HUNDRED FII OMMUNITY/ AREA  CALL SIGN
	0.00	SUBSCRIBER GROUP	DSE	ONE HUNDRE COMMUNITY/ AREA  CALL SIGN  Total DSEs	0 DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FII OMMUNITY/ AREA  CALL SIGN  otal DSEs
	O.00	SUBSCRIBER GROUP	DSE	ONE HUNDRE COMMUNITY/ AREA  CALL SIGN	DSE	SUBSCRIBER GROUP	DSE	ONE HUNDRED FII OMMUNITY/ AREA  CALL SIGN
	0.00	CALL SIGN	DSE	ONE HUNDRE COMMUNITY/ AREA  CALL SIGN  Total DSEs	0 DSE	CALL SIGN	DSE	ONE HUNDRED FII OMMUNITY/ AREA  CALL SIGN  otal DSEs